行政院及所屬機關出國報告
（出國類別：考察）

# 澳洲健康照護暨保險有關業務考察報告


服務機關：行政院衛生署
全民健保監理委員會
出國人職　　稱：視察
姓　　名：羅進明

出國地區：澳洲
出國期間：91年11月23至30日
報告日期：92年1月21日

| 行政院研考會編號欄 |
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# 公 務 出 國 報 告 提 要

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報告名稱:

赴澳洲考察健康照護暨保險相關業務

主辦機關:

行政院衛生署

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羅進明　行政院衛生署　全民健保監理委員會　視察

出國類別: 考察

出國地區: 澳大利亞

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關鍵詞: Medicare,Health Care,健康保險,健康照護,醫療照護,協議,安全網,私人保險,給付,監督管理,稽核,績效評估,平衡計分卡,衛生醫療電子化,衛生資訊系統,資訊安全

內容摘要: 本次前往澳洲考察其健康照護暨保險相關業務，目的旨在瞭解澳洲整個澳洲醫療照護體系、健康保險制度、健保監督管理機制、相關委員會的運作情形及澳洲政府在衛生醫療電子化推動現況等主題。 澳洲的衛生預算約占其GDP的8.5%，屬於OECD國家的平均水準之上，平均每人就醫約6.5次（1996-97）；平均每人醫療支出約1,698美元，每人GDP約20,351美元。澳洲在預防保健及公共衛生工作的成功，過去100年澳洲人的平均餘命有長足的進步，2000年男性爲76.6歲、女性爲82歲。而在衛生人力的資料方面，也與世界幾個衛生先進國家相當。 醫療照護Medicare是澳洲的全民健康保險制度，開辦於1984年，主要目的有：提增澳洲民眾的健康照護可近性、提供澳洲人民依照疾病需要優先享有的醫療照護服務、提供高品質的醫療照護。其是建立在所有澳洲人需共同負擔健康照護成本的原則之上，其醫療支出的財源主要來自全體澳洲人依不同繳稅能力所繳交的稅收。健康暨老人照護部主要負責醫療照護政策的規劃及醫療給付標準的訂定，健康保險委員會則主要負責確保醫療提供者對消費者的醫療服務能獲得給付。2000年6月，加入醫療照護者有1,970萬人。該健康照護體系Medicare，主要涵蓋三個部份來提供不同的醫療服務：有醫療給付計畫(MBS)，藥品給付計畫（PBS）及醫院服務，2001-2002年的計畫經費爲澳幣199億元。澳洲的健康保險組織體制主要係在衛生暨老人照護部(DHA)下依業務執行需要由二部門負責辦理，分別是處理醫療照護的健康保險委員會(HIC)及管理私人健康保險業務的私人健康保險管理委員會(PHIAC)所構成，衛生暨老人照護部（DHA）與健康保險委員會（HIC）共同擔負起澳洲的健康照護計劃，除了前述的公立保險外，私人保險也是這幾年澳洲政府所極力

推行的重要政策，爲期達到終身醫療保障(Lifetime Health Cover)，政府鼓勵民眾儘早加入私人保險，且給予30%的核退保險費優惠。 而監督管理機制方面，澳洲並沒有就業務及財務執行的監督管理工作另設一專責單位，而是由澳洲審計部(ANAO)負責就衛生主管機關的業務和經費執行情形以及就衛生暨老人照護部(DHA)與健康保險委員會（HIC）之間所簽訂策略夥伴協議(SPA)內容之執行情況進行外部稽核(External Scrutiny)工作，此外衛生暨老人照護部(DHA)或健康保險委員會（HIC）則自身做內部稽核(Internal Scrutiny)工作。 專業團體部分，國家衛生暨醫學研究委員會(NHMRC)係隸屬於衛生暨老人照護部下之組織，對於部長有建議權。而澳洲健康照護安全暨品質委員會(ACSQHC)則是成立於2000年，非屬於政府組織，但對於衛生部長有很大的影響力，主要的目的在於提升澳洲的健康照護品質及安全，每年會有一報告提供給衛生部長，並受到各州及自治區公正人士的支持，其報告及論述具有充分之社會公信力及影響力。 至於有關衛生醫療電子化推動現況方面，澳洲在資訊科技的應用上是相當先進的，也充分展現在醫療衛生及民眾健康促進的工作上，運用新資訊或通訊技術來提供給民眾健康的照護，而這樣的技術也提供有效的健康照護工具來讓個人或社會有更好的照護品質。其所推動的衛生資訊相關系統，均持續在推動，且有相當之成效。此外，因衛生部掌管有大量的資料庫，且需確保這些資料的安全與隱私性，而保護病人的隱私更是應用電子科技網路工具來分享健康資訊推動成功與否的關鍵因素，衛生部長諮詢委員會的國家衛生隱私促進小組於2000年成立，其目的在發展一穩固的隱私架構，確保讓衛生醫療電子化能更具安全性，整個隱私基礎架構則分三階段來推動。而有關衛生資訊管理及資訊科技系統等標準的訂定，澳洲衛生醫療網站於2000年4月推出，作爲澳洲民眾獲取有用資訊的入口網站，其可以讓民眾使用一些資訊的路徑來搜尋所需衛生資訊。 本文中特別提及澳洲ANAO對於衛生部在推動衛生醫療電子化等相關工作，包括：品質、服務成效、資訊系統安全性以及流程等之實施成效，所採目標控制(CobiT)來做績效評估的方式，則希望能提供國內衛生醫療網等相關資訊系統的績效衡量方式參考。

本文電子檔已上傳至出國報告資訊網

# 摘　要

本次前往澳洲考察其健康照護暨保險相關業務，目的旨在瞭解澳洲整個澳洲醫療照護體系、健康保險制度、健保監督管理機制、相關委員會的運作情形及澳洲政府在衛生醫療電子化推動現況等主題。

澳洲的衛生預算約占其 GDP 的 8.5%，屬於 OECD 國家的平均水準之上，平均每人就醫約 6.5 次（1996-97）；平均每人醫療支出約 1,698 美元，每人 GDP 約 20,351 美元。澳洲在預防保健及公共衛生工作的成功，過去 100 年澳洲人的平均餘命有長足的進步，2000 年男性為 76.6 歲、女性為 82 歲。而在衛生人力的資料方面，也與世界幾個衛生先進國家相當。

醫療照護 Medicare 是澳洲的全民健康保險制度，開辦於 1984 年，主要目的有：提增澳洲民眾的健康照護可近性、提供澳洲人民依照疾病需要優先享有的醫療照護服務、提供高品質的醫療照護。其是建立在所有澳洲人需共同負擔健康照護成本的原則之上，其醫療支出的財源主要來自全體澳洲人依不同繳稅能力所繳交的稅收。

健康暨老人照護部主要負責醫療照護政策的規劃及醫療給付標準的訂定，健康保險委員會則主要負責確保醫療提供者對消費者的醫療服務能獲得給付。2000 年 6 月，加入醫療照護者有 1,970 萬人。該健康照護體系 Medicare，主要涵蓋三個部份來提供不同的醫療服務：有醫療給付計畫(MBS)，藥品給付計畫（PBS）及醫院服務，2001-2002 年的計畫經費為澳幣 199 億元。

澳洲的健康保險組織體制主要係在衛生暨老人照護部(DHA)下依業務執行需要由二部門負責辦理，分別是處理醫療照護的健康保險委員會(HIC)及管理私人健康保險業務的私人健康保險管理委員會(PHIAC)所構成，衛生暨老人照護部（DHA）與健康保險委員會（HIC）共同擔負起澳洲的健康照護計劃，除了前述的公立保險外，私人保險也是這幾年澳洲政府所極力推行的重要政策，為期達到終身醫療保障(Lifetime Health Cover)，政府鼓勵民眾儘早加入私人保險，且給予 30%的核退保險費優惠。

而監督管理機制方面，澳洲並沒有就業務及財務執行的監督管理工作另設一專責單位，而是由澳洲審計部(ANAO)負責就衛生主管機關的業務和經費執行情形以及就衛生暨老人照護部(DHA)與健康保險委員會（HIC）之間所簽訂策略夥伴協議(SPA)內容之執行情況進行外部稽核(External Scrutiny)工作，此外衛生暨老人照護部(DHA)或健康保險委員會（HIC）則自身做內部稽核(Internal Scrutiny)工作。

專業團體部分，國家衛生暨醫學研究委員會(NHMRC)係隸屬於衛

生暨老人照護部下之組織，對於部長有建議權。而澳洲健康照護安全暨品質委員會(ACSQHC)則是成立於 2000 年，非屬於政府組織，但對於衛生部長有很大的影響力，主要的目的在於提升澳洲的健康照護品質及安全，每年會有一報告提供給衛生部長，並受到各州及自治區公正人士的支持，其報告及論述具有充分之社會公信力及影響力。

至於有關衛生醫療電子化推動現況方面，澳洲在資訊科技的應用上是相當先進的，也充分展現在醫療衛生及民眾健康促進的工作上，運用新資訊或通訊技術來提供給民眾健康的照護，而這樣的技術也提供有效的健康照護工具來讓個人或社會有更好的照護品質。其所推動的衛生資訊相關系統，均持續在推動，且有相當之成效。此外，因衛生部掌管有大量的資料庫，且需確保這些資料的安全與隱私性，而保護病人的隱私更是應用電子科技網路工具來分享健康資訊推動成功與否的關鍵因素，衛生部長諮詢委員會的國家衛生隱私促進小組於 2000 年成立，其目的在發展一穩固的隱私架構，確保讓衛生醫療電子化能更具安全性，整個隱私基礎架構則分三階段來推動。而有關衛生資訊管理及資訊科技系統等標準的訂定，澳洲衛生醫療網站於 2000 年 4 月推出，作為澳洲民眾獲取有用資訊的入口網站，其可以讓民眾使用一些資訊的路徑來搜尋所需衛生資訊。

本文中特別提及澳洲 ANAO 對於衛生部在推動衛生醫療電子化等相關工作，包括：品質、服務成效、資訊系統安全性以及流程等之實施成效，所採目標控制(CobiT)來做績效評估的方式，則希望能提供國內衛生醫療網等相關資訊系統的績效衡量方式參考。

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## 壹、考察目的

本次澳洲考察主要目的如下：

一、瞭解澳洲醫療照護體系。

二、考察澳洲健康保險體系，包括經費與管理制度，以及相關的管控措施和提升工作績效的經驗。

三、瞭解澳洲健康保險監理機制，負責監督管理健康保險委員會(HIC)之業務及財務效能的部門為何？以及如何執行？

四、透過參訪健康照護相關的機構、部門及委員會的機會，瞭解其所扮演的角色，以及其與健康保險委員會(HIC)的關係與互動情形。

五、瞭解澳洲政府在衛生醫療ｅ化推動現況，以及資訊網路運用在保險人、醫療提供者及消費者間的聯繫及提升健康照護服務品質的情形。

貳、考察內容

整個澳洲考察健康照護暨保險有關業務行程為期八天，依據所設定之考察目的，擇定相關欲前往拜訪機構，並蒙外交部、及其駐澳大利亞代表處、駐雪梨經濟文化辦事處等的鼎力協助聯繫安排，整個行程主要包括有：

一、 前往澳洲首府坎培拉拜會澳洲衛生暨老人照護部（DHA），由政策暨國際處亞太發展及產業科的Guy Boekenstein 先生安排引見會晤醫療給付處醫療服務成本科的科長John W Kilpatrick 先生，席間Kilpatrick 先生（曾榮獲澳洲政府頒發之優秀公務員獎章）就澳洲的健康照護體系做一整體性介紹，並就相關問題答詢。

二、 為了解澳洲負責健康保險營運部門的經營管理情形，前往拜會健康保險委員會(HIC)，由諮詢服務處經理Margaret McKenzie女士接見，並就健康保險委員會（HIC）在澳洲的Medicare體系所扮演角色、經營現況及整體性問題做一介紹，另醫管處的經理Lou Andreatta先生則就整個Medicare計畫做詳細的簡報及問題答詢。

三、 此外為瞭解澳洲在健康照護安全及品質的推動情況以及澳洲在各類團體、委員會的運作情形，特別安排前往澳洲健康照護安全暨品質委員會(ACSQHC)，由Cathie O' Neill女士接見，並就其在經費、組織及實際執行情況，向其詢問及交換意見。

四、 在澳洲雪梨的行程，主要為希望能實地瞭解聯邦政府的政策到了地方如何有效推展及情況，有前往位於Manly 海灘附近的Manly Community Centre，瞭解希望能知道社區服務中心所扮演的角色與衛生暨老人照護部的關係，由Errolyne Mullims女士接見並就該社區服務中心的任務及功能做了說明；

五、 另為瞭解地區醫院在面對公立保險和私人保險病人之處置情況，前往Manly Hospital 會晤Trish Campbll 女士，由其解說該醫院在醫院經營大致情況及針對不同（公、私立）保險病人之照護及相關問題做介紹。

六、 前往Martin Place Medicare Office瞭解澳洲健康保險委員會位於各地之服務據點，其第一線服務窗口之情形並蒐集相關資料。

七、 又為瞭解澳洲私人保險位於各地之服務辦公室現場服務窗口及蒐集有關資訊，前往位於George Street的 Medibank Office及位於MLC Center的 Medibank Office 。

八、 前往新南威爾斯州政府出版品書店以及新南威爾斯州政府公報展示處，閱覽本次考察主題相關之政府出版品、法令、預算執

行報告及選購相關參考文獻書籍。

表一：澳洲健康照護暨保險有關業務考察行程

| 日期 | 行程內容 | 備註 |
|---|---|---|
| 11/23 | 啟程　搭乘新加坡航空 SQ983 班機<br>自台北中正機場經新加坡前往雪梨 | 新加坡轉機 |
| 11/24 | 轉機　由雪梨搭乘澳洲航空 QF1415 國內班機<br>抵達澳洲首都坎培拉 | |
| 11/25 | 拜會　前往澳洲衛生暨老年福利部(DHA)<br>會晤 John W Kilpatrick 先生及<br>Guy Boekenstein 先生 | |
| 11/26 | 拜會　前往健康保險委員會(HIC)<br>會晤 Margaret McKenzie 女士及<br>Lou Andreatta 先生<br>前往澳洲健康照護安全暨品質委員會<br>(ACSQHC) 會晤 Cathie O' Neill 女士<br><br>轉抵　由坎培拉搭乘澳洲航空 QF1428 國內班機<br>轉抵達雪梨 | 下午離開坎城 |
| 11/27 | 拜會　前往 Manly Community Centre<br>會晤 Errolyne Mullims 女士<br>前往 Manly Hospital<br>會晤 Trish Campbll 女士 | |
| 11/28 | 拜會　前往 Martin Place Medicare Office 瞭解澳洲健康保險委員會（HIC）位於各地之服務據點情形並蒐集資料。<br>前往位於 George Street 的 Medibank Office 瞭解澳洲私人保險位於各地之服務辦公室情形及蒐集有關資訊。 | |
| 11/29 | 拜會　前往位於 MLC Center 的 Medibank Office 瞭解澳洲私人保險位於各地之服務辦公室情形及蒐集有關資訊。<br>前往新南威爾斯州政府出版品書店及政府公報展示處，閱覽法令、公報及選購相關參考文獻書籍。 | |
| 11/30 | 返程　搭乘新加坡航空 SQ234 班機<br>自雪梨經新加坡返抵台北中正機場 | 新加坡轉機 |

參、考察心得

本次前往澳洲考察其健康照護暨保險業務，旨在瞭解澳洲整個醫療照護體系、健康保險制度、健保監督管理機制、相關委員會的運作情形及澳洲政府在衛生醫療電子化推動現況等主題，以下將分就各主題來說明所獲致心得。

首先簡單來介紹一下澳洲，其土地面積大概與西歐或美國（不包括阿拉斯加）一樣大，居民係由在幾萬年前即生活在澳洲的原住民、Torres 海峽島民或土著以及 1788 年以後陸續自英國及其他國家來的人所組成，目前人口約 1900 萬，具有多元的族群背景，80%的澳洲人居住在城市地區，大多數的地方只有零星人口居住，地廣人稀，屬於已開發國家且有相當高的生活水平。

19 世紀，澳洲為隸屬於英國的殖民地，1901 年以後組成聯邦系統的政府組織，承襲英國的系統，包括政府及法律，依據憲法組成聯邦政府，賦予權力，其他六個州及二個自治區也有其議會，各州的權力不得逾越聯邦憲法，政府內閣由執政黨及下議院的多數黨組成，各部長則由上、下議院的議員中遴選擔任，各州則有其地方政府，如市（州）治理委員會。

在談澳洲的醫療照護體系前，首先就其政府組成及其在衛生工作上的分工做一介紹，澳洲係分為三級政府：

- 地方政府：主要負責地方自治事項，如飲水、廢棄物處理及訂定建築標準等。
- 州（或自治區）政府：負責醫院及學校的設置以及警政事務。
- 聯邦政府：負責全國性事務，如外交、國防、社會安全及重要稅收。

聯邦及州政府共同分擔民眾健康照護責任，州政府負責公立醫院及一些診所的經營，也負責健康照護的協調工作，包括醫師、護士等專業人士的認證，以及為達更有效管理所做之法規研修等。

聯邦政府主要負責提供民眾所需醫療服務之給付（不管是直接給予或付給醫生、藥師等），除了管理這些大型支付計畫，也關注一些小型的公共衛生計畫、特定的需要（如原住民或精神病的醫療服務）以及針對醫療專業人士所做非屬給付項目的支付（獎勵措施）等。

一、澳洲醫療照護

（一）醫療制度沿革—

在談到澳洲衛生財務時，許多情況也反映其歷史的發展以及同時期所存在的健康服務情形。

1. 在殖民時期，英國政府負責罪犯及政府官員的健康照護，醫生在醫院的服務是免費的，且在一些可提供照護處也提供私

人醫療服務。

2. 隨著移民、小孩及服完刑的囚犯人數增加，隨著社會的發展，約在1830年代，民眾可獲得醫療照護、藥品及生病的給付，醫生的薪水則是按人數論量計酬。
3. 醫生勢力的增加，醫生們要求收入要受到薪資保障。
4. 醫院也由診察療養角色，轉變為提供治療和復原，這些都需要特殊的設備及人員，醫院照護的成本也就提高，公立醫院透過捐款或針對高所得病人設置私人病床收取費用，但仍無法支應醫院成本，因此而有醫院保險的興起。

自1901年開始，聯邦政府大幅接管了州所管轄的事務，特別是衛生，聯邦政府收稅因此有錢相對也就有權。1940年到1950年間，聯邦政府編列衛生預算，在1953年整個醫療照護體系主要有幾點做法：

1. 聯邦政府把服務免費的醫院其所需醫療服務費用退給州政府。
2. 聯邦給付重要的藥物費用。
3. 聯邦政府參照私人保險的給付按論量計酬方式給付給醫院及醫療照護，對於公保及付不起者給予全額給付。
4. 保險費用可全部抵稅。
5. 居家照護也在這時推動。

這項體系在Robert Menzies擔任總理期間，大致沒有太大改變，但聯邦政府在衛生支出上不斷增加，另外的壓力尚有：

1. 考慮尚有10到15%的民眾並沒有納入試驗性免費醫療服務或私人保險。
2. 醫療服務和給付之間的價差（約三分之二的費用），因此，1960年政府增加給付，除了醫生提高費用或尚有問題者。

在1968年聯邦政府完成二項徵詢工作：

1. 政府針對自營健康保險組織（如Nimmo Committee）對象進行徵詢。
2. 上議院（工黨為多數）則做更廣泛的徵詢工作。

Scotton 及 Deeble 對上議院做了一份以稅收為財源的全國性保險系統的簡報，雖然沒有被前述二項徵詢動作所採用，但其全國保險的原則成為工黨主張的一部分，工黨贏得了1972年的選舉，且在1975年推行Medibank，但1976年起在聯合執政期間退回原點，直到1983年工黨重新執政後再次推行（如Medibank）。

（二）衛生經費支出--

按照國際比較，澳洲的衛生預算約占其 GDP 的 8.5%，平均每人醫療支出約 1,698 美元，每人 GDP 約 20,351 美元（相關資料請參考附錄二：WHO 2000 年的統計資料），約在 OECD 國家的平均水準，且維持了相當時間，但無論如何，這樣的比較並不完全正確，首先，不同國家的衛生經費的收支情況不同（如居家照護及社區服務），比較上也顯困難。很顯著的，受 GDP 成長率的影響很大，且澳洲的老年人口也較其他國家低。

衛生支出占 GDP 的比例，由 89-90 年代的 7.5%躍升到 91-92 年的 8.2%，主要係由於 1990 年初期的不景氣造成，而中期以後因 GDP 的大幅成長，GDP 的成長大致吻合衛生支出的成長，未來幾年在低 GDP 成長的期間，沒有理由會有衛生醫療支出減少的情況，否則，仍將出現衛生醫療支出跳躍成長的情況發生。以下二表為澳洲整個衛生系統在 1998 - 1999 年間各項支出費用的說明。

表二：1998-99 年衛生經費支出統計比較（單位：百萬元）

| | 政府 | | 私人 | | | 合計 |
|---|---|---|---|---|---|---|
| | 聯邦 | 其他 | 保險人 | 消費者 | 其他 | |
| 醫院 | 7555 | 6516 | 2283 | 739 | 938 | 18031 |
| 醫療 | 7372 | 0 | 212 | 936 | 480 | 9001 |
| 藥品 | 3092 | 0 | 30 | 2697 | 0 | 5819 |
| 老年人 | 3011 | 244 | 0 | 789 | 22 | 4066 |
| 其他 | 2432 | 2676 | 1536 | 3312 | 609 | 10564 |
| 合計 | 23462 | 9436 | 4061 | 8473 | 2049 | 47481 |

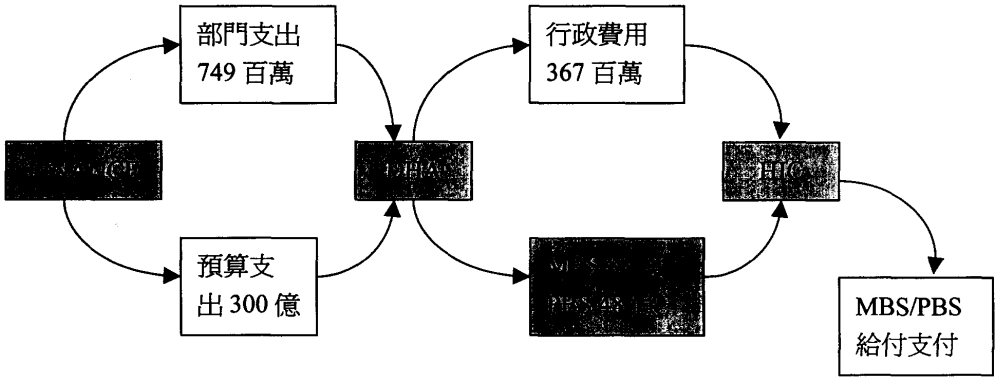
表三：1998-99 年衛生經費支出佔率（單位：%）

| | 政府 | | 私人 | | | 合計 |
|---|---|---|---|---|---|---|
| | 聯邦 | 其他 | 保險人 | 消費者 | 其他 | |
| 醫院 | 42% | 36% | 13% | 4% | 5% | 38% |
| 醫療 | 82% | 0% | 2% | 10% | 5% | 19% |
| 藥品 | 53% | 0% | 1% | 46% | 0% | 12% |
| 老年人 | 74% | 6% | 0% | 19% | 1% | 9% |
| 其他 | 23% | 25% | 15% | 31% | 6% | 22% |
| 合計 | 49% | 20% | 9% | 18% | 4% | 100% |

聯邦政府對於醫療及藥品給付的支出，由衛生財務處(HAFD)主管，主要為對公立醫院的經費提供，其他像對於參加私人保險者提供30%的退費補貼，2000-2001年，HAFD預算有澳幣183.7億元，其中68%為所有部門預算，11.8%為聯邦政府支出。

圖一主要描述澳洲財政部門與衛生部、健保委員會間在未來2002-2003年間配合醫療照護(MBS)及藥品給付(PBS)預算的經費編列及支應情形。

圖一：2002-2003年預估與健康保險有關之衛生經費支出示意圖




Source:ANAO

（三）衛生統計

整體而言，衛生與福利政策的推動主要是受幾個因素影響，像政治、文化氣候、環境、經濟及生活水平等。這幾年，澳洲政府持續努力在做的，像醫療提供者、醫療專業人士、產業、政府與消費者間的協調與管理，以提升澳洲民眾的健康生活與衛生資訊透明化等，透過衛生暨老人照護部的一些計畫以確保健康照護的品質及效率，並保障民眾的健康及權益。

過去100年澳洲人的平均餘命有長足的進步，從1901至1910年間男性為55.2歲、女性為58.8歲，到2000年則是男性為76.6歲、女性為82歲，分別進步了21.4歲及23.2歲，澳洲已算是長壽的國家之一，與法國、瑞典、瑞士等國平均男性為76.4歲、女性為82.3歲相當，較紐西蘭、英國、美國的平均男性為74.8歲、女性為80歲高。

初生嬰兒存活率大幅增加，由1901年每1000名初生嬰兒有103.6名死亡，這個數字在1961年降為19.5/每千名，

而在2000年則為5.2/每千名。與加拿大(5.3)、丹麥(5.3)、紐西蘭（5.4）相當。歸功其對於早產兒及體重過輕的初生嬰兒照護的改善及全國性的預防嬰兒猝死計畫，可以看出澳洲在預防保健及公共衛生工作的成功。

以上相關數字可參考附錄一澳洲衛生暨老人照護部年報的有關統計圖表。

不過，澳洲在原住民及Torres海峽島民的健康照護上，2000年平均餘命為男性為56歲、女性為63歲，1999年初生嬰兒死亡率為14.1/每千名，足見有相當大之改善空間，也因此澳洲政府也仍積極在尋求改善其國內低收入戶、原住民及Torres海峽島民等的健康照護工作。

至於澳洲在衛生人力的資料方面，依據WHO的資料統計，1998年每十萬人的醫生數為240人（另依據1996年澳洲與各國比較資料顯示，醫生人數有47,700人，其中專科醫師約占33%，女性約占28%）、護士為830人，牙醫師40人，社區藥師59人(參考1995年澳洲與各國比較資料)，平均每人就醫約6.5次（1996-97）。

（四）醫療照護體系（Medicare Scheme）--

◎Medicare是澳洲的全民健康保險制度，開辦於1984年，主要目的有：

1. 提增澳洲民眾的健康照護可近性。
2. 提供澳洲人民依照疾病需要優先享有的醫療照護服務。
3. 提供高品質的醫療照護。

◎Medicare 稅--

Medicare是建立在所有澳洲人需共同負擔健康照護成本的原則之上，其醫療支出的財源主要來自全體澳洲人依不同繳稅能力所繳交的稅收。

◎Medicare 提供的有--

1. 公立保險（Medicare）病人在公立醫院的治療是免費的。
2. 一般病人去看專科醫師、驗光師或牙醫師等之治療可享免費或補助。

◎Medicare 安全網—

安全網(Safety Net)主要是設計來保障高醫療費負擔的民眾，當一個人或一個登記的家庭一年當中自1月1日起

所負擔的醫療費差額部分(Gap)達到 medicare 安全網每年所設定的上限額度（目前是澳幣 309.8 元）時，則其醫療給付則依照給付標準表給予 100%的額度，毋需再負擔差額的費用。所謂的差額部分(Gap)是指醫療給付標準與所獲醫療核退費之差額。家庭或夫妻要享合併計算差額的權益時，必須有一申報的手續，個人則免申報。

健康暨老人照護部主要負責醫療照護政策的規劃及醫療給付標準的訂定，健康保險委員會主要負責的角色為確保醫療提供者對消費者的醫療服務能獲得給付。依據聯邦政府專家委員會所定之支付標準，核給住院、門診等之醫療服務給付。此外，亦負責對於詐欺或醫療浪費之取締及防範工作，以及對於醫療執業人員的登記管理，包括對象有：

1. 依法可給予給付的醫療服務。
2. 尚未列入給付項目但確實可有幫助或有需要之醫療給付目的。

2000 年 6 月，加入醫療照護者有 1,970 萬人，從 1999 年 7 月到 2000 年 6 月期間受理金額為澳幣 2 億 1 千萬。目前已提供有線上服務，包括消費者對於醫療照護所需要的資訊，表格以及提供給醫療提供者的公告或訊息，目前正進行一些有關電子申請核退的實驗計劃。

澳洲的全國性健康照護體系 Medicare，主要涵蓋三個部份來提供不同的醫療服務：有醫療給付計畫(MBS)所列醫療、診察及必要服務項目等，藥品給付計畫（PBS）所定藥費補助內容，透過聯邦及州政府所簽澳洲健康照護協議（AHCAs)，聯邦政府必須負責醫院服務，2001-2002 年的計畫經費為澳幣 199 億元，此外，透過購買私人保險來彌補 Medicare 所提供衛生醫療相關照護之不足部分，並藉此私人保險來紓解澳洲健康照護體系的財務壓力。

澳洲居民可以加入 Medicare，此外，來自與澳洲簽有互惠的健康照護協議國家的遊客也可享醫療照護。

1. 醫療照護（Medical care）

醫療服務給付為澳洲醫療照護制度最顯見部分，係依據 1973 年的健保法及相關細則來實施。所占的醫療支出與成長率均較一般醫療服務來的高，如下表四，相關的給付及民眾自費情形可參考附錄三：Medicare 統計資料。

表四：聯邦政府醫療給付 MBS 支出與服務統計

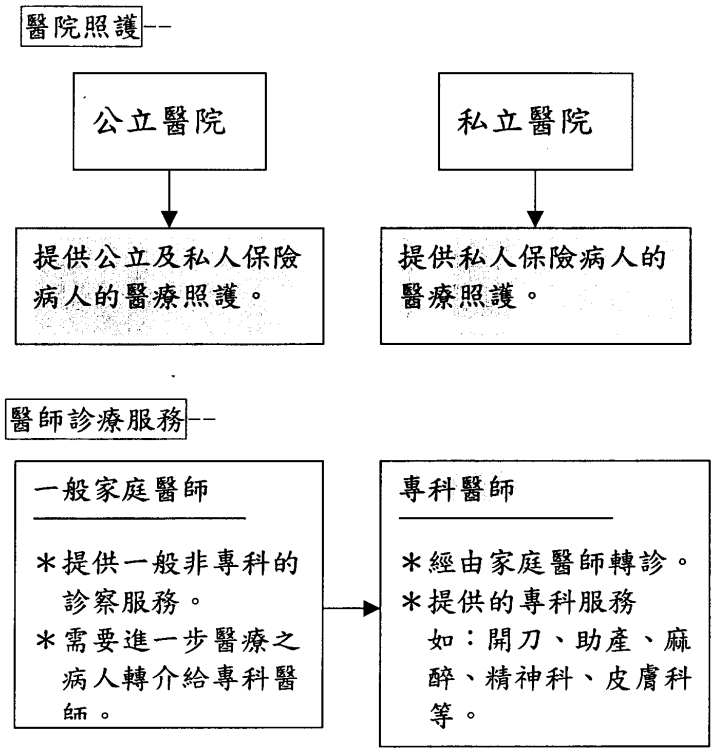
（單位：百萬）

| 年度 | 96/97 | 97/98 | 98/99 | 99/2000 | 2000/01 |
|---|---|---|---|---|---|
| 支出 | 6158 | 6334 | 6669 | 6945 | 7327 |
| 成長率 | | 2.9% | 5.3% | 4.1% | 5.5% |
| 服務 | 191.07 | 194.42 | 198.32 | 201.34 | 205.28 |
| 成長率 | | 1.8% | 2.0% | 1.5% | 2.0% |

◎誰來提供醫療服務呢？

有關澳洲的健康照護服務，以下圖二來表示，公私立醫院所提供的保險病人對象有所區隔，至於醫師制度方面，澳洲係屬家庭醫師(GP)制度的國家，所有的醫療均需經過家庭醫師轉診。

圖二：澳洲的健康照護體系




醫療服務為私人執業醫師所提供的，主要有醫療服

務、牙醫、檢驗師等，至於其他的治療像指壓、器官移植及傳統治療等則不涵括。

在MBS的支付標準下，醫事執業人員可分三類：

(1) 執業登記的家庭醫師—指經由RACGP教育訓練，或經RACGP認可，或依健保法登記有案者。

(2)專科醫師—符合州/自治政府法令許可之專科醫師或相關醫學院畢業者。

(3) 其他醫療從業人員—指尚未經過相關的訓練或認可，但已於1996年11月1日之前取得合格家庭醫師資格者。

對於合格的醫生想要加入或增加科別、病理診察服務時，需向健康保險委員會(HIC)申請核准可提供之醫療服務數量。

◎給付範圍--

所有給付項目均在醫療給付計畫(Medical Benefits Schedule)中訂定，依法包括有4(一般醫療服務表)、4AA（放射性治療）及4A（病理治療）等部分。

例如：在s4的內容（部分）有

(1) 依法必須就醫療服務（診察或病理服務除外）項目，按下列規定訂定：

(a) 醫療服務項目。

(b) 各項目所可給付的金額。

(c) 本表解釋原則。

醫療服務建議委員會(MSAC)負責釐清定醫療給付計畫(MBS)的服務項目，1998年四月成立，主要任務為提供給部長與安全、效能、新技術或緊急醫療技術的成本效益等之建言，在何種情境下應給予醫療給付計畫(MBS)的經費支援等。

委員組成主要來自，包括病理、內、外科等疾病專家、以及國際醫療及一般執業，疾病研究、健康經濟、消費者、以及健康管理與規劃等領域的人士所組成。

所有向醫療服務建議委員會(MSAC)提出的新醫療服務項目必須經審核是否安全及有效能，經濟（成本效益）評估並非能完全決定一切(例如：安全或效能不合要求)。除了驗光服務，對於醫療提供者的服務所有費用均可給

付，不過，政府通常是依照MBS的價格表給予固定的給付，每年的給付額度則沒有限制，也就是說，一個人在一年當中所得到的合乎給付規定的醫療服務均可獲得給付。目前的醫療照護給付分成二種：

1. 住院—經過轉介並獲得同意住院或醫院白天照護者(公立醫院病人除外)，可獲得醫療給付標準的75%。
2. 門診—所有專業醫療服務，可獲得85%的醫療給付，或澳幣55.6元以下的費用（視何者較大而決定）。

如果一個人有加入私人健康保險，保險公司會給付醫療給付標準費用的25%，甚至更多，端視保險公司與醫生的價格協議而定。

通常來說，給付表上的給付費用分二級，一般家庭醫師及專科醫師二級，也就是說，按健保法所認可之專科或外科醫生，所獲得的醫療服務給付會較一般醫療服務的醫生來的高。

有時醫生會直接開給病人醫療費用單據，表示醫生已直接收費並已獲得醫療給付（病人簽名確立後），因此可獲得85%（住院75%）的給付標準費用，在2000-2001年間，77%的執業家庭醫師所做醫療服務，開立費用單據，比例是有比過去幾年下降，如果沒有費用單據，醫生就會依照其個人意思收取費用，病人則需負擔費用與給付的差額部分負擔。

無法像醫生或牙醫，驗光師提供醫療照護所收取費用是不得超過給付標準，部分負擔不得超過給付標準的15%，實際上，大多數的驗光均是開立單據。

◎其他醫療支付--

論量計酬制的醫療給付鼓勵醫生提供更多的服務，一項激勵計畫(PIP)主要是希望所提供醫療品質與量都能兼顧的激勵方案。

主要獎勵是提供給複雜具品質的服務且合乎澳洲皇家醫師學院(RACGP)標準的醫師，這項支付也包括家庭醫師及執業醫師，病人的付費及退費，主要鎖定在一般醫師的服務品質，也包括資訊管理的運用、學生教育、照護規劃以及更好的事前防範等，較特殊的，尚包括氣喘、糖尿病、子宮頸檢查、實習護士及精神病患的照護等均包括在PIP內，鄉下及偏遠地區執業的獎勵等。澳洲大多數的執

業醫師均有加入PIP，2001年5月5260位加入PIP的醫師照顧80%的病人。

2. 藥品給付

藥品給付計畫（PBS）一開始只有列出139種藥物，目前則已約有600種成份，達到1500樣式，2500種廠牌，因為藥商並非直接向消費者收費，也不像醫療給付的容易看到，所以消費者並無法得知完整價格。

依照1953年健保法第七部分所規定為基準，PBS雖占政府衛生醫療支出的少部分，但成長卻相當的快，由下表五可以看出。

表五：聯邦政府藥品給付支出及服務統計(單位：百萬)

| 年度 | 96/97 | 97/98 | 98/99 | 99/2000 | 2000/01 |
|---|---|---|---|---|---|
| 支出 | 2332 | 2527 | 2782 | 3176 | 3810 |
| 成長率 | | 8.4% | 10.1% | 14.2% | 20.0% |
| 品項 | 122.89 | 124.48 | 128.35 | 137.59 | 147.57 |
| 成長率 | | 1.3% | 3.1% | 7.2% | 7.3% |

◎誰來提供服務？

醫生開出處方箋（州法令有規範）以取得用藥，如果是合乎給付的藥，醫生使用PBS的處方表格，藥劑師根據處方箋來配藥，藥劑師必須取得PBS核准提供者的藥房工作。對於一些公立醫院，因為消費者不需要負擔費用，因此也開始按PBS給藥，而過去醫院均是提供處方箋給病人到社區藥局拿藥。

◎什麼樣的服務可獲得給付？

藥商向PBS提出的申請由藥品給付諮詢委員會(PBAC)來審核，PBAC係一獨立的諮詢機構，由醫生、健康學家、專家及消費者代表所組成，PBAC的決定是採實證依據，每種藥在送到委員會前均需先做評估，需經不同的治療方法，且必須確保安全及具醫學效用（達到合適的疾病治療效果），以及具成本效益（有金錢價值的），除非能獲得PBAC的推薦，否則無法列入PBS的給付品項（而部長也可將經推薦列入的藥品予以否定）。

當經PBAC推薦列入給付，藥價則由另一獨立機構來決定，藥品給付訂價小組（PBPA）的組成，包括政府、產

業界、消費者代表等，如同列入PBS的藥，訂價也須有實證基礎，在考慮一新藥的合適價格時，也會同時與其他同療群但不同價格的藥做比較，新藥通常訂在該類療群藥品最低價，除非能顯示其在療期效果佳而獲得原價通過。PBAC及PBPA推薦列入的新藥需經衛生暨老人照護部長及下議院秘書長的同意，當所同意通過的藥品給付超過澳幣1000萬時，需經過總理及財政部長做最高層次的考量。除了新藥，PBPA也需要審核PBS藥品給付的價格，每一療群分開處理，每年審核一次。

◎給付內容--

PBS的病人分特許及一般二類，特許卡(持有退休卡，健保卡、或聯邦老人健康卡）者，每張處方箋付給澳幣3.6元，以及約佔政府在PBS上支出的80%，一般病人每張處方箋給付澳幣22.4元。藥劑師賺取政府的PBS所訂價格成本與收取費用的價差，價格由政府和藥廠協商。

安全網要求對於PBS藥品高使用者提供進一步保障，例如，持有特許卡者每年藥費支出超過澳幣187.2元（52次處方箋）的部分免除部分負擔，有關部分負擔及安全網的門檻每年會由CPI公佈。

如果在同一醫療項內使用不同品牌藥物，則必須負擔較高額的部分負擔，在PBS的品牌價格政策下，政府對於成份相同的藥物，則給予該類藥最低價格來做補助，病人則需負擔不同品牌藥物的價差，而在治療群價錢（TGP）政策下，同樣的做法也用在四種療群的藥品，不同療群達到類似的效果，在此二種政策下，病人可避免因價格而用到低價藥品，也獲得醫生的贊同。二項政策也對因低價格的限制減少PBS的支出有幫助，更可因公司間的競爭而降低價格。

3. 醫院照護

公立醫院的服務係依據與州/自治區政府間的澳洲民眾健康照護協議(AHCAs)來提供，政府所負擔的成本大致相同，私人醫院也提供服務。

◎誰來提供服務？

公立醫院最早係由政府、教會及慈善團體所建造，目前則大多由政府編列預算經費支應，只有少數醫院由私人

企業建造和經營，州政府負責公立醫院的經營，大部分的急症病床及急救門診病人是在公立醫院。
私人醫院的經營，分營利和非營利組織所擁有，例如大公司老闆、宗教人士、私人保險公司等，不同的醫療中心提供一天內的開刀，以及其他非政府的宗教及慈善團體在健康服務、公共衛生及健康保險上也扮演了重要角色。
在澳洲，公立醫院約佔三分之二，私人的部分也慢慢在成長，特別是在開刀方面，二部分所佔約相同。參考表六的統計數字。

表六：年度醫院型態數量、佔率比較

| 年度 | 96/97 | 97/98 | 98/99 | 99/2000 |
|---|---|---|---|---|
| 公立醫院 | 3642 | 3770 | 3860 | 3872 |
| 私立醫院 | 1685 | 1793 | 1875 | 2026 |
| 公立醫院佔率 | 68.4% | 67.8% | 67.3% | 65.6% |

◎給付的服務有？

在公立醫院（此次前往拜訪的 Manly Hospital 即是），病人可以選擇是 Medicare 病人或私人保險病人，如果是公立病人，係由醫院指派醫生來提供免費的醫療及相關的健康、藥品照護，且住院時得享免費的諮商、用膳及其他健康服務

有加入 Medicare 的病人，在公立醫院選擇私人保險給付時（為了能自行選擇醫生），對於醫生及醫院的服務必須付費，通常是在全部費用的一部分，如果病人擁有私人保險，通常幾乎可全額支付公立醫院所收取的費用，Medicare 補助部分的醫師費用，其他則由私人保險支付。病人在私立醫院也可選擇，私人保險的病人在私立醫院會需付給醫師及醫院諮商費用、護士照護以及其他的醫院服務，如果病人有私人保險，大概能給付所有的費用，有加入 Medicare 的病人，醫師費也通常獲得給付。

（五）澳洲民眾健康照護協議

澳洲民眾健康照護協議（AHCAs）做為聯邦政府提供經費給公立醫院的依據，目前的協議是從 1998 年 7 月 1 日至 2003 年 6 月 30 日有效，雖然通常被認為只是財務的協議，AHCAs 對於公立醫院改革仍扮演重要角色。

依據1998年健保法，這項協議是建構在健康照護協議的原則下，主要有有下述三點：

1. 民眾必須有在公立醫院選擇公立保險病人免費醫療服務的權力。
2. 公立保險的病人必須能按疾病需要，在適當治療期間獲得到醫院就醫。
3. 所有納入保險的病人，必須不因居住地而受到不同的醫療服務。

州及自治區政府負責確保公立醫院對於公立保險病人因疾病需要所受到服務免費的規定，公立醫院的服務必須至少符合1998年7月1日州或自治區所提供的標準。

聯邦政府的責任則是確保財務的支援以配合提供公立醫院提供服務的成本，在這項協議的期間，預估約需要澳幣317億元來支應，這也表示在5年中增加了28%。

這項協議的另一財源是來自國家健康發展基金，作為州政府及自治區政府進行改革計畫和更新公立醫院的系統，此外，五年中也提供澳幣6億元作為資助和獎勵品質改進和提升公立醫院的作業績效。

（六）私人保險--

私人保險是由私人健康保險處所主管，並不在HAFD內，自1953年健保法第六節訂定以來，整個產業有相當的改變，健康保險和其他的私人資金是醫院照護及Medicare沒有涵蓋之不同的健康治療重要的提供來源。

1995年，政府藉由建立契約型式改變健康保險基金會與醫院（及醫生）的互動方式，這使基金會可以扮演醫療購買者的角色，而不只是提供醫院向病人所收費用的償付角色。

為了因應保險會員的持續減少，最近澳洲的健康保險有二項大的改變：

1. 在1999年到2000年的預算，政府宣佈實施終身健康照護保障(Lifetime Health Cover)，如此結構性的改變，在於鼓勵民眾早日就醫院醫療費用做準備，以及維持終身，在這項政策下，私人保險基金會能夠在被保險人加保時按年齡不同其醫院醫療費用需求的差異，而設定不同的費率，民眾在31歲以前加入合法的基金會獲得醫院醫療保障，會比之後加入者所繳保費費用為低，而不考量其健康狀況。自從實施終身健康保障後，加入私人健康保險者大幅增加，且加入的年齡也有更輕且穩定成長。

2. 政府配合 GST 新稅制的實施，對於所繳交的私人保險費用可享 30%的退稅，這也給澳洲人更大的意願來加入私人健康保險以補公立健康保險之不足，在 2000-2001 年間所花費成本約 21 億元。

（七）社區照護

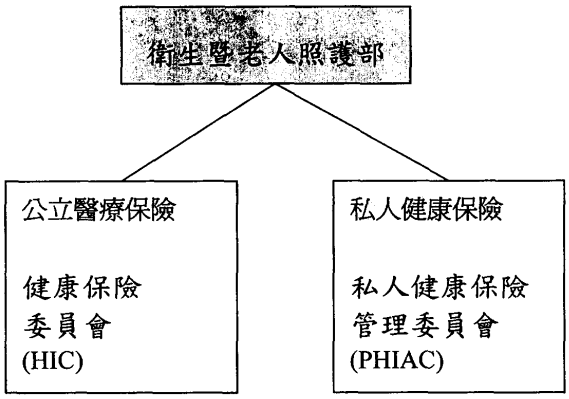
此次前往位於 Manly 海灘附近的 Manly Community Centre，旨在瞭解社區服務中心所扮演的角色及其與衛生暨老人照護部(DHA)的關係，經過 Errolyne Mullims 女士的說明，瞭解其與衛生部並無直接的隸屬關係，也沒有預算支應，其經費來源，大都為民眾捐款而來，工作人員屬志工性質，服務對象則是社區居民，尤其是老人及精神病患者，一般的資訊提供及醫療轉介工作，例如：其與 Manly and Mona Vale Hospitals & Community Health Services 之間維持密切的合作，對於社區內有精神疾病醫療需求者提供很重要的服務管道；此外，更重要的是其在社區提供衛生資訊及健保資訊等的服務，在該站內也看到與 HIC 有關的訊息，而社區民眾也習慣前往該處獲取相關的訊息及服務。

二、澳洲的健康保險組織體制(Health Insurance System)

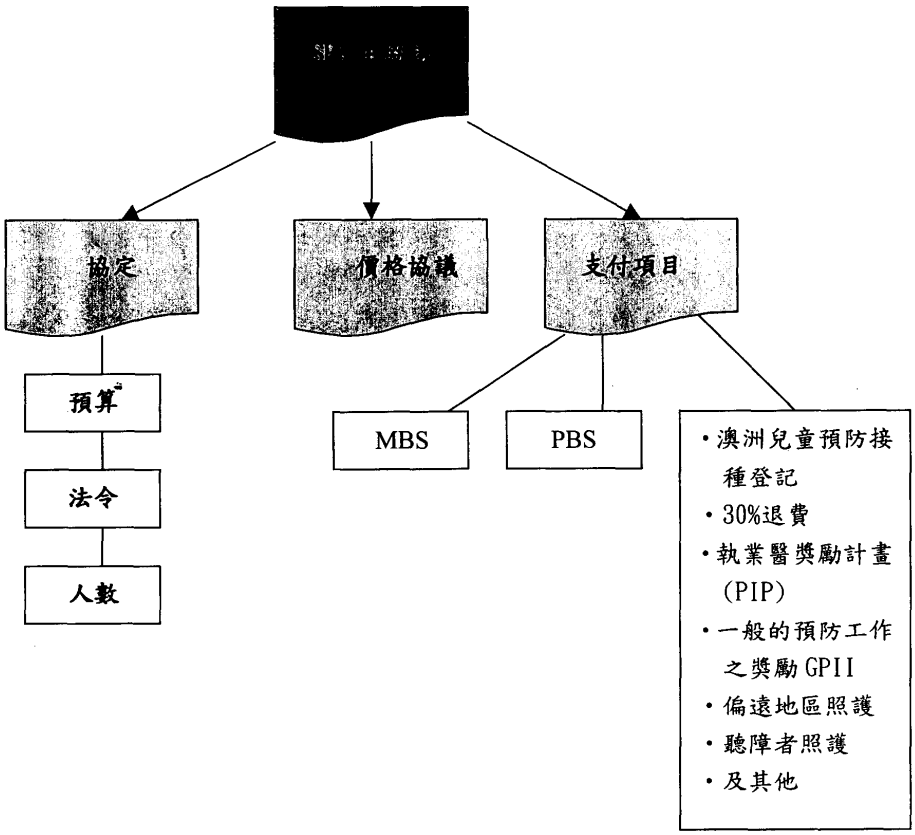
澳洲的健康保險組織體制（圖三）主要係在衛生暨老人照護部(DHA)下依業務執行需要由二部門負責辦理，分別是處理醫療照護的健康保險委員會(HIC)及管理私人健康保險業務的私人健康保險管理委員會(PHIAC)所構成，衛生暨老人照護部（DHA）與健康保險委員會（HIC）共同擔負起澳洲的健康照護計劃，包括：醫療照護給付(MBS)及藥品給付制度(PBS)等的實施效率與效能之責任，二部門也很清楚彼此對於其相對的角色與合作夥伴關係，如此才能達到成效最大且減輕相對的責任，透過「策略夥伴協議」(SPA）的簽署作為二部門合作的承諾，附錄四即為 DHA 所提供依據 1973 年健康保險委員會第 8JA 節，由聯邦政府與健康保險委員會所簽訂協議之範例，圖四為該策略夥伴協議之示意圖。依照 SPA，衛生部的角色主要在政策訂定，並對於健康服務提供經費及改進意見，除負責估算 MBS 和 PBS 的費用支出外，也監督整個預算的執行情形，並負責 MBS 和 PBS 的內容修訂。

HIC 的角色則除了負責管理整個 Medicare 計畫，維護承保檔案及製作核發 Medicare 卡，當然也負責處理醫療和藥品給付工作，主要功能也就是 Medicare 的功能。

圖三：澳洲健康保險組織體制圖




圖四：衛生部與健保委員會策略夥伴協議示意圖



澳洲的健康保險體制，除了前述的公立保險(Medicare)外，私人保險也是這幾年澳洲政府所極力推行的重要政策，為期達到終身醫療保障(Lifetime Health Cover)，政府鼓勵民眾儘早加入私人保險，且給予30%的核退保險費優惠，以下分別就負責公立保險Medicare的健保委員會(HIC)及負責私人保險的私人保險管理委員會(PHIAC)來做介紹。

(一) 健康保險委員會(Health Insurance Commision)

健康保險委員會(HIC)係屬於聯邦的機構，依據1973年健康保險委員會法所設立，目前負責掌管的計畫有MBS、PBS、澳洲兒童預防接種登記及澳洲人器官捐贈登記等。此外Medibank的營運，則是近年配合私人保險業務所新開辦。主要功能及管理工作項目如下：

◆ 醫療照護。
◆ 藥品給付計畫。
◆ 澳洲兒童預防接種登記。
◆ 澳洲人器官捐贈登記。
◆ 私人健康保險的退費及獎勵計畫。
◆ 執業醫獎勵計畫。
◆ 一般的預防工作之獎勵。
◆ 聽障者服務系統。
◆ 醫療費核退。
◆ 退伍軍人醫療帳戶。

HIC在澳洲全國有226個Medicare辦公室構成服務網路，以此次前往雪梨的Martin Place Medicare Office，即是屬於該類辦公室，其角色是做為HIC在全國各地的服務據點窗口，民眾可在該處獲得需要的服務及索取相關的最新健保訊息及各類申請表單。可透過傳真、電話、郵件、簡易申請電話以及網際網路等工具來提供民眾相關的服務及資訊。目前HIC有4459個員工，其中有2590人分佈在各州及Medicare辦公室來負責民眾服務業務。整個Medicare的給付，在2001-02年約為澳幣78億元，2002-03年約83億元。

HIC的主要責任在於依據聯邦政府在考量專家委員會的建議所設定的給付標準來支付給各種合乎MBS的醫療服務。在2001-02年，HIC所執行Medicare計畫的成果有：

◇約有2,040萬人加入Medicare。
◇醫療提供者約58,000家。
◇11.5百萬張臨時Medicare卡；新核發Medicare卡4百

萬張（ANAO Audit Report No.11 2002-03，HIC的簡報則為3.43百萬張）。

◇服務件數為220.7百萬次。

◇醫生所開單據(Bulk Billed)155.7百萬張（約佔所有服務的70.4%），而這也是HIC近年積極尋求改進的作業，例如：鼓勵院所透過線上申報等，成效也慢慢顯現。

◇約有90%的社區對HIC感到滿意。

◇約有72%的醫療從業人員對HIC感到滿意。

◇獲得2000年澳洲APS公共服務獎。

◇960萬通電話，服務時間超過30秒。

◇在全國226個Medicare辦公室，100%的民眾在10分鐘內完成服務。

詳細內容可參閱附錄五：HIC醫管處的經理Lou Andreatta先生所作Medicare Program簡報及附錄六：HIC年度成果。

HIC為一顧客導向的組織，其宗旨在依照Medicare計畫提供給澳洲全體國民有效率的顧客服務，依據澳洲審計部（ANAO）的2002-03的年度稽核報告，HIC在2001-02年的表現大致符合其關鍵績效指標（KPIs），而這項指標對顧客服務的績效衡量有相當大的助益。平衡計分卡則是HIC用來管理其營運績效的方法，主要係以正式的程序，透過計分卡上的績效指標來監控及評估各項表現是否達到標準。依據其2001-02到2003-04的營運計畫，HIC的績效平衡計分卡主要架構如圖五，HIC的總部、成效審查委員會（ORC）及各部門、州的平衡計分卡係用來監控和評估在Medicare醫療照護的計畫下，其顧客服務的績效。而ORC則是最主要的機制，由HIC的副總裁擔任主委，其成員有各部門經理、各州的經理、以及健保委員會總部的高階主管所組成，ORC的平衡計分卡主要係依據營運計畫上與顧客服務有關的績效指標，按月監控各項服務情形，2001-02年相關KPIs有：

＊ 迅速處理醫療照護Medicare費用申請之支付。

＊ 各地Medicare辦公室服務受理櫃台受理服務時間。

＊ 各電話服務中心的回應時間。

＊ 書面申請案件的回應。

＊ 顧客對於服務管道的整體滿意度。

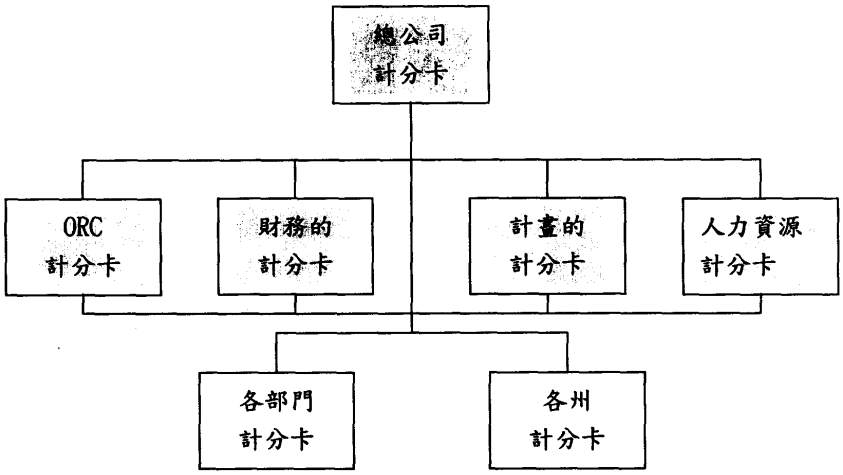
＊ 社區對於HIC的顧客服務滿意情形。

＊ 作業正確性等。

總部的平衡計分卡包括與HIC的八項企業目標相關的

績效指標，而各部門、各州也參照 ORC 所訂的計分卡內容來訂定並做為年度績效衡量之依據。

圖五：HIC 的績效平衡計分卡




Source:HIC Corporate Business Plan 2001-02 to 2003-04

（二）私人保險管理委員會（PHIAC）

私人保險管理委員會（PHIAC）係隸屬於聯邦的機構，依據 1953 年衛生法及 1997 年聯邦組織及公司法所設置，其主要功能及權力有：

◆對於登記有案的各保險給付組織（Registered Health Benefits Organizations），其支付能力、資產的監控及設定適當標準並落實，以求審慎。

◆管理健康給付再保信託基金。

◆執行對各 RHBO 的監理功能，包括檢查者及管理者的派任。RHBO 的登記、解散及合併的核准業務。

◆RHBO 自動增加業務的核准。

◆對於 RHBO 的執行情形，包括財務、統計資料、年度報告的表格之蒐集及提供給國會。

◆向 RHBO 徵稅，以提供 PHIAC 和急診照護諮詢委員會、簡化帳單協會等單位的行政管理經費。

隨著澳洲國人對於私人健康保險接受及使用的增加，對於公立醫院系統的壓力減輕確實有幫助，私立醫院更為茁壯，病人因自費的減少以及加入和使用私人健康服務的增加，政府在推動私人健康保險的業務確實看到成效，過去幾年澳洲政府積極進行私人健保的改革以增加民眾的選擇，民眾可依最優的價格及保障來按需要做自由選擇，政府也要求，當會員有意更換所投保的保險基金會時，也盡量能方便做變更，以保護會員的權益並且確保基金會提供有價值的服務以留住會員。整個保險費率節制 2002 年 4 月較 1996 年已增加了 4.7%，相關的費率表可參考附錄七有關 Medibank 的保險費率表，而民眾加入的意願以及可近性增加，也讓聯邦政府在 Medicare 徵收附加稅（主要係針對高所得，而未加入適當額度的私人保險者，於 1.5%的醫療照護稅金外，加課以 1%的附加稅）、終身健康保障（Lifetime Health Cover）、30%的退費及一些提升效能及永續經營的政策推動相當成功。政府也希望澳洲民眾能瞭解私人健康保險的真正價值，過去幾年也積極強調財務的可靠以及帳單的簡化，目前的私人健康保險已更有價值且服務更好。澳洲民眾對於私人健康保險的使用及權益也更加熟悉，因此甚至有些在公立醫院公立保險有給付的項目，也會利用私立醫院的醫療資源，這確實對於澳洲公立醫院等待期問題是一項利多。而政府也承諾讓民眾能夠確保享有私人健康保險的可近性，2000 年 6 月 30 日止有 42.8%的人加入私人保險，其中 89%低於 65 歲，而民眾對私人保險的整體抱怨也降到 37.7%。

此外，其私人健康保險有一較特殊處，是被保險人倘若在整年都沒有使用醫療資源，則其可以在可享給付額度內，由家庭醫師闡具證明，給予一副新的眼鏡或可因健康及預防保健等理由，購買新的鞋子或健康器材等之給付。

三、健保監督管理機制

澳洲的健康保險體制，並沒有就業務及財務執行的監督管理工作另設一專責單位，而是由澳洲負責審計專責機關--澳洲審計部(ANAO)負責就衛生主管機關的業務和經費執行情形以及就衛生暨老人照護部(DHA)與健康保險委員會（HIC）之間所簽訂策略夥伴協議(SPA)內容之執行情況進行外部稽核(External Scrutiny)工作，此外衛生暨老人照護部(DHA)或健康保險委員會（HIC）則自身做內部稽核(Internal Scrutiny)工作，以下分就二種稽核項目加以說明。

（一）外部稽核：

1. 由澳洲審計部(ANAO)會針對衛生暨老人照護部(DHA)與健康保險委員會（HIC）所簽訂策略夥伴協議(SPA)做稽核，其主要目的在確保衛生暨老人照護部(DHA)與健康保險委員會（HIC）在執行醫療照護(MBS)及藥品給付(PBS)相關業務的管理效率以及其是否有按照策略夥伴協議(SPA)的內容來執行，並就其所發現之缺失及建議，提供給衛生部長，作為年度施政之參考依據。

   以 ANAO 2002-03 年的 Audit Report No.5 的報告為例，其稽核的主要重點在於衛生部與健保委員會的夥伴關係及是否達成目標，其依照協議內容所扮演相對的角色是否恰當以及是否有助於醫療照護及藥品給付等業務的推行，審計人員除檢查衛生部及健保委員會相關的檔案和書面資料外，和 40 位相關人員面談，並審查策略夥伴協議(SPA)、聯邦的預算資料、健保委員會的年度報告以及其他公文的適當性，其成員係由財務背景的審計人員所組成，所稽核的重點偏重在財務部分，至於 HIC 的一些服務業務方面，ANAO 則是建議能依照 SPA 的主協議，未來能有一外部的標準檢查規範(benchmarking)，以確保實施效能。

2. ANAO 對於聯邦政府在私人保險補助 30%的退費進行稽核，包括健保委員會及澳洲國稅局、財政部、衛生暨老人照護部等都在查核對象內，以 2001-02 年的報告為例，在所提出的六項建議中，有二項與衛生暨老人照護部有直接相關，像衛生暨老人照護部必須依據私人保險費的成長及加保情形等相關資料來審核預算，以及衛生暨老人照護部與健保委員會必須訂定清楚的績效指標與標準來確保 HIC 在私人保險退費支付的正確性，而衛生暨老人照護部也同意上述兩項建議，尤其第二項建議，將與 HIC 共同訂定更好的績效衡量指標來提增管理正確性，且列入策略協議當中。足見 ANAO 在整個澳洲健康保險業務執行成效的稽核上，實扮演重要角色。

3. 此外，ANAO 也會就衛生部、健保委員會的各項業務計畫等之實施情形，提出年度的稽核報告，例如：針對衛生暨老人照護部的資訊業務執行所作的 ANAO Audit Report No.11 2002-2003, Information Technology at the Department of Health and Ageing ；針對健康保險委員會(HIC)的民眾所受醫療服務情形的 ANAO Audit Report No.11 2002-2003. Medicare Customer Service delivery. ；對於衛生暨老人照護部(DHA)與健康保險委員會（HIC）所簽訂策略夥伴協議

(SPA)所做稽核報告 ANAO Audit Report No.5 2002-2003. The strategic Partnership Agreement between the Department of Health and Ageing and the Health Insurance Commission.等。

（二）內部稽核：

1. 衛生暨老人照護部的審計委員會透過稽核及檢查，以及有效的法規建議來提升和改進整個部的管理效能。
   以 2001-02 年的內容為例：主要的稽核包括有，各項合約管理情形、組織的管控架構、整個部的支出及採購業務、衛生部的調節角色扮演如何、資訊系統等，其他像倫理觀念的灌輸，風險管理觀念以及防弊與檢查的執行等等。
2. 健保委員會(HIC)對於本身之業務及財務執行情形，係透過幾個相關委員會的監督、審核，來達到管控之目的，主要有審計委員會(Audit Committee)、風紀及服務績效稽核委員會(Fraud and Service Audit Committee)、經營成效委員會(Business Outcomes Committee)等，審計委員會的主要職責在確保 HIC 達到策略目標、並負責提供會計資料給部長、國會及社會大眾，以確保管理成效及內部控制，審查風險控管處的功能，且對於高階管理者、內部稽核以及外部審計功能要能確信整體的效能，該委員會在 2001-02 年有三位委員且開過 6 次會議。風紀及服務績效稽核委員會(FASAC)則是負責監督及檢查各部門計畫的實施成效，預防及調查貪污情事及是否有不適當的服務情形，2002 年 6 月 30 日止有 5 個委員，2001-02 年已開過 6 次會議。經營成效委員會則是負責審核 HIC 的各項經營策略及監督其執行成效，檢視是否有按照 HIC 與衛生暨老人照護部的策略夥伴協議(SPA)執行，以及所訂的各項績效指標，以確保 HIC 能不斷的求進步，2002 年 6 月 30 日止有 5 位委員，開過一次會議。而各委員會的委員均是來自各相關領域的醫事、財務、管理、資訊等專家，由 HIC 的總經理所聘任，任期五年且可連任。
3. 專業服務審查(Professional Services Review Scheme)—對於醫療或藥品給付恰當與否，依據 1973 年健康保險法設置有專業服務審查計畫小組(PSR)，召集人為衛生暨老人照護部長所指派，並經醫師公會認同，主要的功能為依據健保委員會所提供針對醫生有處置失當的醫療醫令資料，包括西、牙醫及驗光等在內，由召集人決定是否受理、協調及召開審查會，經發現確屬失當時，則由決策當局邀集三位中立

人士決定懲處內容。

四、相關專業團體

此次考察有就國家衛生暨醫學研究委員會(NHMRC)以及澳洲健康照護安全暨品質委員會(ACSQHC) 等專業團體進行瞭解，以下分別就二個組織機構會來加以說明。

（一）國家衛生暨醫學研究委員會(NHMRC)

NHMRC 係依據 1992 年國家衛生暨醫學研究委員會組織法所設立，隸屬於衛生暨老人照護部，其經費係由衛生暨老人照護部所編列，係一超然組織，對於部長有建議權，委員會的成員有來自政府、醫界、護士、公私立企業經理人、服務機構、學校、社會及衛生學者、消費者等，主要任務有：

1. 提升澳洲民眾及公共衛生的水準。
2. 強化各州及自治區的衛生水準。
3. 加強醫學研究、訓練，以及公共衛生的研究及訓練工作。
4. 加強對健康照護倫理議題的重視。

（二）澳洲健康照護安全暨品質委員會(ACSQHC)

為瞭解澳洲在健康照護暨醫療等安全及品質的推動情況以及澳洲在各類團體、委員會的運作情形，特別安排前往澳洲健康照護安全暨品質委員會(ACSQHC)，該委員會成立於 2000 年，非屬於政府組織，但對於衛生部長有很大的影響力，主要的目的在於提升澳洲的健康照護品質及安全，每年會有一報告提供給衛生部長，並受到各州及自治區公正人士的支持，其報告及論述具有充分之社會公信力及影響力，除此之外，該委員會也與其他國家有充分交流，以確保各項執行計畫符合趨勢潮流。為了有更安全的健康照護，其使命有：消費者第一、公開透明的討論、經得起驗證、包含各領域、學習品質改善、不斷的努力改善，以達到最安全、醫療疏失錯誤最少，主要的任務有：

1. 支持所有讓醫療更安全的健康照護工作。
2. 提供更安全的照護之資訊與數據。
3. 讓民眾消費者參與醫療照護安全的改善工作。
4. 塑造最安全的健康照護文化。
5. 讓社會更清楚健康照護安全的本質。

五、衛生醫療電子化推動現況

澳洲在資訊科技的應用上是相當先進的，也充分展現在醫療衛生及民眾健康促進的工作上，尤其在觀念上做了很大的改變，那就是運用新資訊或通訊技術來提供給民眾健康的照護，而這樣的技術也提供有效的健康照護工具來讓個人或社會有更好的照護品質。衛生暨老人照護部(DHA)係聯邦政府在促進民眾健康及確保就醫權益、提升老人照護的服務等工作之主管部門，2001-02年整個部的預算有290億元，員工約有3500-3600人，機關責任相當重大，要完成各項工作目標，資訊技術的運用在衛生部更顯重要，且投入相當多的經費在這方面，2001年6月30日止，軟體開發的經費計有澳幣4300萬元，其中外購軟體的部分為340萬元。而2000-01年用在發展資訊架構服務的經費有4800萬元，包括有對主要服務部門的移轉建置費用1900萬元。

（一）主管機關

為統一事權，且避免無謂的浪費或有重複開發某些資訊系統情況，有效協調處理國家衛生資訊的事務，於是澳洲衛生部長於1998年成立國家衛生資訊管理諮詢委員會(NHIMAC)以專責提升衛生機關的資訊管理效能，其成員主要來自聯邦及州政府的官員、公私立醫療院所的醫生、資訊技術產業界人士及消費者等。

（二）衛生資訊相關系統

1. 衛生線上（Health Online）—是國家衛生資訊管理諮詢委員會（NHIMAC）於1999年所推出的衛生資訊行動計畫，主要用意在建立澳洲衛生醫療電子化的策略架構與實施方案，重要內容有：
   * 建立資訊隱私、安全、架構、教育訓練及研發等的基礎。
   * 藉改善衛生資訊的獲取管道，給予民眾與社會更大的權力來督促決策。
   * 透過線上申請健康紀錄及決策支援服務，來改善疾病管理及照護。
   * 透過電子商務來改進健康照護系統的效能。
   * 研究、政策、規劃所需的衛生資料更容易取得。
   * 擴展澳洲線上健康服務的市場。
2. 衛生連線(Health Connect)—延伸前面所述衛生線上的策略，係屬於國家的衛生電子資料系統，將有助於改善目前紙本病例的使用，且達統一電子紀錄的一致性，讓醫生、民眾能在第一時間取得正確的資料。為顧及隱私的確保，所有在

衛生連線上的作業資料申請均需獲得當事人的同意。2000 年 11 月衛生部長核准了有關 Health Connect 的二年研發計畫經費，以確定其價值及社會的支持度，作為推行本衛生連線計畫的參考，而在某些州也進行 Health Connect 網站的試辦，如在昆士蘭及新南威爾斯的試驗計畫。

3. 醫療管理系統改善計畫(The Better Medication Management System BMMS)—為改善醫療管理系統，在衛生線上所定的架構下，透過與醫療專業人士及消費團體諮詢的方式來進行，希望此集中式的電子醫療資料，各院所、醫生、藥師透由連線，可提供病人的就醫、用藥紀錄等，以減少用藥過敏及增加院方的處理方便性。目前整個計畫尚在試驗與持續改善中，預計 2004 年立法通過後將推廣給全澳洲人使用。
4. 電子決策支援系統(Electronic Decision Support)--運用資訊與通訊技術來協助診所取得病人的即時資訊，以協助做判斷，此系統可提供疾病治療方法，新增及連線到醫療資訊、文獻或主要網站，以協助醫生改善健康照護的安全及品質，並提升醫療照護的效能。NHIMAC 的國家電子決策支援小組的成立，即在針對發展決策支援系統提供有效建言，並於 2002 年 11 月提出小組的報告給衛生部長。
5. 衛生視訊系統(Telehealth)—包括視訊醫療系統，係利用視訊技術作為遠距離的健康照護服務及健康照護資訊交換之用，由於澳洲地廣而人口分散，衛生視訊系統是解決及改善城鄉健康照護公平性的方法之一，包括放射、眼科、皮膚科、精神科等均可加以運用，且能夠用來支援醫生教育訓練及同儕支援和管理。NHIMAC 2002 年所出版的澳洲與紐西蘭衛生視訊計畫，強調許多像經費財源、標準訂定、視訊通訊架構、和研發等的推動重點。
6. 醫院供應鏈改善

   澳洲在醫院供應鏈(Supply Chain)的改革方面，係利用資訊技術來創造機會，以更具效率與效能的資源來改善健康照護系統，利用電子商務的觀念在醫院的供應鏈上，包括企業流程的再造在內，對於降低成本及提升病人照護水準均有幫助。

   NHIMAC 於 2002 年 1 月在國家行動方案中正式放入運用電子商務在醫院供應鏈的觀念，主要目的在推行此一國際電子商務的趨勢並將其運用在衛生部門中，以一整體產業的觀點來協調和推動協助醫院在藥品器材訂貨、供應自動化系統的建立。為配合此國家行動方案的推動，對於政府、醫院及廠

商等，在此方案中提供了可行度、標準建立、供應者的加入、合約、流程制定、績效管理等，以協助各部門來合作。

（三）資訊安全

衛生部掌管有大量的資料庫，且需確保這些資料的安全與隱私性，而保護病人的隱私更是應用電子科技網路工具來分享健康資訊推動成功與否的關鍵因素，衛生部長諮詢委員會的國家衛生隱私促進小組於 2000 年成立，其目的在發展一穩固的隱私架構，確保讓衛生醫療電子化能更具安全性，整個隱私基礎架構分三階段來推動：

第一階段—2000 年頒訂隱私法，將衛生隱私的保護延伸到私人部門醫療院所，主要由聯邦隱私委員會負責推動制定。

第二階段—國家衛生隱私密碼係採 2000 年隱私法的原則，來更具體的運用在公私部門。

第三階段—對於衛生醫療電子化更明確的立法來加以推動，例如衛生連線及醫療管理系統改善等。

（四）資訊標準的建立

有關衛生資訊管理及資訊科技系統等標準的訂定，是建立基礎的基本要素，這可有助於不同衛生部門在國際標準下有效的溝通，國家衛生資訊標準諮詢委員會是由 NHIMAC 為協調衛生資訊標準所設的機構，主要任務在監督衛生資訊標準，並建議應建立哪些標準，參考相關專家團體意見，以全國性的來加以協調和執行。

NHISAC 訂定標準，澳洲的國家衛生資訊標準計畫於 2001 年 2 月發布，以提供衛生照護部門標準指引，以及進一步投入資源的參考。

（五）衛生資訊網站

衛生線上(Health Online)的推動重點在於運用現有資訊科技讓民眾及社會受到更好的醫療照護，改善民眾使用衛生資訊的習慣，有助於政府決策的思考及鼓勵民眾參與健康照護減少疾病發生，澳洲衛生醫療網站 www.healthinsite.gov.au 於 2000 年 4 月推出，作為澳洲民眾獲取有用資訊的入口網站以及連接到澳洲各具權威性的衛生團體網站，目前網頁內容超過 100 個主題，連接有來自 57 個醫療衛生團體超過 8000 個資源，這些網站利用網際網路來提供資訊，其可以讓民眾使用一些資訊的路徑，如生活消息、疫情、生活型態有關議題、專家觀點、或以一般方式來搜尋所需衛生資訊。

（六）績效評估

ANAO使用目標控制(CobiT)來評估衛生部在推動衛生醫療電子化等相關工作，包括：品質、服務成效、資訊系統安全性以及流程等之實施成效，參考附錄八有關CobiT之評估內容。

在選擇評核內容上，主要依據以下幾點原則：

1. 規劃、執行、維護及所提供系統是否符合顧客民眾的需要。
2. 建立易於瞭解的程序。
3. 是否充分做到資訊安全。
4. 監控各項依據績效衡量指標所設定達成的成果。
5. 運用一相關架構或程序來直接控制資訊系統及其操作。

## 肆、結論與建議

此次澳洲考察健康照護暨保險有關業務，承蒙澳洲當局相關部門的熱心提供資料及簡報，以及外交部及駐外人員的協助安排，讓整個行程得以順利達成，雖談不上澳洲經驗，但他山之石，有時或可做為我國推行健保制度及相關衛生醫療施政的參考，以下僅就相關結論及拙見，整理如后。

澳洲與我國除國情不同，政府組織架構與本國也不同，係屬聯邦系統的政府組織，承襲英國的系統，包括政府及法律，依據憲法組成聯邦政府，賦予權力，其他六個州及二個自治區也有其議會，各州的權力不得逾越聯邦憲法，政府內閣由執政黨及下議院的多數黨組成，各部長則由上、下議院的議員中遴選擔任，這與我國的情況相當不同，政府在推動相關法案及政策實施等，顯得順利，變數也少了許多；對於各項制度的施行及組織機關的設置，也都有法律依據，比較特殊處，是其政府部門間在執行委託業務或計畫時，都是透過簽訂協議的方式來做規範，像「澳洲民眾健康照護協議」、以及衛生部與健保委員會間的「策略夥伴協議」等，這點倒是可做參考，如此，則健保監督管理機制，可適時的做監理，對於績效是否如預期設定目標，以及年度執行內容是否符合原先工作項目等，都將更加清楚界定，而適時的資訊公開揭露，社會大眾及各界關心的人士，也能清楚到健保的重要工作內容以及是否符合社會期待及健康照護需求。

Medicare 可說是澳洲的全民健康保險制度，開辦於 1984 年，主要是建立在所有澳洲人需共同負擔健康照護成本的原則之上，其醫療支出的財源主要來自全體澳洲人依不同繳稅能力所繳交的稅收，與我國全民健保制度類似的是，同樣由單一保險人來負責管理整個制度的運作，對於提供民眾就醫需求及照顧弱勢、偏遠地區及原住民族等都持續積極的在提升及改善，民眾整體的滿意度高，比較特殊處，是 1998 年以後澳洲政府積極推動終身健康保障的政策，鼓勵民眾儘早加入私人保險，以彌補公有保險之不足，這幾年也確實有相當大的迴響，民眾接受度及使用概念也都有增加。

從澳洲的相關政府部門體系，可以發現不同的健康照護業務係分屬不同的主管機關管理，這一點與我國在衛生與社會福利分屬衛生署及內政部管轄，情況類似，茲引述其報告中結論的一段話「不同的健康照護係分屬不同的主管機關管理，但在許多方面是相扣連的，這對避免不當的改變以致對健康財務產生負面影響有重要的幫助，任何決定的真正成本是不能被忽略的。」，是的，從民眾健康與社會福祉的立場，能夠以整體的提供（例如：增加醫院服務勢必有賴在醫院就診時的醫療提供量）、整體的需要（例如：一顆新藥幫助病人治好疾病將增加病人要求同樣處方的機會）來考量確屬必要，而對於所提供的

醫療照護，諸如交叉的節約（例如：一項藥物治療減少未來的醫療照護需求）、交叉治療效果（例如：一新藥或許需增加一般額外醫療觀察的需要）、某些合格藥的使用是否有副作用（例如：一些藥物使用後在某特殊的檢測下呈陽性反應）等或許也多是值得衛生主管機關及健保部門在構思如何提供國人健康快樂的醫療照護環境時可一併思考的課題。以下則就個人的淺見，提供做為本次澳洲考察的心得建議：

一、**健保局角色的再定位**---澳洲健康保險委員會，其定位很清楚的不只是健康照護的提供者，也是資訊的提供者，對於健康照護相關的宣導工作，不遺餘力，且運用資訊科技工具，讓民眾獲取所必須的健康訊息，落實資訊公開化的目標，目前我們國內普遍存在醫病關係資訊不對稱的聲音，或許健保局可以更清楚的定位在醫療購買者以及健保相關訊息提供者的角色，相信對國內的醫療照護水準提升會有助益。

二、**重視顧客導向的觀念**---從此次澳洲行所獲得資料內容，可以發現澳洲政府當局及健保委員會等，均是以顧客消費者(consumer)來稱呼甚至看待名眾或病患，而「顧客導向」的觀念更是列入健保委員會的績效指標當中，如何讓顧客滿意及服務更有效率，完全引進一般企業在看待顧客消費者的觀念，這一點確實值得我們參考，相信對提升政府形象及工作績效會有幫助。

三、**私人商業保險的思維**---澳洲的私人保險制度，這幾年因著政府的大力鼓吹，加上保險費30%退費的政策配合，民眾的接受度及使用習慣，均有大幅增加，直接的效益，是民眾在就醫時選擇增加，開刀病患等待期減少，而政府的對於民眾健康照護財務壓力也有所紓解，對於我們國家現有單一保險人制度，這幾年的財務困境，以及面對醫療費用持續上漲的情況，或許值得制度改革及做法之參考；諸如制定相關法律，讓現有商業保險的醫療照護部分能適度補充現有公辦保險某些醫療照護未及或給予民眾多一些選擇等，或可發揮更高的綜效。

四、**給予整年未使用健保資源者的獎勵措施**---對於整年未使用健康照護資源的民眾，澳洲的私人保險公司，會在一給付額度內，提供給被保險人配一副新眼鏡或依家庭醫師的指示，給予對健康有幫助的新鞋或健康輔助器材等，確可達另類的預防保健思維，這對一般健康保險制度，多數健康的壯年人士，少用醫療資源的情形下，或許是可以考慮的，以目前國內的例子，常有民眾反映整年沒看病卻需繳費的聲音，若能在年度醫療支出預算內撥些許經費，或由衛生主管機關編列預算，針對未使用健保資源者給予適度回饋，或許有利民眾對健保的認同。

五、**重視政策行銷與宣導**---政府有好的作為及德政，若能適度的給民

眾知道，透過有效的政策包裝與政策行銷，除可增加各項施政的順利性外，民眾對政府會更有信心，也更願意配合，當然也讓民眾有適度再教育的機會，所以掌握各種行銷管道，加強宣導與說明，相信也是目前國內健保制度推行上需要繼續努力加強的。

六、**健保自付額應求簡單易懂**---澳洲對於健保相關給付的額度，以清楚的百分比讓民眾知道，其在 Medicare 中，不管 MBS 或 PBS 以及住院費用給付等均有設定一簡單明瞭之數值，這點值得國內參考，至少以目前部分負擔等民眾自付額內容算是複雜，或許可朝更簡單分辨的公告額度方式，讓民眾就醫時，清楚自付額度應為多少錢。

七、**社會公正人士與民眾的參與**---在澳洲其政府與民間的運作體制中，發現有相當多的委員會，包括屬於政府機關的、由部長直接授權設立的、以及一般民間的專業團體、委員會機構等，除了都具有相當之公信力外，一些委員會對於主管機關及部長或決策都有相當之影響力，這雖可歸因於其民情對社會中公正人士的信任以及對政府的信任，但讓民眾代表有管道直接的來參與相關委員會議的運作，或許也是重要因素，而來自各專業領域的社會公正人士，其自重自愛與不為私利的素養，社會賦予期待也給予最嚴厲的道德與價值標準，儼然為社會正義的化身，相信這些都是值得國內學習參考的。目前衛生署及健保等相關專業委員會的運作模式，或許某些像醫療品質、年度給付內容等可以考慮提供讓民眾或相關社團等來參與，而不只是醫療提供者、專家、學者的參與，讓政策更加的決策透明，相信有助於政府取信於民，以及各項政策推展的順遂。

八、**衛生資訊主管專責機關的設置與管理效能的提升**---目前國內在配合電子化政府，推動衛生醫療電子化的業務方面，在衛生主管機關係由衛生署資訊中心（屬臨編性質組織）在統籌推動，包括衛生醫療資訊網、醫療資訊交換標準、醫療憑證管理中心等，對於我國衛生醫療資訊業務的推展，有效整合衛生醫療資訊資源等，確屬重要角色，在澳洲其衛生部長於 1998 年成立國家衛生資訊管理諮詢委員會(NHIMAC)，是可參考澳洲在推動該項業務上之積極性做法，於衛生署下成立正式專責機關，以專責提升衛生機關的資訊管理效能，並就我國之衛生資訊訂定出標準規範及有效利用資訊科技提升衛生醫療與照護的水準，統一事權，且避免各衛生機關、醫療院所無謂的浪費或有重複開發某些資訊系統，有效協調處理國家衛生資訊的事務。

十、**降低民眾對於健保 IC 卡的安全疑慮**---針對目前社會中尚存有對健保 IC 卡在安全、隱私上的疑慮，或許可參考澳洲的做法，相

關作業標準與規範，公佈讓民眾知曉。

十一、**績效稽核報告便於取得**---澳洲的健保監督管理機制，雖沒有像我國設有專責機構，但其審計部每年會就衛生署與健保委員會間的「策略夥伴協議」執行是否恰當及有效率等，進行外部稽核，而衛生部及健保委員會也會內部就其重要的年度目標，進行內部稽核其績效衡量與監控，並適時提出稽核報告，而審計部的稽核報告也能夠讓有興趣的民眾或團體在政府出版品書店購得，做法上確實值得參考。

十二、**績效衡量工具**---對於澳洲審計部引進企業管理的平衡計分卡做為衡量健保委員會服務民眾績效的工具，以及評估其衛生醫療電子化的績效衡量指標，所使用目標控制(CobiT)方法，是可以作為國內審計單位、健保監理委員會、健保局、資訊部門等在執行相關監督管理考核工作的參考工具，建議可專案進行深入研析，或可對於我國健保相關業務之推展有所助益。

# 附錄一：澳洲衛生暨老人照護部年報相關統計圖表

名稱縮寫一覽表 Abbreviations

| | |
|---|---|
| **ACSQHC** | The Australian Council for Safety and Quality in Health Care |
| **AHCAs** | Australian Health Care Agreements |
| **AIHW** | Australian Institute of Health and Welfare |
| **ANAO** | Australian National Audit Office |
| **BMMS** | The Better Medication Management System |
| **DHA** | Department of Health and Ageing |
| **FASAC** | Fraud and Service Audit Committee |
| **HAFD** | Health Access and Financing Division |
| **HIC** | Health Insurance Commission |
| **KPIs** | Key Performance Indicators |
| **MBS** | Medicare Benefits Schedule |
| **MSAC** | Medicare Services Advisory Committee |
| **NHIMAC** | National Health Information Management Advisory Council |
| **NHMRC** | National Health & Medical Research Council |
| **NIB** | NIB Health Funds Ltd |
| **ORC** | Output Review Committee |
| **PBAC** | Pharmaceutical Benefits Advisory Committee |
| **PBS** | Pharmaceutical Benefits Scheme |
| **PBPA** | Pharmaceutical Benefits Pricing Authority |
| **PHIAC** | Private Health Insurance Administration Council |
| **PIP** | Practice Incentives Program |
| **PSR** | Professional Services Review Scheme |
| **RHBO** | Registered Health Benefits Organizations |
| **SPA** | Strategic Partnership Agreement |

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Brochure—

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ACSQHC 2002. Safety Through Action Improving Patient Safety in Australia.

DHA 2002. Aged Care Assessment teams- Giving you the Choices.

DHA 2002. Aged Care- What are My Choices?
DHA 2002. Closing the Gap.
DHA 2002. Community Ared Care Package- Your Right to Quality Care.
DHA 2002. Medical Fees.
DHA 2002. The Federal Government 30% Rebate on Private Health Insurance
DHA 2002. This Covers Everything You Need to Know about Lifetime Health Cover.
DHA 2002. Get the Benefit.
DHA 2002. How You can Benefit.
HIC 2002. Australian Childhood immunisation Register: Your Child's immunization.
HIC 2002. Australian Organ Donor Register: Sign on to save a Life.
HIC 2002. Compensation Payments and Medicare.
HIC 2002. Consulting Services Capability Statement.
HIC 2002. Medicare—Your Questions Answered.
HIC 2002. Saving you Money on Medicines – three easy steps.
HIC 2002. The Safety Net Helps Protect You from High Medical Costs.
HIC 2002. Your Health Care While Travelling Overseas.
HIC 2002.Health Care for Visitors to Australia.
HIC 2002.Helping Connect Australia's Health.
Manly Community Centre INC.
Manly Hospital & Community Health Services 2002. Information for Patients.
Medibank Private 2002. Gap Cover Guide.
Medibank Private 2002. Hospital & Extras.
Medibank Private 2002. Medibank Private is here for you.
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Medibank Private 2002. Privacy Policy.
Medibank Private 2002. We're Keeping Australians Healthy.
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## Table 1: Life expectancy (years) at selected ages, 1901 to 1998-2000

| | At birth | | At age 15 | | At age 65 | |
|---|---|---|---|---|---|---|
| Year | Males | Females | Males | Females | Males | Females |
| ANNUAL AVERAGES | | | | | | |
| 1901-10 | 55.2 | 58.8 | 49.0 | 51.9 | 11.3 | 12.9 |
| 1920-22 | 59.2 | 63.3 | 51.4 | 54.6 | 12.0 | 13.6 |
| 1946-48 | 66.1 | 70.6 | 54.3 | 58.3 | 12.3 | 14.4 |
| 1960-62 | 67.9 | 74.2 | 55.1 | 61.0 | 12.5 | 15.7 |
| 1980-82 | 71.2 | 78.3 | 57.4 | 64.3 | 13.8 | 18.0 |
| ANNUAL RATES | | | | | | |
| 1990 | 73.9 | 80.1 | 59.8 | 65.8 | 15.2 | 19.0 |
| 1991 | 74.4 | 80.4 | 60.2 | 66.0 | 15.4 | 19.1 |
| 1992 | 74.5 | 80.4 | 60.3 | 66.1 | 15.4 | 19.2 |
| 1993 | 75.0 | 80.9 | 60.8 | 66.5 | 15.7 | 19.5 |
| 1994 | 75.0 | 80.9 | 60.8 | 67.0 | 15.7 | 19.7 |
| 1994–1996[a] | 75.2 | 81.1 | 60.9 | 66.7 | 15.8 | 19.6 |
| 1995–1997[a] | 75.6 | 81.3 | 61.3 | 66.9 | 16.1 | 19.8 |
| 1996–1998[a] | 75.9 | 81.5 | 61.5 | 67.1 | 16.3 | 20.0 |
| 1998–2000[a] | 76.6 | 82.0 | 62.2 | 67.6 | 16.8 | 20.4 |

*(a) The methodology used to calculate this table has changed since 1995. Data on population and deaths averaged over 3 years are now used to minimise year-to-year statistical variations.*

*Source: ABS Cat. No. 3302.0; ABS unpublished data cited in Australian Institute of Health and Welfare, Australia's health 2002, Canberra: AIHW page 361*

## Figure 1: Life expectancy at birth, selected countries, 2000

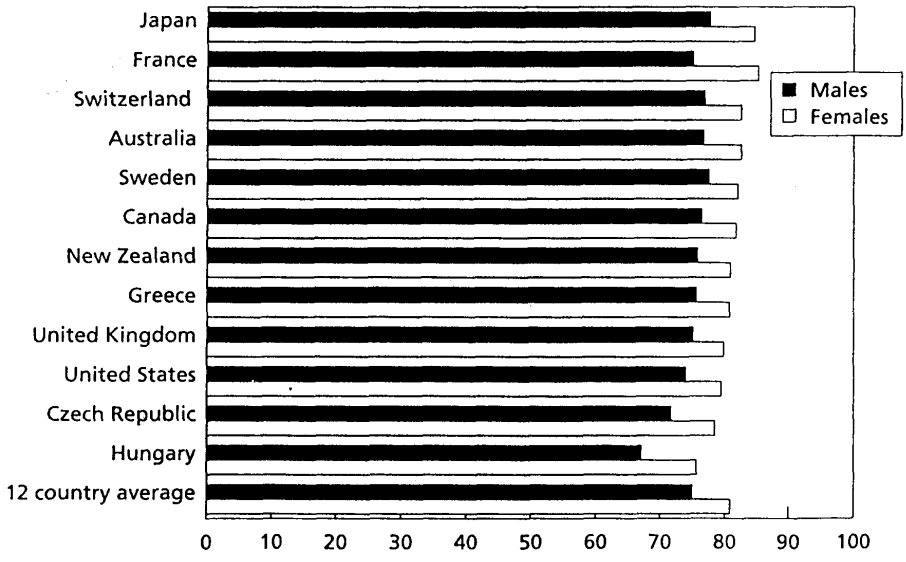


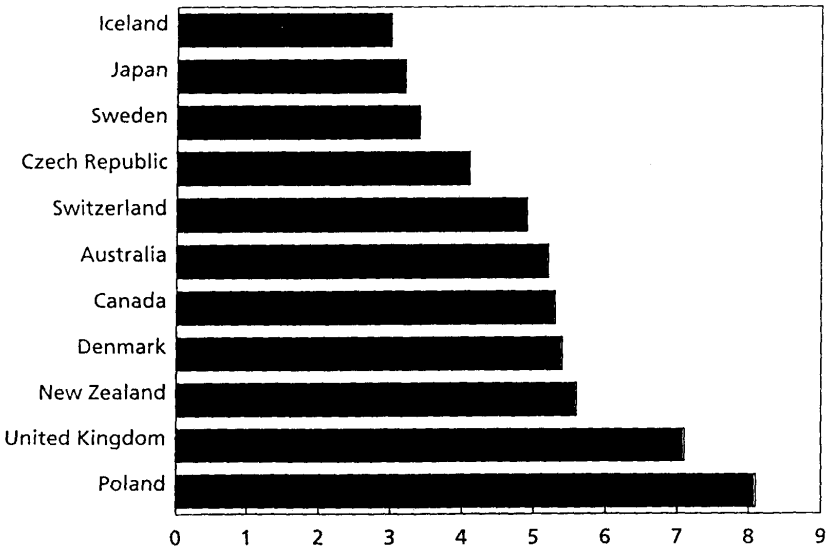
Table 2: Infant mortality rates, States and Territories, selected years, 1901 to 2000 (per 1,000 live births)

| Year | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Australia |
|---|---|---|---|---|---|---|---|---|---|
| 1901 | 103.7 | 102.9 | 101.9 | 128.9 | 100.1 | 89.0 | (a) | 62.5 | 103.6 |
| 1921 | 62.6 | 72.5 | 54.2 | 78.3 | 65.5 | 78.0 | 74.1 | 63.3 | 65.7 |
| 1941 | 43.8 | 36.2 | 39.1 | 35.3 | 32.5 | 49.0 | 16.4 | 83.3 | 39.7 |
| 1961 | 20.8 | 17.8 | 20.0 | 19.7 | 20.0 | 16.8 | 15.6 | 23.9 | 19.5 |
| 1981 | 10.2 | 9.3 | 10.4 | 8.9 | 8.0 | 12.3 | 8.9 | 23.5 | 10.0 |
| 1993 | 6.2 | 5.4 | 7.0 | 5.9 | 5.2 | 5.9 | 4.3 | 15.3 | 6.1 |
| 1994 | 6.3 | 5.1 | 6.2 | 5.6 | 4.7 | 7.5 | 4.7 | 11.3 | 5.9 |
| 1995 | 5.7 | 4.9 | 6.3 | 5.1 | 5.8 | 5.8 | 4.8 | 13.3 | 5.7 |
| 1996 | 5.8 | 5.0 | 6.4 | 6.5 | 4.9 | 4.5 | 5.7 | 11.5 | 5.8 |
| 1997 | 5.2 | 4.9 | 5.8 | 5.3 | 4.7 | 6.5 | 3.8 | 12.5 | 5.3 |
| 1998 | 4.3 | 4.7 | 6.4 | 5.0 | 4.0 | 5.7 | 6.0 | 12.4 | 5.0 |
| 1999 | 5.8 | 5.6 | 5.7 | 4.7 | 4.3 | 7.6 | 5.6 | 11.7 | 5.7 |
| 2000 | 5.2 | 4.5 | 6.2 | 4.3 | 4.6 | 5.8 | 4.2 | 11.7 | 5.2 |

*(a) Part of New South Wales prior to 1911*

*Source: ABS Cat. No. 3302.0 cited in Australian Institute of Health and Welfare, Australia's health 2002, Canberra: AIHW page 358 AIHW page 361*

Figure 2: Infant mortality per 1,000 live births, selected countries, 2000



# 附錄二：WHO統計資料

# Australia

## Population estimates

| Indicator | Value |
|---|---|
| Total population (000), 2001 | 19,338 |
| Annual population growth rate (%), 1991 to 2001 | 1.2 |
| Dependency ratio (per 100), 2001 | 48 |
| Dependency ratio (per 100), 1991 | 49 |
| Percentage of population aged 60+ years, 2001 | 16.5 |
| Percentage of population aged 60+ years, 1991 | 15.6 |
| Total fertility rate, 2001 | 1.8 |
| Total fertility rate, 1991 | 1.9 |

## Health indicators, 2001

| Indicator | Value | Uncertainty Interval |
|---|---|---|
| Life expectancy at birth (years) | | |
| Total population | 80.0 | |
| Males | 77.4 | 77.1 - 77.6 |
| Females | 82.6 | 82.4 - 82.9 |
| Child mortality (probability of dying under age 5 years) (per 1000) | | |
| Males | 7 | 6 - 7 |
| Females | 5 | 5 - 6 |
| Adult mortality (probability of dying between 15 and 59) (per 1000) | | |
| Males | 94 | 92 - 97 |
| Females | 54 | 52 - 56 |
| Healthy life expectancy at birth (years) | | |
| Total population | 71.6 | |
| Males | 70.1 | 69.4 - 71.2 |
| Females | 73.2 | 72.5 - 74.4 |
| Healthy life expectancy at age 60 (years) | | |
| Males at age 60 | 16.4 | 15.8 - 17.3 |
| Females at age 60 | 18.8 | 18.4 - 19.6 |
| Expectation of lost healthy years at birth due to poor health (years) | | |
| Males | 7.3 | |
| Females | 9.5 | |
| Percentage of total life expectancy lost due to poor health (%) | | |
| Males | 9.4 | |
| Females | 11.4 | |

## Selected national health accounts indicators

| Indicator | Value |
|---|---|
| Per capita GDP in international dollars, 2000 | 26,523 |
| Total health expenditure | |

| | |
|---|---|
| Total expenditure on health as % of GDP, 2000 | 8.3 |
| Per capita total expenditure on health at average exchange rate (US$), 2000 | 1,698 |
| Per capita total expenditure on health in international dollars, 2000 | 2,213 |
| **Public health expenditure** | |
| General Government expenditure on health as % of total expenditure on health, 2000 | 72.4 |
| General Government expenditure on health as % of total general government expenditure, 2000 | 16.2 |
| Per capita government expenditure on health at average exchange rate (US$), 2000 | 1,229 |
| Per capita government expenditure on health in international dollars, 2000 | 1,601 |
| **Sources of public health expenditure** | |
| Social security expenditure on health as % of general government expenditure on health, 2000 | .0 |
| External resources for health as % of general government expenditure on health, 2000 | .0 |
| **Private health expenditure** | |
| Private expenditure on health as % of total expenditure on health, 2000 | 27.6 |
| **Sources of private health expenditure** | |
| Prepaid plans as % of private expenditure on health, 2000 | 25.9 |
| Out-of-pocket expenditure on health as % of total expenditure on health, 2000 | 16.80 |

# 附錄三：MEDICARE統計資料

**TABLE A1 - MEDICARE: NUMBER OF SERVICES**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 44,643,568 | 27,042,188 | 17,490,370 | 9,779,038 | 9,010,226 | 2,944,027 | 633,405 | 1,474,331 | 113,017,153 |
| **1985/1986** | 47,950,465 | 28,948,274 | 19,014,694 | 10,553,362 | 9,586,568 | 3,078,655 | 669,143 | 1,555,464 | 121,356,625 |
| **1986/1987** | 51,650,331 | 30,402,300 | 20,132,282 | 10,673,611 | 10,172,734 | 3,158,911 | 727,058 | 1,657,161 | 128,574,388 |
| **1987/1988** | 53,967,086 | 31,778,632 | 21,511,297 | 11,050,695 | 10,682,308 | 3,317,607 | 742,041 | 1,789,079 | 134,838,745 |
| **1988/1989** | 55,736,769 | 33,830,327 | 23,748,286 | 11,736,036 | 11,500,860 | 3,566,623 | 836,345 | 1,912,526 | 142,867,772 |
| **1989/1990** | 56,183,765 | 34,482,998 | 24,569,052 | 11,653,908 | 11,538,734 | 3,502,829 | 826,033 | 1,978,491 | 144,735,810 |
| **1990/1991** | 56,312,775 | 35,174,679 | 24,815,962 | 11,861,218 | 12,003,290 | 3,533,466 | 840,522 | 2,038,524 | 146,580,436 |
| **1991/1992** | 59,785,271 | 37,919,250 | 26,495,220 | 12,697,958 | 12,865,238 | 3,724,734 | 921,351 | 2,169,610 | 156,578,632 |
| **1992/1993** | 64,991,758 | 42,056,476 | 29,378,766 | 13,671,577 | 14,436,453 | 4,100,967 | 982,928 | 2,430,369 | 172,049,294 |
| **1993/1994** | 67,454,659 | 44,202,886 | 31,303,573 | 14,324,003 | 15,140,316 | 4,205,256 | 1,045,563 | 2,549,253 | 180,225,509 |
| **1994/1995** | 69,969,806 | 46,146,293 | 33,216,454 | 14,513,291 | 16,068,666 | 4,381,491 | 1,078,939 | 2,659,531 | 188,034,471 |
| **1995/1996** | 72,330,751 | 48,659,076 | 34,357,742 | 15,060,743 | 17,259,666 | 4,528,057 | 1,103,155 | 2,699,862 | 195,999,052 |
| **1996/1997** | 72,614,045 | 49,935,371 | 35,671,768 | 14,979,161 | 17,165,380 | 4,598,029 | 1,070,694 | 2,766,016 | 198,800,464 |
| **1997/1998** | 73,887,428 | 50,320,984 | 36,861,685 | 15,159,774 | 17,540,155 | 4,567,791 | 1,102,656 | 2,777,994 | 202,218,467 |
| **1998/1999** | 74,981,862 | 51,957,000 | 37,767,309 | 15,406,007 | 17,703,298 | 4,636,096 | 1,108,895 | 2,786,776 | 206,347,243 |
| **1999/2000** | 76,226,998 | 53,077,064 | 38,327,207 | 15,294,428 | 18,040,903 | 4,684,555 | 1,117,532 | 2,797,125 | 209,565,815 |
| **2000/2001** | 76,723,047 | 53,736,303 | 39,265,962 | 16,721,075 | 18,621,216 | 4,767,408 | 1,166,931 | 2,915,965 | 213,917,907 |
| **2001/2002** | 79,386,457 | 54,893,163 | 40,496,214 | 17,329,017 | 19,455,756 | 4,960,464 | 1,224,550 | 2,958,732 | 220,704,353 |
| **2000** | | | | | | | | | |
| **MAR** | 18,979,632 | 12,668,953 | 9,474,013 | 3,722,185 | 4,405,931 | 1,093,112 | 278,179 | 677,853 | 51,299,858 |
| **JUN** | 19,029,162 | 13,505,614 | 9,594,278 | 3,747,582 | 4,482,491 | 1,192,810 | 275,879 | 707,263 | 52,535,079 |
| **SEP** | 19,539,551 | 13,751,809 | 9,841,322 | 4,175,619 | 4,771,200 | 1,240,417 | 290,420 | 725,036 | 54,335,374 |
| **DEC** | 18,060,729 | 12,987,763 | 9,399,118 | 3,965,054 | 4,517,351 | 1,146,805 | 284,588 | 695,616 | 51,057,024 |
| **2001** | | | | | | | | | |
| **MAR** | 19,550,079 | 13,201,217 | 10,155,196 | 4,278,690 | 4,543,363 | 1,145,832 | 300,473 | 738,442 | 53,913,292 |
| **JUN** | 19,572,688 | 13,795,514 | 9,870,326 | 4,301,712 | 4,789,302 | 1,234,354 | 291,450 | 756,871 | 54,612,217 |
| **SEP** | 20,824,625 | 14,113,696 | 10,287,217 | 4,456,058 | 5,122,597 | 1,278,786 | 297,203 | 779,995 | 57,160,177 |
| **DEC** | 19,094,552 | 13,378,630 | 10,108,782 | 4,306,675 | 4,646,012 | 1,224,521 | 322,590 | 720,419 | 53,802,181 |
| **2002** | | | | | | | | | |
| **MAR** | 19,104,816 | 12,881,636 | 9,738,252 | 4,150,923 | 4,660,798 | 1,166,316 | 298,983 | 696,421 | 52,698,145 |
| **JUN** | 20,362,464 | 14,519,201 | 10,361,963 | 4,415,361 | 5,026,349 | 1,290,841 | 305,774 | 761,897 | 57,043,850 |
| **SEP** | 21,083,928 | 14,744,305 | 10,650,218 | 4,565,333 | 5,109,875 | 1,323,227 | 312,834 | 784,265 | 58,573,985 |

TABLE A1 - MEDICARE: NUMBER OF SERVICES PER CAPITA
BY FINANCIAL YEAR OF PROCESSING
PATIENT STATE AND TERRITORY

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 8.2 | 6.6 | 6.8 | 7.1 | 6.4 | 6.6 | 4.3 | 5.9 | 7.2 |
| **1985/1986** | 8.7 | 7.0 | 7.2 | 7.6 | 6.6 | 6.9 | 4.3 | 6.0 | 7.6 |
| **1986/1987** | 9.2 | 7.2 | 7.5 | 7.7 | 6.8 | 7.0 | 4.6 | 6.2 | 7.9 |
| **1987/1988** | 9.5 | 7.5 | 7.9 | 7.9 | 7.0 | 7.4 | 4.7 | 6.6 | 8.2 |
| **1988/1989** | 9.6 | 7.8 | 8.4 | 8.3 | 7.3 | 7.8 | 5.2 | 6.9 | 8.5 |
| **1989/1990** | 9.6 | 7.9 | 8.5 | 8.1 | 7.2 | 7.6 | 5.0 | 7.0 | 8.5 |
| **1990/1991** | 9.5 | 8.0 | 8.4 | 8.2 | 7.3 | 7.6 | 5.1 | 7.0 | 8.5 |
| **1991/1992** | 10.0 | 8.5 | 8.7 | 8.7 | 7.8 | 7.9 | 5.5 | 7.4 | 9.0 |
| **1992/1993** | 10.8 | 9.4 | 9.4 | 9.4 | 8.6 | 8.7 | 5.8 | 8.1 | 9.7 |
| **1993/1994** | 11.1 | 9.9 | 9.8 | 9.8 | 8.9 | 8.9 | 6.0 | 8.5 | 10.1 |
| **1994/1995** | 11.4 | 10.2 | 10.2 | 9.9 | 9.3 | 9.3 | 6.1 | 8.7 | 10.4 |
| **1995/1996** | 11.7 | 10.7 | 10.3 | 10.2 | 9.8 | 9.5 | 6.1 | 8.8 | 10.7 |
| **1996/1997** | 11.6 | 10.8 | 10.5 | 10.1 | 9.6 | 9.7 | 5.7 | 8.9 | 10.7 |
| **1997/1998** | 11.6 | 10.8 | 10.7 | 10.2 | 9.6 | 9.7 | 5.8 | 8.9 | 10.8 |
| **1998/1999** | 11.6 | 11.1 | 10.8 | 10.3 | 9.5 | 9.8 | 5.7 | 8.9 | 10.9 |
| **1999/2000** | 11.7 | 11.2 | 10.7 | 10.2 | 9.6 | 9.9 | 5.7 | 8.8 | 10.9 |
| **2000/2001** | 11.6 | 11.1 | 10.8 | 11.0 | 9.8 | 10.1 | 5.8 | 9.1 | 11.0 |
| **2001/2002** | 11.9 | 11.2 | 10.9 | 11.4 | 10.1 | 10.5 | 6.1 | 9.1 | 11.2 |

**TABLE A2 - MEDICARE: FEE CHARGED**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**
**($ 000's)**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 1,018,676 | 617,778 | 373,319 | 212,125 | 193,721 | 60,289 | 12,725 | 36,070 | 2,524,704 |
| **1985/1986** | 1,169,777 | 702,919 | 434,911 | 242,666 | 218,875 | 67,696 | 14,285 | 40,877 | 2,892,006 |
| **1986/1987** | 1,304,998 | 784,381 | 500,974 | 268,807 | 250,680 | 75,919 | 16,177 | 47,025 | 3,248,963 |
| **1987/1988** | 1,432,024 | 883,550 | 571,250 | 306,003 | 285,642 | 85,759 | 17,709 | 53,384 | 3,635,320 |
| **1988/1989** | 1,559,991 | 985,162 | 657,628 | 343,174 | 323,608 | 96,019 | 21,152 | 59,990 | 4,046,725 |
| **1989/1990** | 1,738,760 | 1,112,820 | 755,361 | 376,077 | 360,863 | 106,182 | 24,092 | 67,290 | 4,541,443 |
| **1990/1991** | 1,919,543 | 1,239,887 | 840,946 | 420,079 | 404,354 | 118,117 | 27,309 | 76,107 | 5,046,342 |
| **1991/1992** | 2,072,249 | 1,353,180 | 913,378 | 456,716 | 438,015 | 128,006 | 30,192 | 81,399 | 5,473,134 |
| **1992/1993** | 2,219,695 | 1,480,961 | 984,894 | 485,252 | 481,941 | 138,573 | 31,238 | 87,784 | 5,910,336 |
| **1993/1994** | 2,331,464 | 1,568,986 | 1,062,046 | 514,902 | 511,209 | 145,695 | 33,954 | 93,430 | 6,261,686 |
| **1994/1995** | 2,447,740 | 1,661,972 | 1,151,370 | 529,944 | 549,791 | 153,274 | 36,250 | 98,600 | 6,628,943 |
| **1995/1996** | 2,569,270 | 1,768,574 | 1,222,707 | 559,601 | 597,446 | 163,932 | 38,366 | 102,521 | 7,022,417 |
| **1996/1997** | 2,616,894 | 1,826,420 | 1,288,129 | 561,415 | 602,331 | 169,018 | 38,113 | 106,738 | 7,209,058 |
| **1997/1998** | 2,711,953 | 1,871,764 | 1,352,316 | 575,606 | 629,285 | 170,089 | 39,837 | 109,809 | 7,460,660 |
| **1998/1999** | 2,844,400 | 1,989,560 | 1,426,770 | 602,729 | 663,896 | 178,393 | 41,358 | 114,678 | 7,861,782 |
| **1999/2000** | 2,985,070 | 2,088,045 | 1,493,760 | 616,607 | 700,500 | 184,876 | 43,107 | 119,446 | 8,231,410 |
| **2000/2001** | 3,169,465 | 2,223,831 | 1,610,967 | 693,207 | 765,066 | 198,144 | 46,959 | 130,401 | 8,838,039 |
| **2001/2002** | 3,461,465 | 2,400,759 | 1,760,691 | 753,140 | 842,173 | 216,959 | 51,018 | 142,528 | 9,628,733 |
| **2000** | | | | | | | | | |
| **MAR** | 735,401 | 500,875 | 371,746 | 151,214 | 171,772 | 43,350 | 10,860 | 28,677 | 2,013,895 |
| **JUN** | 755,314 | 538,724 | 378,378 | 151,864 | 177,022 | 47,723 | 10,818 | 30,747 | 2,090,591 |
| **SEP** | 796,832 | 559,136 | 397,115 | 173,175 | 192,326 | 50,707 | 11,321 | 32,076 | 2,212,690 |
| **DEC** | 741,539 | 538,192 | 387,015 | 163,538 | 182,915 | 47,544 | 11,474 | 31,078 | 2,103,295 |
| **2001** | | | | | | | | | |
| **MAR** | 803,795 | 546,747 | 414,475 | 176,781 | 190,606 | 48,038 | 12,227 | 32,729 | 2,225,399 |
| **JUN** | 827,299 | 579,755 | 412,361 | 179,712 | 199,218 | 51,854 | 11,937 | 34,518 | 2,296,655 |
| **SEP** | 880,896 | 607,180 | 434,823 | 191,421 | 213,947 | 55,217 | 12,301 | 36,233 | 2,432,019 |
| **DEC** | 838,677 | 583,585 | 438,331 | 184,797 | 203,028 | 53,806 | 13,258 | 34,799 | 2,350,280 |
| **2002** | | | | | | | | | |
| **MAR** | 830,705 | 567,671 | 429,097 | 183,025 | 203,070 | 50,331 | 12,567 | 33,533 | 2,309,999 |
| **JUN** | 911,186 | 642,324 | 458,439 | 193,896 | 222,128 | 57,605 | 12,893 | 37,963 | 2,536,435 |
| **SEP** | 948,368 | 670,495 | 478,717 | 208,212 | 228,988 | 60,077 | 13,152 | 39,574 | 2,647,583 |

TABLE A2 - MEDICARE: FEE CHARGED PER CAPITA
BY FINANCIAL YEAR OF PROCESSING
PATIENT STATE AND TERRITORY
($)

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984/1985 | 186.42 | 149.94 | 145.19 | 154.70 | 136.56 | 136.15 | 85.69 | 143.48 | 159.91 |
| 1985/1986 | 211.48 | 168.93 | 165.71 | 175.51 | 150.02 | 151.61 | 92.52 | 157.89 | 180.54 |
| 1986/1987 | 232.34 | 186.31 | 187.27 | 193.00 | 167.54 | 169.01 | 102.26 | 177.12 | 199.77 |
| 1987/1988 | 250.91 | 207.28 | 208.49 | 217.81 | 186.06 | 190.11 | 111.38 | 196.19 | 219.89 |
| 1988/1989 | 270.07 | 228.04 | 232.57 | 241.84 | 205.( 2 | 210.89 | 131.21 | 217.04 | 240.67 |
| 1989/1990 | 298.04 | 254.15 | 260.53 | 262.61 | 223.72 | 229.73 | 147.17 | 238.45 | 266.12 |
| 1990/1991 | 325.42 | 280.49 | 284.01 | 290.45 | 247.15 | 253.04 | 165.01 | 263.07 | 291.97 |
| 1991/1992 | 347.54 | 303.74 | 301.45 | 313.57 | 264.18 | 272.47 | 179.61 | 276.21 | 312.85 |
| 1992/1993 | 369.65 | 331.13 | 316.71 | 332.20 | 287.26 | 293.77 | 183.00 | 293.30 | 334.54 |
| 1993/1994 | 384.72 | 349.63 | 333.23 | 351.21 | 300.18 | 308.09 | 195.81 | 309.88 | 350.70 |
| 1994/1995 | 399.50 | 367.90 | 352.63 | 360.65 | 317.10 | 323.57 | 204.11 | 323.49 | 366.81 |
| 1995/1996 | 414.08 | 387.83 | 366.22 | 379.57 | 338.44 | 345.56 | 211.04 | 332.54 | 383.51 |
| 1996/1997 | 416.29 | 396.84 | 379.17 | 378.87 | 335.26 | 356.73 | 203.38 | 344.87 | 388.88 |
| 1997/1998 | 426.35 | 402.55 | 391.51 | 386.11 | 344.47 | 359.98 | 208.68 | 353.08 | 397.70 |
| 1998/1999 | 441.77 | 423.25 | 406.65 | 402.03 | 358.01 | 377.95 | 212.97 | 365.45 | 414.12 |
| 1999/2000 | 457.82 | 438.76 | 418.38 | 409.22 | 373.02 | 391.60 | 218.37 | 376.80 | 428.16 |
| 2000/2001 | 479.55 | 461.31 | 443.17 | 457.59 | 401.38 | 419.00 | 234.79 | 405.35 | 453.57 |
| 2001/2002 | 518.56 | 491.62 | 475.58 | 494.80 | 436.04 | 458.01 | 254.33 | 439.77 | 488.40 |

**TABLE A3 - MEDICARE: SCHEDULE FEES**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**
**($ 000's)**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 1,069,488 | 636,528 | 386,055 | 220,819 | 199,746 | 62,346 | 13,553 | 36,460 | 2,624,994 |
| **1985/1986** | 1,227,578 | 721,258 | 448,103 | 251,816 | 224,848 | 69,977 | 15,102 | 41,033 | 2,999,716 |
| **1986/1987** | 1,356,558 | 792,540 | 510,474 | 277,804 | 255,364 | 77,735 | 16,795 | 45,373 | 3,332,643 |
| **1987/1988** | 1,465,427 | 874,195 | 579,903 | 309,520 | 287,560 | 87,015 | 18,246 | 50,446 | 3,672,312 |
| **1988/1989** | 1,583,525 | 968,098 | 664,249 | 343,044 | 322,545 | 97,038 | 21,638 | 56,089 | 4,056,224 |
| **1989/1990** | 1,761,993 | 1,090,178 | 763,615 | 375,604 | 357,609 | 106,971 | 24,318 | 62,980 | 4,543,268 |
| **1990/1991** | 1,946,242 | 1,220,697 | 852,620 | 420,376 | 404,312 | 118,252 | 27,556 | 71,620 | 5,061,676 |
| **1991/1992** | 2,110,205 | 1,349,896 | 924,937 | 460,338 | 441,256 | 128,090 | 30,401 | 77,216 | 5,522,338 |
| **1992/1993** | 2,268,270 | 1,489,336 | 1,001,185 | 491,187 | 486,766 | 138,766 | 31,237 | 83,437 | 5,990,185 |
| **1993/1994** | 2,403,652 | 1,597,901 | 1,087,648 | 523,844 | 520,823 | 146,605 | 34,134 | 89,435 | 6,404,041 |
| **1994/1995** | 2,525,570 | 1,697,323 | 1,175,424 | 539,182 | 560,537 | 154,495 | 36,083 | 94,227 | 6,782,841 |
| **1995/1996** | 2,653,941 | 1,807,936 | 1,244,088 | 568,452 | 612,552 | 162,863 | 37,568 | 97,564 | 7,184,963 |
| **1996/1997** | 2,686,777 | 1,860,419 | 1,301,908 | 571,087 | 614,899 | 166,708 | 36,809 | 100,897 | 7,339,504 |
| **1997/1998** | 2,769,597 | 1,898,290 | 1,361,927 | 583,939 | 638,035 | 167,067 | 38,435 | 102,825 | 7,560,115 |
| **1998/1999** | 2,896,034 | 2,018,652 | 1,437,545 | 610,930 | 669,785 | 175,461 | 39,760 | 107,050 | 7,955,216 |
| **1999/2000** | 3,018,123 | 2,105,911 | 1,498,453 | 623,348 | 700,962 | 182,472 | 41,555 | 110,193 | 8,281,018 |
| **2000/2001** | 3,151,635 | 2,204,165 | 1,589,511 | 694,095 | 751,485 | 194,018 | 44,943 | 118,273 | 8,748,124 |
| **2001/2002** | 3,383,429 | 2,337,306 | 1,700,101 | 741,737 | 812,873 | 209,228 | 48,558 | 125,264 | 9,358,496 |
| **2000** | | | | | | | | | |
| **MAR** | 745,190 | 504,320 | 372,997 | 152,733 | 171,909 | 42,882 | 10,409 | 26,478 | 2,026,917 |
| **JUN** | 759,454 | 540,383 | 377,750 | 153,063 | 176,067 | 47,081 | 10,366 | 28,029 | 2,092,193 |
| **SEP** | 796,696 | 556,171 | 393,411 | 173,735 | 189,974 | 49,841 | 10,930 | 29,168 | 2,199,926 |
| **DEC** | 739,310 | 533,463 | 381,727 | 163,565 | 180,233 | 46,643 | 10,941 | 28,213 | 2,084,095 |
| **2001** | | | | | | | | | |
| **MAR** | 797,514 | 542,616 | 410,080 | 177,098 | 186,605 | 46,951 | 11,657 | 29,756 | 2,202,279 |
| **JUN** | 818,115 | 571,915 | 404,293 | 179,697 | 194,672 | 50,584 | 11,414 | 31,135 | 2,261,825 |
| **SEP** | 867,306 | 593,982 | 423,379 | 189,125 | 207,517 | 53,261 | 11,734 | 32,332 | 2,378,636 |
| **DEC** | 820,480 | 569,326 | 424,320 | 182,868 | 195,763 | 51,915 | 12,670 | 30,714 | 2,288,055 |
| **2002** | | | | | | | | | |
| **MAR** | 813,112 | 552,782 | 413,265 | 179,801 | 196,269 | 48,814 | 11,905 | 29,444 | 2,245,391 |
| **JUN** | 882,531 | 621,217 | 439,137 | 189,944 | 213,324 | 55,237 | 12,250 | 32,775 | 2,446,414 |
| **SEP** | 914,305 | 640,688 | 452,832 | 201,030 | 217,543 | 57,488 | 12,404 | 33,824 | 2,530,113 |

**TABLE A3 - MEDICARE: SCHEDULE FEES PER CAPITA**
**BY FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**
**($)**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 195.72 | 154.49 | 150.15 | 161.04 | 140.81 | 140.80 | 91.26 | 145.03 | 166.26 |
| **1985/1986** | 221.92 | 173.34 | 170.73 | 182.13 | 154.11 | 156.72 | 97.81 | 158.49 | 187.27 |
| **1986/1987** | 241.52 | 188.25 | 190.82 | 199.46 | 170.68 | 173.05 | 106.16 | 170.90 | 204.91 |
| **1987/1988** | 256.76 | 205.09 | 211.65 | 220.31 | 187.31 | 192.89 | 114.75 | 185.40 | 222.13 |
| **1988/1989** | 274.14 | 224.09 | 234.92 | 241.75 | 204.35 | 213.13 | 134.23 | 202.93 | 241.24 |
| **1989/1990** | 302.02 | 248.98 | 263.38 | 262.27 | 221.70 | 231.44 | 148.55 | 223.18 | 266.23 |
| **1990/1991** | 329.94 | 276.15 | 287.95 | 290.66 | 247.12 | 253.33 | 166.50 | 247.56 | 292.85 |
| **1991/1992** | 353.91 | 303.01 | 305.26 | 316.06 | 266.14 | 272.65 | 180.85 | 262.01 | 315.66 |
| **1992/1993** | 377.74 | 333.01 | 321.95 | 336.27 | 290.14 | 294.18 | 182.99 | 278.77 | 339.06 |
| **1993/1994** | 396.63 | 356.07 | 341.27 | 357.30 | 305.83 | 310.01 | 196.85 | 296.63 | 358.68 |
| **1994/1995** | 412.20 | 375.73 | 360.00 | 366.94 | 323.30 | 326.14 | 203.17 | 309.15 | 375.33 |
| **1995/1996** | 427.73 | 396.46 | 372.63 | 385.57 | 347.00 | 343.30 | 206.64 | 316.46 | 392.39 |
| **1996/1997** | 427.41 | 404.23 | 383.23 | 385.40 | 342.26 | 351.85 | 196.42 | 326.00 | 395.92 |
| **1997/1998** | 435.41 | 408.25 | 394.29 | 391.69 | 349.26 | 353.58 | 201.34 | 330.63 | 403.00 |
| **1998/1999** | 449.79 | 429.44 | 409.72 | 407.50 | 361.19 | 371.74 | 204.74 | 341.14 | 419.04 |
| **1999/2000** | 462.89 | 442.51 | 419.70 | 413.69 | 373.27 | 386.51 | 210.51 | 347.61 | 430.74 |
| **2000/2001** | 476.85 | 457.23 | 437.27 | 458.18 | 394.25 | 410.27 | 224.71 | 367.65 | 448.96 |
| **2001/2002** | 506.87 | 478.62 | 459.21 | 487.31 | 420.87 | 441.69 | 242.06 | 386.50 | 474.69 |

**TABLE A4 - MEDICARE: BENEFITS PAID**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**
**($ 000's)**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 929,025 | 553,401 | 334,600 | 192,040 | 173,429 | 54,007 | 11,728 | 31,683 | 2,279,914 |
| **1985/1986** | 1,068,223 | 627,423 | 388,919 | 219,276 | 195,429 | 60,691 | 13,087 | 35,736 | 2,608,785 |
| **1986/1987** | 1,172,936 | 685,765 | 440,826 | 240,653 | 220,743 | 67,153 | 14,483 | 39,255 | 2,881,814 |
| **1987/1988** | 1,234,564 | 735,335 | 487,599 | 260,330 | 241,858 | 73,166 | 15,362 | 42,365 | 3,090,580 |
| **1988/1989** | 1,327,132 | 808,980 | 555,878 | 286,751 | 269,722 | 81,124 | 18,141 | 46,859 | 3,394,586 |
| **1989/1990** | 1,478,674 | 911,161 | 639,480 | 314,096 | 299,350 | 89,465 | 20,383 | 52,748 | 3,805,357 |
| **1990/1991** | 1,633,077 | 1,019,577 | 713,801 | 351,387 | 338,569 | 98,909 | 23,094 | 59,949 | 4,238,363 |
| **1991/1992** | 1,758,147 | 1,119,227 | 768,182 | 381,908 | 366,430 | 106,409 | 25,199 | 64,062 | 4,589,564 |
| **1992/1993** | 1,904,736 | 1,245,502 | 837,658 | 410,653 | 407,279 | 116,178 | 26,164 | 69,926 | 5,018,095 |
| **1993/1994** | 2,021,679 | 1,339,008 | 910,944 | 438,395 | 436,603 | 122,851 | 28,644 | 75,135 | 5,373,259 |
| **1994/1995** | 2,126,816 | 1,423,887 | 985,055 | 451,581 | 470,255 | 129,494 | 30,302 | 79,298 | 5,696,688 |
| **1995/1996** | 2,236,891 | 1,517,601 | 1,042,880 | 476,235 | 514,426 | 136,527 | 31,587 | 82,235 | 6,038,382 |
| **1996/1997** | 2,260,263 | 1,559,573 | 1,089,253 | 477,582 | 515,797 | 139,605 | 30,941 | 84,941 | 6,157,955 |
| **1997/1998** | 2,326,557 | 1,588,510 | 1,137,774 | 487,732 | 534,541 | 139,741 | 32,251 | 86,431 | 6,333,536 |
| **1998/1999** | 2,434,604 | 1,690,489 | 1,201,689 | 510,609 | 561,483 | 146,907 | 33,368 | 89,957 | 6,669,106 |
| **1999/2000** | 2,538,320 | 1,764,950 | 1,252,809 | 520,940 | 587,618 | 152,887 | 34,886 | 92,542 | 6,944,952 |
| **2000/2001** | 2,646,889 | 1,844,900 | 1,326,889 | 579,719 | 629,201 | 162,239 | 37,750 | 99,196 | 7,326,782 |
| **2001/2002** | 2,839,314 | 1,954,111 | 1,417,356 | 618,671 | 679,686 | 174,826 | 40,716 | 104,856 | 7,829,536 |
| **2000** | | | | | | | | | |
| **MAR** | 626,783 | 422,320 | 311,743 | 127,571 | 144,047 | 35,948 | 8,738 | 22,230 | 1,699,381 |
| **JUN** | 638,393 | 452,499 | 315,729 | 127,869 | 147,529 | 39,409 | 8,691 | 23,517 | 1,753,637 |
| **SEP** | 669,191 | 465,508 | 328,533 | 145,131 | 159,107 | 41,694 | 9,178 | 24,478 | 1,842,820 |
| **DEC** | 621,401 | 446,857 | 318,700 | 136,642 | 150,952 | 39,024 | 9,188 | 23,675 | 1,746,438 |
| **2001** | | | | | | | | | |
| **MAR** | 669,432 | 453,956 | 342,298 | 147,793 | 156,132 | 39,252 | 9,790 | 24,948 | 1,843,601 |
| **JUN** | 686,864 | 478,579 | 337,358 | 150,154 | 163,010 | 42,270 | 9,593 | 26,095 | 1,893,922 |
| **SEP** | 728,330 | 496,823 | 353,274 | 157,626 | 173,568 | 44,488 | 9,847 | 27,091 | 1,991,046 |
| **DEC** | 688,780 | 476,506 | 353,936 | 152,678 | 163,722 | 43,372 | 10,631 | 25,721 | 1,915,346 |
| **2002** | | | | | | | | | |
| **MAR** | 682,247 | 461,880 | 344,362 | 149,932 | 164,148 | 40,837 | 9,969 | 24,648 | 1,878,023 |
| **JUN** | 739,957 | 518,903 | 365,784 | 158,435 | 178,248 | 46,129 | 10,269 | 27,396 | 2,045,121 |
| **SEP** | 766,975 | 534,909 | 377,420 | 167,579 | 181,736 | 48,062 | 10,402 | 28,289 | 2,115,371 |

**TABLE A4 - MEDICARE: BENEFITS PAID PER CAPITA**
**BY FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**
**($)**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 170.01 | 134.32 | 130.13 | 140.05 | 122.25 | 121.97 | 78.98 | 126.03 | 144.41 |
| **1985/1986** | 193.12 | 150.79 | 148.18 | 158.60 | 133.95 | 135.93 | 84.76 | 138.03 | 162.86 |
| **1986/1987** | 208.83 | 162.89 | 164.79 | 172.78 | 147.54 | 149.49 | 91.55 | 147.85 | 177.19 |
| **1987/1988** | 216.31 | 172.51 | 177.96 | 185.30 | 157.54 | 162.19 | 96.62 | 155.70 | 186.94 |
| **1988/1989** | 229.75 | 187.26 | 196.59 | 202.08 | 170.88 | 178.18 | 112.54 | 169.53 | 201.89 |
| **1989/1990** | 253.46 | 208.09 | 220.56 | 219.33 | 185.59 | 193.56 | 124.52 | 186.92 | 222.99 |
| **1990/1991** | 276.85 | 230.65 | 241.07 | 242.96 | 206.94 | 211.89 | 139.54 | 207.22 | 245.22 |
| **1991/1992** | 294.86 | 251.23 | 253.53 | 262.21 | 221.01 | 226.50 | 149.91 | 217.38 | 262.34 |
| **1992/1993** | 317.20 | 278.49 | 269.36 | 281.13 | 242.76 | 246.30 | 153.27 | 233.63 | 284.04 |
| **1993/1994** | 333.60 | 298.38 | 285.82 | 299.02 | 256.37 | 259.78 | 165.19 | 249.20 | 300.94 |
| **1994/1995** | 347.12 | 315.20 | 301.69 | 307.32 | 271.23 | 273.37 | 170.62 | 260.17 | 315.23 |
| **1995/1996** | 360.52 | 332.79 | 312.36 | 323.02 | 291.41 | 287.79 | 173.75 | 266.74 | 329.77 |
| **1996/1997** | 359.56 | 338.86 | 320.63 | 322.30 | 287.10 | 294.65 | 165.10 | 274.45 | 332.18 |
| **1997/1998** | 365.76 | 341.63 | 329.40 | 327.16 | 292.61 | 295.75 | 168.94 | 277.91 | 337.62 |
| **1998/1999** | 378.13 | 359.62 | 342.50 | 340.59 | 302.78 | 311.24 | 171.83 | 286.67 | 351.30 |
| **1999/2000** | 389.30 | 370.87 | 350.90 | 345.73 | 312.91 | 323.84 | 176.73 | 291.93 | 361.24 |
| **2000/2001** | 400.48 | 382.70 | 365.02 | 382.68 | 330.10 | 343.07 | 188.75 | 308.35 | 376.02 |
| **2001/2002** | 425.36 | 400.15 | 382.84 | 406.46 | 351.91 | 369.06 | 202.97 | 323.53 | 397.14 |

**TABLE A5 - MEDICARE: AVERAGE PATIENT CONTRIBUTION PER SERVICE ($)**
**(PATIENT BILLED SERVICES OUT-OF-HOSPITAL ONLY)**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 4.04 | 4.00 | 4.03 | 3.53 | 4.00 | 3.36 | 3.57 | 3.80 | 3.95 |
| **1985/1986** | 4.32 | 4.31 | 4.31 | 3.76 | 4.33 | 3.42 | 4.00 | 4.15 | 4.23 |
| **1986/1987** | 5.44 | 5.35 | 5.17 | 4.37 | 5.20 | 4.10 | 5.23 | 5.73 | 5.21 |
| **1987/1988** | 6.78 | 6.54 | 5.96 | 5.90 | 6.26 | 4.85 | 6.29 | 7.12 | 6.40 |
| **1988/1989** | 7.90 | 7.44 | 6.95 | 7.08 | 7.20 | 5.46 | 7.53 | 8.55 | 7.41 |
| **1989/1990** | 9.19 | 8.63 | 8.18 | 8.21 | 8.70 | 6.38 | 8.87 | 9.89 | 8.66 |
| **1990/1991** | 10.31 | 9.66 | 9.36 | 9.48 | 9.64 | 7.65 | 9.87 | 11.22 | 9.77 |
| **1991/1992** | 11.07 | 10.53 | 10.16 | 10.19 | 10.47 | 8.56 | 11.44 | 12.14 | 10.59 |
| **1992/1993** | 11.27 | 10.52 | 10.16 | 9.99 | 10.49 | 8.70 | 12.03 | 12.49 | 10.64 |
| **1993/1994** | 11.53 | 10.78 | 10.32 | 10.58 | 10.89 | 9.05 | 12.74 | 13.24 | 10.94 |
| **1994/1995** | 12.17 | 11.36 | 11.11 | 11.24 | 11.40 | 9.35 | 14.11 | 13.96 | 11.58 |
| **1995/1996** | 12.97 | 11.85 | 11.91 | 11.48 | 11.93 | 10.50 | 16.15 | 14.86 | 12.24 |
| **1996/1997** | 14.17 | 12.74 | 12.85 | 11.67 | 12.72 | 11.00 | 17.20 | 16.04 | 13.17 |
| **1997/1998** | 15.31 | 13.60 | 13.70 | 12.13 | 13.35 | 11.46 | 17.31 | 17.30 | 14.05 |
| **1998/1999** | 16.18 | 14.09 | 14.33 | 12.45 | 14.07 | 11.73 | 17.88 | 18.15 | 14.69 |
| **1999/2000** | 17.52 | 14.93 | 15.25 | 12.80 | 15.03 | 11.64 | 19.39 | 19.18 | 15.65 |
| **2000/2001** | 19.19 | 16.00 | 16.50 | 13.66 | 16.18 | 12.07 | 20.95 | 20.97 | 16.91 |
| **2001/2002** | 20.85 | 17.03 | 17.67 | 14.53 | 17.11 | 12.94 | 22.18 | 21.71 | 18.12 |
| **2000** | | | | | | | | | |
| **MAR** | 17.96 | 15.14 | 15.58 | 13.05 | 15.22 | 11.52 | 19.78 | 19.76 | 15.95 |
| **JUN** | 18.23 | 15.47 | 15.84 | 13.14 | 15.59 | 11.66 | 20.14 | 19.98 | 16.23 |
| **SEP** | 18.32 | 15.50 | 15.97 | 13.17 | 15.82 | 11.81 | 20.50 | 20.42 | 16.30 |
| **DEC** | 18.98 | 15.88 | 16.30 | 13.42 | 15.93 | 11.84 | 20.56 | 20.85 | 16.70 |
| **2001** | | | | | | | | | |
| **MAR** | 19.54 | 16.18 | 16.74 | 13.98 | 16.36 | 12.34 | 21.33 | 21.32 | 17.22 |
| **JUN** | 19.90 | 16.44 | 16.98 | 14.06 | 16.61 | 12.32 | 21.41 | 21.29 | 17.43 |
| **SEP** | 20.00 | 16.53 | 17.04 | 14.21 | 16.65 | 12.38 | 21.51 | 21.32 | 17.52 |
| **DEC** | 20.53 | 16.79 | 17.56 | 14.41 | 16.87 | 12.84 | 21.72 | 21.62 | 17.89 |
| **2002** | | | | | | | | | |
| **MAR** | 21.19 | 17.25 | 17.91 | 14.66 | 17.35 | 13.16 | 22.48 | 21.86 | 18.37 |
| **JUN** | 21.65 | 17.54 | 18.13 | 14.80 | 17.56 | 13.41 | 23.06 | 22.01 | 18.68 |
| **SEP** | 22.17 | 17.96 | 18.28 | 15.54 | 17.87 | 13.73 | 23.46 | 22.72 | 19.06 |

**TABLE A6 - MEDICARE: AVERAGE PATIENT CONTRIBUTION PER SERVICE ($)**
**(PATIENT AND BULK BILLED SERVICES OUT-OF-HOSPITAL ONLY)**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984/1985 | 2.01 | 2.38 | 2.21 | 2.05 | 2.25 | 2.13 | 1.57 | 2.98 | 2.17 |
| 1985/1986 | 1.84 | 2.33 | 2.12 | 2.00 | 2.23 | 2.01 | 1.63 | 3.08 | 2.06 |
| 1986/1987 | 1.98 | 2.64 | 2.37 | 2.11 | 2.45 | 2.30 | 1.93 | 4.07 | 2.28 |
| 1987/1988 | 2.38 | 3.23 | 2.60 | 2.78 | 2.78 | 2.68 | 2.21 | 4.71 | 2.71 |
| 1988/1989 | 2.64 | 3.46 | 2.79 | 3.18 | 3.04 | 2.82 | 2.43 | 5.09 | 2.97 |
| 1989/1990 | 2.88 | 3.76 | 2.96 | 3.47 | 3.44 | 3.20 | 3.00 | 5.45 | 3.24 |
| 1990/1991 | 3.06 | 3.85 | 3.05 | 3.73 | 3.41 | 3.57 | 3.18 | 5.67 | 3.38 |
| 1991/1992 | 3.16 | 3.76 | 3.30 | 3.83 | 3.47 | 3.93 | 3.55 | 5.74 | 3.46 |
| 1992/1993 | 2.99 | 3.44 | 3.08 | 3.62 | 3.24 | 3.81 | 3.51 | 5.51 | 3.24 |
| 1993/1994 | 2.77 | 3.15 | 2.87 | 3.53 | 3.04 | 3.75 | 3.37 | 5.43 | 3.03 |
| 1994/1995 | 2.79 | 3.13 | 2.88 | 3.58 | 3.06 | 3.71 | 3.74 | 5.54 | 3.04 |
| 1995/1996 | 2.82 | 3.10 | 2.94 | 3.39 | 2.95 | 3.99 | 4.27 | 5.85 | 3.04 |
| 1996/1997 | 3.04 | 3.20 | 3.06 | 3.37 | 3.08 | 4.08 | 4.68 | 6.07 | 3.19 |
| 1997/1998 | 3.30 | 3.45 | 3.22 | 3.55 | 3.36 | 4.33 | 4.75 | 6.40 | 3.42 |
| 1998/1999 | 3.47 | 3.54 | 3.33 | 3.61 | 3.62 | 4.48 | 5.03 | 6.69 | 3.56 |
| 1999/2000 | 3.69 | 3.75 | 3.56 | 3.64 | 3.95 | 4.45 | 5.25 | 7.26 | 3.78 |
| 2000/2001 | 4.16 | 4.20 | 4.02 | 3.75 | 4.40 | 4.61 | 5.55 | 7.99 | 4.20 |
| 2001/2002 | 4.62 | 4.73 | 4.59 | 4.13 | 4.83 | 5.00 | 5.67 | 9.05 | 4.70 |
| 2000 | | | | | | | | | |
| MAR | 3.68 | 3.82 | 3.62 | 3.71 | 4.01 | 4.44 | 5.38 | 7.40 | 3.81 |
| JUN | 3.84 | 3.88 | 3.71 | 3.60 | 4.14 | 4.35 | 5.45 | 7.61 | 3.91 |
| SEP | 3.95 | 4.05 | 3.89 | 3.81 | 4.25 | 4.52 | 5.39 | 7.79 | 4.05 |
| DEC | 4.10 | 4.18 | 4.02 | 3.75 | 4.29 | 4.59 | 5.68 | 8.00 | 4.17 |
| 2001 | | | | | | | | | |
| MAR | 4.25 | 4.17 | 3.99 | 3.61 | 4.51 | 4.68 | 5.66 | 7.93 | 4.22 |
| JUN | 4.33 | 4.39 | 4.19 | 3.84 | 4.55 | 4.65 | 5.46 | 8.22 | 4.37 |
| SEP | 4.35 | 4.52 | 4.32 | 3.89 | 4.56 | 4.88 | 5.50 | 8.54 | 4.44 |
| DEC | 4.58 | 4.68 | 4.50 | 3.99 | 4.87 | 4.95 | 5.60 | 8.80 | 4.64 |
| 2002 | | | | | | | | | |
| MAR | 4.64 | 4.77 | 4.74 | 4.31 | 4.93 | 4.97 | 5.89 | 9.17 | 4.77 |
| JUN | 4.91 | 4.97 | 4.81 | 4.32 | 4.99 | 5.18 | 5.70 | 9.71 | 4.94 |
| SEP | 5.10 | 5.41 | 5.47 | 4.95 | 5.40 | 5.38 | 6.19 | 10.38 | 5.34 |

**TABLE A7 - MEDICARE: PERCENTAGE OF SERVICES BULK BILLED BY QUARTER AND FINANCIAL YEAR OF PROCESSING PATIENT STATE AND TERRITORY**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984/1985 | 50.2 | 40.5 | 45.1 | 41.8 | 43.6 | 36.4 | 55.9 | 21.8 | 45.2 |
| 1985/1986 | 54.2 | 43.4 | 48.2 | 44.9 | 46.4 | 39.4 | 57.7 | 24.5 | 48.5 |
| 1986/1987 | 58.4 | 46.3 | 50.1 | 48.0 | 49.2 | 40.7 | 60.6 | 27.0 | 51.8 |
| 1987/1988 | 59.8 | 46.3 | 52.4 | 49.0 | 51.6 | 41.8 | 62.2 | 31.7 | 53.1 |
| 1988/1989 | 61.6 | 49.1 | 55.7 | 50.9 | 53.5 | 45.0 | 64.8 | 37.9 | 55.4 |
| 1989/1990 | 64.0 | 51.9 | 59.6 | 53.5 | 56.4 | 46.4 | 63.1 | 42.4 | 58.2 |
| 1990/1991 | 65.6 | 55.1 | 62.9 | 56.1 | 60.5 | 49.8 | 64.6 | 46.7 | 60.8 |
| 1991/1992 | 67.0 | 59.3 | 63.1 | 58.2 | 62.9 | 50.4 | 66.6 | 50.3 | 62.8 |
| 1992/1993 | 69.2 | 62.3 | 65.1 | 59.9 | 65.2 | 51.9 | 69.9 | 53.7 | 65.1 |
| 1993/1994 | 71.9 | 66.0 | 67.7 | 62.6 | 68.6 | 54.2 | 72.4 | 57.1 | 68.1 |
| 1994/1995 | 73.2 | 67.6 | 69.5 | 64.3 | 69.7 | 56.0 | 72.2 | 58.6 | 69.6 |
| 1995/1996 | 74.6 | 69.1 | 70.6 | 66.6 | 71.9 | 57.6 | 72.4 | 59.2 | 71.1 |
| 1996/1997 | 75.0 | 70.3 | 71.4 | 67.1 | 72.5 | 58.6 | 72.0 | 60.9 | 71.8 |
| 1997/1998 | 75.1 | 70.2 | 71.8 | 66.9 | 71.9 | 58.4 | 71.8 | 61.8 | 71.8 |
| 1998/1999 | 75.3 | 70.6 | 72.1 | 67.1 | 71.4 | 58.6 | 71.4 | 61.9 | 72.0 |
| 1999/2000 | 75.9 | 70.9 | 72.1 | 67.7 | 70.9 | 59.0 | 72.6 | 61.1 | 72.3 |
| 2000/2001 | 74.9 | 69.8 | 70.9 | 68.4 | 69.9 | 58.6 | 73.1 | 60.6 | 71.4 |
| 2001/2002 | 74.6 | 68.3 | 69.4 | 67.2 | 68.9 | 58.2 | 73.8 | 57.4 | 70.4 |
| 2000 | | | | | | | | | |
| MAR | 76.8 | 70.9 | 72.3 | 67.8 | 70.9 | 58.8 | 72.4 | 61.8 | 72.8 |
| JUN | 75.8 | 70.9 | 72.2 | 68.7 | 70.6 | 59.8 | 72.6 | 60.9 | 72.4 |
| SEP | 74.8 | 69.7 | 70.8 | 67.0 | 70.1 | 58.5 | 73.5 | 60.4 | 71.2 |
| DEC | 75.1 | 69.5 | 70.5 | 68.0 | 70.3 | 58.2 | 72.0 | 60.1 | 71.3 |
| 2001 | | | | | | | | | |
| MAR | 75.1 | 70.5 | 71.6 | 69.9 | 69.3 | 58.9 | 72.8 | 61.9 | 71.9 |
| JUN | 74.7 | 69.7 | 70.6 | 68.7 | 69.8 | 58.8 | 73.9 | 60.0 | 71.3 |
| SEP | 74.9 | 68.8 | 69.8 | 67.8 | 69.6 | 57.1 | 73.7 | 58.7 | 70.8 |
| DEC | 74.2 | 68.1 | 69.7 | 68.0 | 68.1 | 58.0 | 73.8 | 58.2 | 70.2 |
| 2002 | | | | | | | | | |
| MAR | 75.1 | 68.4 | 69.1 | 66.4 | 69.0 | 59.7 | 72.9 | 57.5 | 70.5 |
| JUN | 74.0 | 67.9 | 69.1 | 66.7 | 68.8 | 58.2 | 74.6 | 55.2 | 69.9 |
| SEP | 73.7 | 66.0 | 66.1 | 64.2 | 67.1 | 57.9 | 72.9 | 54.0 | 68.4 |

**TABLE A8 - MEDICARE: NUMBER OF SERVICES BULK BILLED ONLY**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984/1985** | 22,427,058 | 10,946,502 | 7,889,392 | 4,085,804 | 3,931,729 | 1,072,788 | 353,786 | 321,027 | 51,028,086 |
| **1985/1986** | 26,008,681 | 12,552,658 | 9,170,137 | 4,740,518 | 4,447,308 | 1,213,949 | 385,851 | 381,164 | 58,900,266 |
| **1986/1987** | 30,166,143 | 14,066,883 | 10,081,284 | 5,124,452 | 5,007,848 | 1,285,437 | 440,308 | 447,190 | 66,619,545 |
| **1987/1988** | 32,287,669 | 14,723,981 | 11,279,524 | 5,414,500 | 5,509,119 | 1,386,510 | 461,491 | 567,079 | 71,629,873 |
| **1988/1989** | 34,314,932 | 16,594,413 | 13,235,621 | 5,968,728 | 6,153,367 | 1,606,392 | 541,666 | 724,038 | 79,139,157 |
| **1989/1990** | 35,946,854 | 17,886,297 | 14,653,480 | 6,230,757 | 6,511,194 | 1,626,807 | 521,210 | 838,460 | 84,215,059 |
| **1990/1991** | 36,953,621 | 19,380,608 | 15,604,387 | 6,649,330 | 7,265,225 | 1,758,814 | 542,981 | 952,197 | 89,107,163 |
| **1991/1992** | 40,040,120 | 22,468,389 | 16,705,550 | 7,392,860 | 8,088,006 | 1,877,583 | 613,166 | 1,091,286 | 98,276,960 |
| **1992/1993** | 44,974,620 | 26,221,978 | 19,117,124 | 8,194,460 | 9,415,349 | 2,127,851 | 687,489 | 1,306,164 | 112,045,035 |
| **1993/1994** | 48,492,628 | 29,160,537 | 21,192,157 | 8,970,243 | 10,385,984 | 2,281,192 | 757,344 | 1,456,811 | 122,696,896 |
| **1994/1995** | 51,228,194 | 31,206,955 | 23,078,756 | 9,336,474 | 11,192,067 | 2,454,511 | 778,823 | 1,559,718 | 130,835,498 |
| **1995/1996** | 53,945,254 | 33,639,086 | 24,266,939 | 10,033,531 | 12,409,237 | 2,608,479 | 798,741 | 1,599,483 | 139,300,750 |
| **1996/1997** | 54,439,311 | 35,124,985 | 25,481,606 | 10,050,101 | 12,442,998 | 2,695,446 | 770,429 | 1,685,849 | 142,690,725 |
| **1997/1998** | 55,472,438 | 35,306,390 | 26,449,559 | 10,137,778 | 12,606,339 | 2,668,097 | 791,760 | 1,716,717 | 145,149,078 |
| **1998/1999** | 56,481,504 | 36,674,768 | 27,242,220 | 10,340,141 | 12,647,335 | 2,717,777 | 791,841 | 1,726,221 | 148,621,807 |
| **1999/2000** | 57,830,624 | 37,612,023 | 27,650,786 | 10,349,927 | 12,793,188 | 2,761,597 | 810,801 | 1,708,940 | 151,517,886 |
| **2000/2001** | 57,493,076 | 37,532,692 | 27,833,725 | 11,436,902 | 13,011,520 | 2,794,646 | 852,626 | 1,767,141 | 152,722,328 |
| **2001/2002** | 59,190,091 | 37,509,003 | 28,108,892 | 11,650,441 | 13,405,858 | 2,888,760 | 903,345 | 1,698,072 | 155,354,462 |
| **2000** | | | | | | | | | |
| **MAR** | 14,579,628 | 8,988,474 | 6,851,853 | 2,524,861 | 3,125,005 | 642,577 | 201,348 | 418,910 | 37,332,656 |
| **JUN** | 14,430,229 | 9,572,382 | 6,925,124 | 2,574,872 | 3,163,921 | 713,357 | 200,284 | 430,793 | 38,010,962 |
| **SEP** | 14,621,900 | 9,579,607 | 6,964,687 | 2,795,711 | 3,343,159 | 726,252 | 213,553 | 438,154 | 38,683,023 |
| **DEC** | 13,564,355 | 9,027,344 | 6,625,198 | 2,696,557 | 3,175,470 | 667,318 | 204,801 | 418,125 | 36,379,168 |
| **2001** | | | | | | | | | |
| **MAR** | 14,678,703 | 9,305,526 | 7,272,027 | 2,990,237 | 3,148,122 | 674,824 | 218,782 | 456,950 | 38,745,171 |
| **JUN** | 14,628,118 | 9,620,215 | 6,971,813 | 2,954,397 | 3,344,769 | 726,252 | 215,490 | 453,912 | 38,914,966 |
| **SEP** | 15,605,610 | 9,711,517 | 7,182,135 | 3,022,218 | 3,566,845 | 730,613 | 219,159 | 457,933 | 40,496,030 |
| **DEC** | 14,177,110 | 9,116,757 | 7,041,178 | 2,926,694 | 3,162,727 | 710,714 | 238,016 | 419,091 | 37,792,287 |
| **2002** | | | | | | | | | |
| **MAR** | 14,340,689 | 8,816,439 | 6,727,219 | 2,754,283 | 3,217,804 | 696,108 | 217,989 | 400,704 | 37,171,235 |
| **JUN** | 15,066,682 | 9,864,290 | 7,158,360 | 2,947,246 | 3,458,482 | 751,325 | 228,181 | 420,344 | 39,894,910 |
| **SEP** | 15,541,221 | 9,729,146 | 7,041,532 | 2,932,426 | 3,428,700 | 765,690 | 227,942 | 423,227 | 40,089,884 |

**TABLE A8 - MEDICARE: NUMBER OF SERVICES PER CAPITA BULK BILLED ONLY BY FINANCIAL YEAR OF PROCESSING PATIENT STATE AND TERRITORY**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984/1985 | 4.1 | 2.7 | 3.1 | 3.0 | 2.8 | 2.4 | 2.4 | 1.3 | 3.2 |
| 1985/1986 | 4.7 | 3.0 | 3.5 | 3.4 | 3.0 | 2.7 | 2.5 | 1.5 | 3.7 |
| 1986/1987 | 5.4 | 3.3 | 3.8 | 3.7 | 3.3 | 2.9 | 2.8 | 1.7 | 4.1 |
| 1987/1988 | 5.7 | 3.5 | 4.1 | 3.9 | 3.6 | 3.1 | 2.9 | 2.1 | 4.3 |
| 1988/1989 | 5.9 | 3.8 | 4.7 | 4.2 | 3.9 | 3.5 | 3.4 | 2.6 | 4.7 |
| 1989/1990 | 6.2 | 4.1 | 5.1 | 4.4 | 4.0 | 3.5 | 3.2 | 3.0 | 4.9 |
| 1990/1991 | 6.3 | 4.4 | 5.3 | 4.6 | 4.4 | 3.8 | 3.3 | 3.3 | 5.2 |
| 1991/1992 | 6.7 | 5.0 | 5.5 | 5.1 | 4.9 | 4.0 | 3.6 | 3.7 | 5.6 |
| 1992/1993 | 7.5 | 5.9 | 6.1 | 5.6 | 5.6 | 4.5 | 4.0 | 4.4 | 6.3 |
| 1993/1994 | 8.0 | 6.5 | 6.6 | 6.1 | 6.1 | 4.8 | 4.4 | 4.8 | 6.9 |
| 1994/1995 | 8.4 | 6.9 | 7.1 | 6.4 | 6.5 | 5.2 | 4.4 | 5.1 | 7.2 |
| 1995/1996 | 8.7 | 7.4 | 7.3 | 6.8 | 7.0 | 5.5 | 4.4 | 5.2 | 7.6 |
| 1996/1997 | 8.7 | 7.6 | 7.5 | 6.8 | 6.9 | 5.7 | 4.1 | 5.4 | 7.7 |
| 1997/1998 | 8.7 | 7.6 | 7.7 | 6.8 | 6.9 | 5.6 | 4.1 | 5.5 | 7.7 |
| 1998/1999 | 8.8 | 7.8 | 7.8 | 6.9 | 6.8 | 5.8 | 4.1 | 5.5 | 7.8 |
| 1999/2000 | 8.9 | 7.9 | 7.7 | 6.9 | 6.8 | 5.8 | 4.1 | 5.4 | 7.9 |
| 2000/2001 | 8.7 | 7.8 | 7.7 | 7.5 | 6.8 | 5.9 | 4.3 | 5.5 | 7.8 |
| 2001/2002 | 8.9 | 7.7 | 7.6 | 7.7 | 6.9 | 6.1 | 4.5 | 5.2 | 7.9 |

TABLE A9 - MEDICARE: SCHEDULE FEE OBSERVANCE (PERCENT)
BY QUARTER AND FINANCIAL YEAR OF PROCESSING
PATIENT STATE AND TERRITORY

| Year/Qtr | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984/1985 | 86.2 | 74.9 | 74.7 | 86.8 | 77.1 | 79.9 | 84.7 | 79.6 | 80.8 |
| 1985/1986 | 82.7 | 71.4 | 72.7 | 81.6 | 74.0 | 75.9 | 70.4 | 60.6 | 77.1 |
| 1986/1987 | 78.2 | 68.0 | 67.7 | 79.2 | 70.9 | 70.4 | 69.3 | 47.3 | 73.0 |
| 1987/1988 | 76.2 | 66.6 | 69.5 | 71.3 | 69.7 | 68.1 | 69.6 | 44.7 | 71.3 |
| 1988/1989 | 74.9 | 66.4 | 70.2 | 68.9 | 67.8 | 66.5 | 71.1 | 49.1 | 70.5 |
| 1989/1990 | 76.0 | 67.8 | 72.5 | 70.1 | 68.5 | 65.9 | 70.7 | 53.1 | 71.8 |
| 1990/1991 | 77.6 | 70.9 | 74.7 | 72.6 | 72.4 | 66.2 | 72.7 | 57.3 | 74.1 |
| 1991/1992 | 79.0 | 74.3 | 75.5 | 76.7 | 74.7 | 67.0 | 73.9 | 59.9 | 76.1 |
| 1992/1993 | 80.6 | 76.8 | 77.6 | 79.1 | 76.5 | 68.5 | 74.8 | 62.6 | 78.1 |
| 1993/1994 | 82.3 | 79.4 | 79.5 | 80.4 | 79.0 | 69.4 | 76.6 | 65.2 | 80.1 |
| 1994/1995 | 82.7 | 80.1 | 80.4 | 80.6 | 79.6 | 70.6 | 76.6 | 66.1 | 80.7 |
| 1996/1997 | 83.3 | 81.1 | 81.2 | 81.2 | 81.3 | 71.6 | 76.5 | 66.4 | 81.5 |
| 1996/1997 | 83.1 | 81.6 | 81.8 | 81.0 | 81.7 | 72.4 | 76.3 | 68.0 | 81.7 |
| 1997/1998 | 82.6 | 81.2 | 81.7 | 80.0 | 80.9 | 71.5 | 75.7 | 68.7 | 81.3 |
| 1998/1999 | 83.0 | 81.4 | 82.1 | 79.7 | 80.7 | 71.2 | 75.6 | 69.8 | 81.5 |
| 1999/2000 | 83.0 | 80.8 | 81.8 | 78.6 | 79.9 | 71.5 | 76.3 | 69.3 | 81.2 |
| 2000/2001 | 81.8 | 79.0 | 80.1 | 77.7 | 77.8 | 71.6 | 76.6 | 68.5 | 79.7 |
| 2001/2002 | 80.8 | 76.4 | 76.9 | 76.3 | 76.1 | 69.8 | 77.3 | 64.9 | 77.7 |
| 2000 | | | | | | | | | |
| MAR | 83.5 | 80.8 | 81.8 | 78.5 | 79.7 | 71.5 | 76.1 | 69.9 | 81.3 |
| JUN | 82.6 | 80.3 | 81.5 | 78.4 | 79.2 | 72.3 | 76.3 | 69.0 | 80.8 |
| SEP | 81.8 | 79.2 | 80.2 | 76.7 | 78.4 | 71.2 | 77.0 | 68.3 | 79.7 |
| DEC | 81.9 | 78.9 | 80.0 | 77.5 | 78.2 | 71.1 | 75.7 | 68.2 | 79.7 |
| 2001 | | | | | | | | | |
| MAR | 81.8 | 79.5 | 80.6 | 78.7 | 77.2 | 71.8 | 76.4 | 69.4 | 80.0 |
| JUN | 81.5 | 78.4 | 79.4 | 77.9 | 77.4 | 72.0 | 77.2 | 68.1 | 79.3 |
| SEP | 81.3 | 77.2 | 78.0 | 76.6 | 76.7 | 69.8 | 77.1 | 66.5 | 78.4 |
| DEC | 80.6 | 76.4 | 77.2 | 76.7 | 75.4 | 69.7 | 77.1 | 65.8 | 77.7 |
| 2002 | | | | | | | | | |
| MAR | 81.2 | 76.4 | 76.4 | 75.8 | 76.3 | 70.6 | 76.9 | 65.0 | 77.8 |
| JUN | 80.1 | 75.7 | 76.1 | 75.9 | 75.9 | 69.3 | 78.2 | 62.3 | 77.1 |
| SEP | 79.7 | 73.6 | 73.1 | 73.1 | 74.1 | 67.9 | 76.5 | 60.0 | 75.4 |

## TABLE B1 - MEDICARE: NUMBER OF SERVICES ('000) BY QUARTER AND FINANCIAL YEAR OF PROCESSING BY BROAD TYPE OF SERVICE

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 64,807 | 64,807 | 11,124 | 583 | 1,199 | 22,145 | 5,082 | 3,202 | 1,488 | 3,387 | 113,017 |
| 1985/1986 | N.A. | N.A. | 68,639 | 68,639 | 11,934 | 590 | 1,267 | 23,908 | 5,824 | 3,671 | 1,684 | 3,839 | 121,357 |
| 1986/1987 | N.A. | N.A. | 71,404 | 71,404 | 12,635 | 614 | 1,326 | 27,077 | 6,413 | 4,049 | 1,909 | 3,148 | 128,574 |
| 1987/1988 | N.A. | N.A. | 75,704 | 75,704 | 12,974 | 542 | 1,337 | 29,260 | 6,653 | 3,649 | 2,028 | 2,691 | 134,839 |
| 1988/1989 | N.A. | N.A. | 80,072 | 80,072 | 13,646 | 538 | 1,373 | 31,238 | 7,144 | 3,770 | 2,217 | 2,872 | 142,868 |
| 1989/1990 | 12,919 | N.A. | 72,156 | 85,074 | 14,275 | 562 | 1,435 | 26,083 | 7,670 | 4,087 | 2,435 | 3,115 | 144,736 |
| 1990/1991 | 34,125 | N.A. | 50,727 | 84,851 | 14,885 | 576 | 1,511 | 26,026 | 8,303 | 4,441 | 2,633 | 3,354 | 146,580 |
| 1991/1992 | 50,042 | N.A. | 38,799 | 88,841 | 15,578 | 588 | 1,574 | 30,388 | 8,515 | 4,725 | 2,790 | 3,580 | 156,579 |
| 1992/1993 | 70,290 | N.A. | 22,781 | 93,071 | 16,269 | 604 | 1,628 | 39,620 | 9,107 | 4,923 | 3,006 | 3,820 | 172,049 |
| 1993/1994 | 81,805 | N.A. | 14,776 | 96,581 | 16,792 | 639 | 1,634 | 42,818 | 9,465 | 4,937 | 3,155 | 4,205 | 180,226 |
| 1994/1995 | 85,047 | N.A. | 13,431 | 98,478 | 17,458 | 681 | 1,688 | 46,931 | 9,863 | 5,143 | 3,288 | 4,506 | 188,034 |
| 1995/1996 | 89,575 | N.A. | 12,570 | 102,144 | 18,039 | 1,289 | 1,720 | 48,661 | 10,401 | 5,341 | 3,556 | 4,849 | 195,999 |
| 1996/1997 | 89,620 | N.A. | 12,910 | 102,529 | 18,175 | 1,628 | 1,743 | 50,277 | 10,365 | 5,422 | 3,666 | 4,995 | 198,800 |
| 1997/1998 | 90,514 | N.A. | 12,619 | 103,133 | 18,210 | 1,578 | 1,739 | 52,430 | 10,763 | 5,396 | 3,764 | 5,206 | 202,218 |
| 1998/1999 | 90,840 | N.A. | 11,712 | 102,552 | 18,629 | 1,553 | 1,784 | 55,601 | 11,378 | 5,482 | 3,907 | 5,460 | 206,347 |
| 1999/2000 | 90,359 | 64 | 11,094 | 101,517 | 18,881 | 1,492 | 1,836 | 58,761 | 11,743 | 5,624 | 4,082 | 5,630 | 209,566 |
| 2000/2001 | 90,826 | 162 | 9,657 | 100,645 | 19,349 | 1,457 | 2,058 | 62,118 | 12,305 | 5,848 | 4,245 | 5,891 | 213,918 |
| 2001/2002 | 91,822 | 456 | 7,642 | 99,921 | 19,761 | 1,479 | 2025* | 68,022 | 12,753 | 6,132 | 4,409 | 6,202 | 220,704 |
| 2000 | | | | | | | | | | | | | |
| MAR | 21,505 | 26 | 2,629 | 24,159 | 4,508 | 376 | 443 | 15,148 | 2,874 | 1,410 | 1,038 | 1,345 | 51,300 |
| JUN | 22,636 | 29 | 2,727 | 25,393 | 4,717 | 368 | 463 | 14,817 | 2,924 | 1,405 | 1,055 | 1,392 | 52,535 |
| SEP | 23,852 | 31 | 2,835 | 26,717 | 4,965 | 372 | 519 | 14,622 | 3,129 | 1,429 | 1,070 | 1,512 | 54,335 |
| DEC | 21,231 | 29 | 2,555 | 23,814 | 4,741 | 348 | 493 | 14,897 | 2,932 | 1,420 | 977 | 1,435 | 51,057 |
| 2001 | | | | | | | | | | | | | |
| MAR | 22,535 | 38 | 2,187 | 24,761 | 4,725 | 373 | 517 | 16,392 | 3,080 | 1,510 | 1,124 | 1,432 | 53,913 |
| JUN | 23,208 | 64 | 2,081 | 25,353 | 4,918 | 365 | 529 | 16,208 | 3,164 | 1,489 | 1,074 | 1,512 | 54,612 |
| SEP | 24,425 | 95 | 2,085 | 26,605 | 5,118 | 376 | 589 | 16,964 | 3,250 | 1,530 | 1,114 | 1,614 | 57,160 |
| DEC | 22,154 | 113 | 1,868 | 24,135 | 4,964 | 359 | 518 | 16,574 | 3,130 | 1,545 | 1,019 | 1,557 | 53,802 |
| 2002 | | | | | | | | | | | | | |
| MAR | 21,476 | 122 | 1,778 | 23,376 | 4,624 | 370 | 439 | 16,770 | 3,051 | 1,482 | 1,145 | 1,440 | 52,698 |
| JUN | 23,768 | 127 | 1,910 | 25,805 | 5,054 | 374 | 478 | 17,713 | 3,321 | 1,575 | 1,131 | 1,592 | 57,044 |
| SEP | 24,368 | 114 | 1,891 | 26,373 | 5,291 | 376 | 505 | 18,091 | 3,462 | 1,594 | 1,179 | 1,704 | 58,574 |

* Series break on account of a restructure of the anaesthetic section of the MBS

**TABLE B1 - MEDICARE: NUMBER OF SERVICES PER CAPITA**
**BY FINANCIAL YEAR OF PROCESSING**
**BY BROAD TYPE OF SERVICE**

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 4.1 | 4.1 | 0.7 | 0.0 | 0.1 | 1.4 | 0.3 | 0.2 | 0.1 | 0.2 | 7.2 |
| 1985/1986 | N.A. | N.A. | 4.3 | 4.3 | 0.7 | 0.0 | 0.1 | 1.5 | 0.4 | 0.2 | 0.1 | 0.2 | 7.6 |
| 1986/1987 | N.A. | N.A. | 4.4 | 4.4 | 0.8 | 0.0 | 0.1 | 1.7 | 0.4 | 0.2 | 0.1 | 0.2 | 7.9 |
| 1987/1988 | N.A. | N.A. | 4.6 | 4.6 | 0.8 | 0.0 | 0.1 | 1.8 | 0.4 | 0.2 | 0.1 | 0.2 | 8.2 |
| 1988/1989 | N.A. | N.A. | 4.8 | 4.8 | 0.8 | 0.0 | 0.1 | 1.9 | 0.4 | 0.2 | 0.1 | 0.2 | 8.5 |
| 1989/1990 | 0.8 | N.A. | 4.2 | 5.0 | 0.8 | 0.0 | 0.1 | 1.5 | 0.4 | 0.2 | 0.1 | 0.2 | 8.5 |
| 1990/1991 | 2.0 | N.A. | 2.9 | 4.9 | 0.9 | 0.0 | 0.1 | 1.5 | 0.5 | 0.3 | 0.2 | 0.2 | 8.5 |
| 1991/1992 | 2.9 | N.A. | 2.2 | 5.1 | 0.9 | 0.0 | 0.1 | 1.7 | 0.5 | 0.3 | 0.2 | 0.2 | 9.0 |
| 1992/1993 | 4.0 | N.A. | 1.3 | 5.3 | 0.9 | 0.0 | 0.1 | 2.2 | 0.5 | 0.3 | 0.2 | 0.2 | 9.7 |
| 1993/1994 | 4.6 | N.A. | 0.8 | 5.4 | 0.9 | 0.0 | 0.1 | 2.4 | 0.5 | 0.3 | 0.2 | 0.2 | 10.1 |
| 1994/1995 | 4.7 | N.A. | 0.7 | 5.4 | 1.0 | 0.0 | 0.1 | 2.6 | 0.5 | 0.3 | 0.2 | 0.2 | 10.4 |
| 1995/1996 | 4.9 | N.A. | 0.7 | 5.6 | 1.0 | 0.1 | 0.1 | 2.7 | 0.6 | 0.3 | 0.2 | 0.3 | 10.7 |
| 1996/1997 | 4.8 | N.A. | 0.7 | 5.5 | 1.0 | 0.1 | 0.1 | 2.7 | 0.6 | 0.3 | 0.2 | 0.3 | 10.7 |
| 1997/1998 | 4.8 | N.A. | 0.7 | 5.5 | 1.0 | 0.1 | 0.1 | 2.8 | 0.6 | 0.3 | 0.2 | 0.3 | 10.8 |
| 1998/1999 | 4.8 | N.A. | 0.6 | 5.4 | 1.0 | 0.1 | 0.1 | 2.9 | 0.6 | 0.3 | 0.2 | 0.3 | 10.9 |
| 1999/2000 | 4.7 | 0.0 | 0.6 | 5.3 | 1.0 | 0.1 | 0.1 | 3.1 | 0.6 | 0.3 | 0.2 | 0.3 | 10.9 |
| 2000/2001 | 4.7 | 0.0 | 0.5 | 5.2 | 1.0 | 0.1 | 0.1 | 3.2 | 0.6 | 0.3 | 0.2 | 0.3 | 11.0 |
| 2001/2002 | 4.7 | 0.0 | 0.4 | 5.1 | 1.0 | 0.1 | 0.1 | 3.5 | 0.6 | 0.3 | 0.2 | 0.3 | 11.2 |

* Series break on account of a restructure of the anaesthetic section of the MBS

**TABLE B2 - MEDICARE: FEES CHARGED ($,000)**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**BY BROAD TYPE OF SERVICE**

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 919,336 | 919,336 | 407,574 | 51,279 | 65,778 | 375,688 | 279,281 | 292,961 | 48,241 | 84,565 | 2,524,704 |
| 1985/1986 | N.A. | N.A. | 1,021,797 | 1,021,797 | 457,221 | 52,679 | 74,489 | 441,720 | 341,102 | 348,522 | 56,165 | 98,311 | 2,892,006 |
| 1986/1987 | N.A. | N.A. | 1,143,333 | 1,143,333 | 517,610 | 58,571 | 82,616 | 482,902 | 394,999 | 395,937 | 64,598 | 108,397 | 3,248,963 |
| 1987/1988 | N.A. | N.A. | 1,322,041 | 1,322,041 | 582,599 | 68,263 | 97,206 | 542,705 | 428,485 | 421,136 | 68,988 | 103,897 | 3,635,320 |
| 1988/1989 | N.A. | N.A. | 1,482,266 | 1,482,266 | 650,230 | 75,486 | 106,960 | 597,222 | 481,715 | 461,909 | 76,218 | 114,719 | 4,046,725 |
| 1989/1990 | 269,174 | N.A. | 1,405,991 | 1,675,165 | 717,655 | 84,486 | 118,954 | 648,712 | 552,138 | 522,705 | 87,211 | 134,417 | 4,541,443 |
| 1990/1991 | 754,416 | N.A. | 1,043,864 | 1,798,279 | 790,406 | 97,348 | 134,730 | 727,327 | 636,079 | 593,291 | 99,509 | 169,373 | 5,046,342 |
| 1991/1992 | 1,146,090 | N.A. | 825,512 | 1,971,602 | 862,304 | 99,831 | 151,213 | 724,713 | 681,779 | 663,844 | 108,682 | 209,165 | 5,473,134 |
| 1992/1993 | 1,658,015 | N.A. | 505,223 | 2,163,239 | 928,095 | 98,604 | 164,197 | 732,943 | 759,910 | 713,243 | 119,052 | 231,053 | 5,910,336 |
| 1993/1994 | 1,949,406 | N.A. | 336,161 | 2,285,567 | 974,156 | 96,848 | 169,853 | 793,870 | 827,925 | 721,391 | 125,718 | 266,358 | 6,261,686 |
| 1994/1995 | 2,054,392 | N.A. | 307,596 | 2,361,989 | 1,029,210 | 99,220 | 183,028 | 869,233 | 899,165 | 756,720 | 131,507 | 298,872 | 6,628,943 |
| 1995/1996 | 2,192,992 | N.A. | 291,361 | 2,484,353 | 1,084,104 | 100,736 | 201,587 | 901,356 | 979,745 | 799,648 | 143,248 | 327,640 | 7,022,417 |
| 1996/1997 | 2,221,453 | N.A. | 296,365 | 2,517,817 | 1,108,649 | 98,887 | 218,573 | 945,304 | 987,895 | 841,224 | 147,259 | 343,450 | 7,209,058 |
| 1997/1998 | 2,276,268 | N.A. | 288,205 | 2,564,473 | 1,132,345 | 97,398 | 225,233 | 1,014,543 | 1,059,160 | 861,416 | 144,221 | 361,870 | 7,460,660 |
| 1998/1999 | 2,335,038 | N.A. | 269,987 | 2,605,026 | 1,183,322 | 101,337 | 235,176 | 1,096,270 | 1,199,921 | 898,015 | 147,874 | 394,841 | 7,861,782 |
| 1999/2000 | 2,405,236 | 8,786 | 261,281 | 2,675,303 | 1,231,353 | 106,280 | 249,593 | 1,173,852 | 1,257,516 | 951,263 | 156,842 | 429,409 | 8,231,410 |
| 2000/2001 | 2,550,928 | 23,301 | 236,742 | 2,810,971 | 1,303,752 | 120,073 | 294,477 | 1,246,701 | 1,346,794 | 1,074,662 | 164,597 | 476,010 | 8,838,039 |
| 2001/2002 | 2,773,797 | 63,283 | 199,914 | 3,036,994 | 1,381,530 | 145,537 | 369,478 | 1,354,838 | 1,431,984 | 1,214,451 | 173,603 | 520,318 | 9,628,733 |
| 2000 | | | | | | | | | | | | | |
| MAR | 578,223 | 3,504 | 62,370 | 644,096 | 296,451 | 26,887 | 61,032 | 302,645 | 306,695 | 233,144 | 40,063 | 102,882 | 2,013,895 |
| JUN | 611,876 | 4,096 | 65,262 | 681,233 | 311,854 | 27,842 | 64,543 | 298,395 | 312,008 | 245,863 | 40,793 | 108,058 | 2,090,591 |
| SEP | 654,229 | 4,380 | 68,618 | 727,226 | 329,766 | 29,089 | 72,584 | 294,094 | 336,318 | 263,600 | 41,330 | 118,682 | 2,212,890 |
| DEC | 593,667 | 4,186 | 62,446 | 660,299 | 316,227 | 28,244 | 69,589 | 299,262 | 319,802 | 256,828 | 37,809 | 115,235 | 2,103,295 |
| 2001 | | | | | | | | | | | | | |
| MAR | 638,728 | 5,467 | 54,120 | 698,315 | 321,318 | 31,081 | 74,673 | 328,758 | 339,066 | 271,762 | 43,724 | 116,703 | 2,225,399 |
| JUN | 664,304 | 9,268 | 51,558 | 725,130 | 336,440 | 31,659 | 77,632 | 324,587 | 351,608 | 282,473 | 41,734 | 125,391 | 2,296,655 |
| SEP | 710,270 | 13,563 | 52,449 | 776,283 | 352,065 | 34,947 | 87,319 | 335,410 | 362,036 | 306,645 | 43,261 | 134,054 | 2,432,019 |
| DEC | 665,809 | 15,927 | 48,533 | 730,269 | 343,026 | 35,029 | 84,925 | 331,141 | 353,156 | 303,529 | 39,954 | 129,250 | 2,350,280 |
| 2002 | | | | | | | | | | | | | |
| MAR | 664,729 | 16,627 | 47,527 | 728,883 | 325,903 | 36,395 | 92,953 | 332,794 | 342,660 | 282,983 | 45,382 | 122,045 | 2,309,999 |
| JUN | 732,988 | 17,167 | 51,404 | 801,559 | 360,536 | 39,166 | 104,281 | 355,492 | 374,132 | 321,294 | 45,005 | 134,970 | 2,536,435 |
| SEP | 767,750 | 15,169 | 52,353 | 835,272 | 382,096 | 39,876 | 111,527 | 362,077 | 391,425 | 334,021 | 46,921 | 144,368 | 2,647,583 |

TABLE B2 - MEDICARE: FEES CHARGED PER CAPITA ($)
BY FINANCIAL YEAR OF PROCESSING
BY BROAD TYPE OF SERVICE

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 58.23 | 58.23 | 25.81 | 3.25 | 4.17 | 23.80 | 17.69 | 18.56 | 3.06 | 5.36 | 159.91 |
| 1985/1986 | N.A. | N.A. | 63.79 | 63.79 | 28.54 | 3.29 | 4.65 | 27.58 | 21.29 | 21.76 | 3.51 | 6.14 | 180.54 |
| 1986/1987 | N.A. | N.A. | 70.30 | 70.30 | 31.83 | 3.60 | 5.08 | 29.69 | 24.29 | 24.34 | 3.97 | 6.66 | 199.77 |
| 1987/1988 | N.A. | N.A. | 79.97 | 79.97 | 35.24 | 4.13 | 5.88 | 32.83 | 25.92 | 25.47 | 4.17 | 6.28 | 219.89 |
| 1988/1989 | N.A. | N.A. | 88.15 | 88.15 | 38.67 | 4.49 | 6.36 | 35.52 | 28.65 | 27.47 | 4.53 | 6.82 | 240.67 |
| 1989/1990 | 15.77 | N.A. | 82.39 | 98.16 | 42.05 | 4.95 | 6.97 | 38.01 | 32.35 | 30.63 | 5.11 | 7.88 | 266.12 |
| 1990/1991 | 43.65 | N.A. | 60.39 | 104.04 | 45.73 | 5.63 | 7.80 | 42.08 | 36.80 | 34.33 | 5.76 | 9.80 | 291.97 |
| 1991/1992 | 65.51 | N.A. | 47.19 | 112.70 | 49.29 | 5.71 | 8.64 | 41.42 | 38.97 | 37.95 | 6.21 | 11.96 | 312.85 |
| 1992/1993 | 93.85 | N.A. | 28.60 | 122.44 | 52.53 | 5.58 | 9.29 | 41.49 | 43.01 | 40.37 | 6.74 | 13.08 | 334.54 |
| 1993/1994 | 109.18 | N.A. | 18.83 | 128.01 | 54.56 | 5.42 | 9.51 | 44.46 | 46.37 | 40.40 | 7.04 | 14.92 | 350.70 |
| 1994/1995 | 113.68 | N.A. | 17.02 | 130.70 | 56.95 | 5.49 | 10.13 | 48.10 | 49.76 | 41.87 | 7.28 | 16.54 | 366.81 |
| 1995/1996 | 119.77 | N.A. | 15.91 | 135.68 | 59.21 | 5.50 | 11.01 | 49.23 | 53.51 | 43.67 | 7.82 | 17.89 | 383.51 |
| 1996/1997 | 119.83 | N.A. | 15.99 | 135.82 | 59.80 | 5.33 | 11.79 | 50.99 | 53.29 | 45.38 | 7.94 | 18.53 | 388.88 |
| 1997/1998 | 121.34 | N.A. | 15.36 | 136.70 | 60.36 | 5.19 | 12.01 | 54.08 | 56.46 | 45.92 | 7.69 | 19.29 | 397.70 |
| 1998/1999 | 123.00 | N.A. | 14.22 | 137.22 | 62.33 | 5.34 | 12.39 | 57.75 | 63.21 | 47.30 | 7.79 | 20.80 | 414.12 |
| 1999/2000 | 125.11 | 0.46 | 13.59 | 139.16 | 64.05 | 5.53 | 12.98 | 61.06 | 65.41 | 49.48 | 8.16 | 22.34 | 428.16 |
| 2000/2001 | 130.92 | 1.20 | 12.15 | 144.26 | 66.91 | 6.16 | 15.11 | 63.98 | 69.12 | 55.15 | 8.45 | 24.43 | 453.57 |
| 2001/2002 | 140.70 | 3.21 | 10.14 | 154.05 | 70.08 | 7.38 | 18.74 | 68.72 | 72.63 | 61.60 | 8.81 | 26.39 | 488.40 |

**TABLE B3 - MEDICARE: SCHEDULE FEES ($,000)**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**BY BROAD TYPE OF SERVICE**

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| **1984/1985** | N.A. | N.A. | 977,391 | 977,391 | 416,076 | 48,451 | 63,528 | 404,336 | 288,479 | 287,752 | 53,010 | 85,970 | 2,624,994 |
| **1985/1986** | N.A. | N.A. | 1,081,533 | 1,081,533 | 464,416 | 49,206 | 71,228 | 478,282 | 353,310 | 339,838 | 62,271 | 99,633 | 2,999,716 |
| **1986/1987** | N.A. | N.A. | 1,214,338 | 1,214,338 | 521,355 | 53,310 | 76,080 | 499,578 | 408,440 | 379,176 | 72,383 | 107,984 | 3,332,643 |
| **1987/1988** | N.A. | N.A. | 1,405,798 | 1,405,798 | 580,471 | 58,130 | 86,397 | 558,255 | 413,345 | 390,590 | 77,546 | 101,780 | 3,672,312 |
| **1988/1989** | N.A. | N.A. | 1,571,856 | 1,571,856 | 645,328 | 60,843 | 93,705 | 602,650 | 462,476 | 421,933 | 85,791 | 111,643 | 4,056,224 |
| **1989/1990** | 290,142 | N.A. | 1,482,978 | 1,773,120 | 705,015 | 64,458 | 102,152 | 662,343 | 535,266 | 472,027 | 98,972 | 129,914 | 4,543,268 |
| **1990/1991** | 815,734 | N.A. | 1,101,841 | 1,917,575 | 768,962 | 77,666 | 113,062 | 752,965 | 624,403 | 530,627 | 113,716 | 162,700 | 5,061,676 |
| **1991/1992** | 1,248,272 | N.A. | 884,592 | 2,132,864 | 839,486 | 77,397 | 125,503 | 751,158 | 677,320 | 592,618 | 124,889 | 201,104 | 5,522,338 |
| **1992/1993** | 1,808,602 | N.A. | 542,549 | 2,351,151 | 905,643 | 75,797 | 137,309 | 755,849 | 763,565 | 639,711 | 137,561 | 223,600 | 5,990,185 |
| **1993/1994** | 2,136,572 | N.A. | 364,138 | 2,500,710 | 954,635 | 73,810 | 141,699 | 836,546 | 843,086 | 648,046 | 145,652 | 259,857 | 6,404,041 |
| **1994/1995** | 2,249,602 | N.A. | 334,444 | 2,584,046 | 1,004,086 | 74,969 | 151,671 | 925,901 | 921,264 | 676,036 | 152,729 | 292,138 | 6,782,841 |
| **1995/1996** | 2,404,951 | N.A. | 317,340 | 2,722,291 | 1,052,909 | 74,133 | 160,620 | 966,781 | 1,012,032 | 708,633 | 166,859 | 320,706 | 7,184,963 |
| **1996/1997** | 2,429,474 | N.A. | 323,151 | 2,752,624 | 1,066,059 | 70,717 | 165,995 | 1,020,204 | 1,025,577 | 736,227 | 171,983 | 330,118 | 7,339,504 |
| **1997/1998** | 2,474,056 | N.A. | 312,502 | 2,786,558 | 1,078,294 | 68,205 | 168,945 | 1,099,563 | 1,100,944 | 744,731 | 167,786 | 345,087 | 7,560,115 |
| **1998/1999** | 2,527,430 | N.A. | 291,136 | 2,818,565 | 1,119,220 | 71,933 | 175,513 | 1,199,033 | 1,250,854 | 770,605 | 171,748 | 377,744 | 7,955,216 |
| **1999/2000** | 2,595,967 | 10,317 | 277,975 | 2,884,259 | 1,152,826 | 75,216 | 182,261 | 1,292,743 | 1,296,710 | 803,823 | 182,323 | 410,856 | 8,281,018 |
| **2000/2001** | 2,739,182 | 27,358 | 247,623 | 3,014,163 | 1,197,451 | 78,525 | 206,438 | 1,375,632 | 1,361,172 | 875,927 | 191,532 | 447,283 | 8,748,124 |
| **2001/2002** | 2,947,372 | 74,313 | 204,739 | 3,226,424 | 1,238,070 | 88,839 | 247,790 | 1,492,384 | 1,429,637 | 952,052 | 202,155 | 481,145 | 9,358,496 |
| **2000** | | | | | | | | | | | | | |
| **MAR** | 623,505 | 4,115 | 66,206 | 693,826 | 276,499 | 18,995 | 44,351 | 334,844 | 315,148 | 198,144 | 46,560 | 98,551 | 2,026,917 |
| **JUN** | 661,302 | 4,809 | 68,805 | 734,917 | 290,504 | 19,003 | 46,259 | 328,636 | 316,889 | 205,574 | 47,429 | 102,982 | 2,092,193 |
| **SEP** | 705,156 | 5,143 | 71,773 | 782,071 | 306,083 | 19,509 | 51,561 | 322,589 | 340,464 | 216,940 | 48,079 | 112,628 | 2,199,926 |
| **DEC** | 637,825 | 4,916 | 65,169 | 707,910 | 291,470 | 18,631 | 49,275 | 330,214 | 323,912 | 210,340 | 43,995 | 108,348 | 2,084,095 |
| **2001** | | | | | | | | | | | | | |
| **MAR** | 685,036 | 6,418 | 56,759 | 748,212 | 293,467 | 20,173 | 52,052 | 364,135 | 342,486 | 221,674 | 50,890 | 109,190 | 2,202,279 |
| **JUN** | 711,165 | 10,882 | 53,922 | 775,969 | 306,431 | 20,212 | 53,551 | 358,693 | 354,310 | 226,973 | 48,568 | 117,117 | 2,261,825 |
| **SEP** | 756,972 | 15,928 | 54,389 | 827,288 | 319,015 | 21,855 | 59,490 | 370,466 | 363,335 | 242,188 | 50,373 | 124,626 | 2,378,636 |
| **DEC** | 708,699 | 18,706 | 49,896 | 777,301 | 309,245 | 21,525 | 57,215 | 364,363 | 353,291 | 238,922 | 46,520 | 119,673 | 2,288,055 |
| **2002** | | | | | | | | | | | | | |
| **MAR** | 706,084 | 19,526 | 48,568 | 774,178 | 290,742 | 22,203 | 62,045 | 366,912 | 341,235 | 222,582 | 52,858 | 112,637 | 2,245,391 |
| **JUN** | 775,617 | 20,154 | 51,886 | 847,657 | 319,067 | 23,257 | 69,040 | 390,643 | 371,776 | 248,360 | 52,404 | 124,209 | 2,446,414 |
| **SEP** | 800,033 | 17,808 | 51,853 | 869,694 | 334,860 | 23,280 | 73,215 | 397,870 | 387,673 | 255,764 | 54,654 | 133,104 | 2,530,113 |

TABLE B3 - MEDICARE: SCHEDULE FEES PER CAPITA ($)
BY FINANCIAL YEAR OF PROCESSING
BY BROAD TYPE OF SERVICE

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 61.91 | 61.91 | 26.35 | 3.07 | 4.02 | 25.61 | 18.27 | 18.23 | 3.36 | 5.45 | 166.26 |
| 1985/1986 | N.A. | N.A. | 67.52 | 67.52 | 28.99 | 3.07 | 4.45 | 29.86 | 22.06 | 21.22 | 3.89 | 6.22 | 187.27 |
| 1986/1987 | N.A. | N.A. | 74.66 | 74.66 | 32.06 | 3.28 | 4.68 | 30.72 | 25.11 | 23.31 | 4.45 | 6.64 | 204.91 |
| 1987/1988 | N.A. | N.A. | 85.03 | 85.03 | 35.11 | 3.52 | 5.23 | 33.77 | 25.00 | 23.63 | 4.69 | 6.16 | 222.13 |
| 1988/1989 | N.A. | N.A. | 93.48 | 93.48 | 38.38 | 3.62 | 5.57 | 35.84 | 27.50 | 25.09 | 5.10 | 6.64 | 241.24 |
| 1989/1990 | 17.00 | N.A. | 86.90 | 103.90 | 41.31 | 3.78 | 5.99 | 38.81 | 31.37 | 27.66 | 5.80 | 7.61 | 266.23 |
| 1990/1991 | 47.20 | N.A. | 63.75 | 110.95 | 44.49 | 4.49 | 6.54 | 43.56 | 36.13 | 30.70 | 6.58 | 9.41 | 292.85 |
| 1991/1992 | 71.35 | N.A. | 50.56 | 121.91 | 47.99 | 4.42 | 7.17 | 42.94 | 38.72 | 33.87 | 7.14 | 11.50 | 315.66 |
| 1992/1993 | 102.37 | N.A. | 30.71 | 133.08 | 51.26 | 4.29 | 7.77 | 42.78 | 43.22 | 36.21 | 7.79 | 12.66 | 339.06 |
| 1993/1994 | 119.66 | N.A. | 20.39 | 140.06 | 53.47 | 4.13 | 7.94 | 46.85 | 47.22 | 36.30 | 8.16 | 14.55 | 358.68 |
| 1994/1995 | 124.48 | N.A. | 18.51 | 142.99 | 55.56 | 4.15 | 8.39 | 51.23 | 50.98 | 37.41 | 8.45 | 16.17 | 375.33 |
| 1995/1996 | 131.34 | N.A. | 17.33 | 148.67 | 57.50 | 4.05 | 8.77 | 52.80 | 55.27 | 38.70 | 9.11 | 17.51 | 392.39 |
| 1996/1997 | 131.05 | N.A. | 17.43 | 148.49 | 57.51 | 3.81 | 8.95 | 55.03 | 55.32 | 39.71 | 9.28 | 17.81 | 395.92 |
| 1997/1998 | 131.88 | N.A. | 16.66 | 148.54 | 57.48 | 3.64 | 9.01 | 58.61 | 58.69 | 39.70 | 8.94 | 18.40 | 403.00 |
| 1998/1999 | 133.13 | N.A. | 15.34 | 148.47 | 58.96 | 3.79 | 9.25 | 63.16 | 65.89 | 40.59 | 9.05 | 19.90 | 419.04 |
| 1999/2000 | 135.03 | 0.54 | 14.46 | 150.02 | 59.96 | 3.91 | 9.48 | 67.24 | 67.45 | 41.81 | 9.48 | 21.37 | 430.74 |
| 2000/2001 | 140.58 | 1.40 | 12.71 | 154.69 | 61.45 | 4.03 | 10.59 | 70.60 | 69.86 | 44.95 | 9.83 | 22.95 | 448.96 |
| 2001/2002 | 149.50 | 3.77 | 10.38 | 163.65 | 62.80 | 4.51 | 12.57 | 75.70 | 72.52 | 48.29 | 10.25 | 24.41 | 474.69 |

**TABLE B4 - MEDICARE: BENEFITS PAID ($,000)**
**BY QUARTER AND FINANCIAL YEAR OF PROCESSING**
**BY BROAD TYPE OF SERVICE**

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| **1984/1985** | N.A. | N.A. | 831,460 | 831,460 | 357,817 | 45,698 | 55,937 | 345,937 | 254,552 | 267,900 | 45,871 | 74,743 | 2,279,914 |
| **1985/1986** | N.A. | N.A. | 920,924 | 920,924 | 399,386 | 46,495 | 62,906 | 408,796 | 312,952 | 316,716 | 53,876 | 86,734 | 2,608,785 |
| **1986/1987** | N.A. | N.A. | 1,033,374 | 1,033,374 | 446,837 | 49,628 | 66,041 | 426,105 | 356,791 | 347,738 | 62,141 | 93,159 | 2,881,814 |
| **1987/1988** | N.A. | N.A. | 1,195,948 | 1,195,948 | 490,569 | 46,329 | 67,155 | 469,470 | 352,519 | 317,966 | 66,028 | 84,596 | 3,090,580 |
| **1988/1989** | N.A. | N.A. | 1,337,136 | 1,337,136 | 543,412 | 46,688 | 70,969 | 505,051 | 393,305 | 332,988 | 72,971 | 92,065 | 3,394,586 |
| **1989/1990** | 246,691 | N.A. | 1,261,061 | 1,507,752 | 593,890 | 49,533 | 77,329 | 555,124 | 456,959 | 373,464 | 84,171 | 107,135 | 3,805,357 |
| **1990/1991** | 693,449 | N.A. | 936,347 | 1,629,796 | 647,385 | 59,486 | 85,532 | 630,950 | 533,357 | 419,639 | 96,679 | 135,540 | 4,238,363 |
| **1991/1992** | 1,041,943 | N.A. | 738,405 | 1,780,349 | 704,975 | 59,324 | 94,933 | 628,899 | 577,742 | 468,174 | 106,189 | 168,979 | 4,589,564 |
| **1992/1993** | 1,535,518 | N.A. | 460,540 | 1,996,057 | 762,027 | 58,196 | 103,890 | 633,086 | 653,589 | 506,504 | 116,988 | 187,758 | 5,018,095 |
| **1993/1994** | 1,814,946 | N.A. | 309,246 | 2,124,192 | 804,670 | 56,858 | 107,174 | 702,115 | 724,416 | 512,357 | 123,870 | 217,606 | 5,373,259 |
| **1994/1995** | 1,912,766 | N.A. | 284,077 | 2,196,843 | 846,742 | 58,007 | 114,752 | 778,040 | 793,354 | 534,525 | 129,885 | 244,540 | 5,696,688 |
| **1995/1996** | 2,044,866 | N.A. | 269,552 | 2,314,418 | 887,443 | 58,682 | 121,590 | 812,772 | 872,485 | 560,668 | 141,881 | 268,441 | 6,038,382 |
| **1996/1997** | 2,065,237 | N.A. | 274,476 | 2,339,713 | 897,314 | 56,817 | 125,705 | 857,769 | 876,398 | 582,087 | 146,229 | 275,923 | 6,157,955 |
| **1997/1998** | 2,102,458 | N.A. | 265,346 | 2,367,804 | 907,019 | 54,865 | 127,908 | 924,229 | 934,223 | 587,236 | 142,693 | 287,558 | 6,333,536 |
| **1998/1999** | 2,148,264 | N.A. | 247,163 | 2,395,427 | 941,300 | 57,657 | 132,890 | 1,008,380 | 1,064,671 | 607,804 | 146,050 | 314,926 | 6,669,106 |
| **1999/2000** | 2,207,563 | 8,765 | 235,961 | 2,452,289 | 969,176 | 60,047 | 138,014 | 1,087,554 | 1,104,964 | 634,325 | 155,059 | 343,523 | 6,944,952 |
| **2000/2001** | 2,327,688 | 23,241 | 210,153 | 2,561,083 | 1,005,271 | 62,534 | 156,239 | 1,156,787 | 1,159,468 | 688,886 | 162,915 | 373,598 | 7,326,782 |
| **2001/2002** | 2,505,325 | 63,139 | 173,700 | 2,742,164 | 1,038,401 | 70,464 | 187,184 | 1,254,067 | 1,216,890 | 746,645 | 171,937 | 401,784 | 7,829,536 |
| **2000** | | | | | | | | | | | | | |
| **MAR** | 530,113 | 3,496 | 56,188 | 589,797 | 231,761 | 15,175 | 33,596 | 282,054 | 268,466 | 156,685 | 39,603 | 82,246 | 1,699,381 |
| **JUN** | 562,140 | 4,085 | 58,397 | 624,621 | 243,858 | 15,149 | 35,017 | 276,421 | 270,016 | 162,154 | 40,342 | 86,059 | 1,753,637 |
| **SEP** | 599,347 | 4,368 | 60,922 | 664,637 | 257,192 | 15,541 | 39,030 | 270,954 | 290,048 | 170,425 | 40,896 | 94,099 | 1,842,820 |
| **DEC** | 542,034 | 4,176 | 55,330 | 601,540 | 245,482 | 14,838 | 37,307 | 277,636 | 276,023 | 165,504 | 37,422 | 90,686 | 1,746,438 |
| **2001** | | | | | | | | | | | | | |
| **MAR** | 581,906 | 5,452 | 48,153 | 635,511 | 245,681 | 16,071 | 39,391 | 306,506 | 291,575 | 174,584 | 43,286 | 90,996 | 1,843,601 |
| **JUN** | 604,401 | 9,246 | 45,749 | 659,396 | 256,916 | 16,084 | 40,511 | 301,692 | 301,822 | 178,373 | 41,311 | 97,818 | 1,893,922 |
| **SEP** | 643,649 | 13,534 | 46,150 | 703,333 | 267,798 | 17,328 | 44,976 | 311,487 | 309,635 | 189,669 | 42,846 | 103,974 | 1,991,046 |
| **DEC** | 602,547 | 15,894 | 42,355 | 660,796 | 260,218 | 17,066 | 43,246 | 306,059 | 300,959 | 187,416 | 39,568 | 100,018 | 1,915,346 |
| **2002** | | | | | | | | | | | | | |
| **MAR** | 600,015 | 16,589 | 41,193 | 657,796 | 243,249 | 17,635 | 46,855 | 308,424 | 290,119 | 174,943 | 44,955 | 94,047 | 1,878,023 |
| **JUN** | 659,114 | 17,122 | 44,003 | 720,239 | 267,137 | 18,435 | 52,107 | 328,097 | 316,177 | 194,616 | 44,568 | 103,745 | 2,045,121 |
| **SEP** | 679,902 | 15,128 | 43,990 | 739,020 | 280,798 | 18,457 | 55,265 | 333,951 | 329,845 | 200,237 | 46,483 | 111,315 | 2,115,371 |

**TABLE B4 - MEDICARE: BENEFITS PAID PER CAPITA ($)**
**BY FINANCIAL YEAR OF PROCESSING**
**BY BROAD TYPE OF SERVICE**

| | ATTENDANCES | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL | | | | | | | | | | | | |
| Year/Qtr | VR/GP | ENHANCED PRI CARE | OTHER | TOTAL | SPECIAL-IST | OBSTETR-ICS | ANAESTH-ETICS | PATHOL-OGY | DIAG-NOSTIC IMAGING | OPERAT-IONS | OPTOM-ETRY | OTHER | TOTAL |
| 1984/1985 | N.A. | N.A. | 52.66 | 52.66 | 22.66 | 2.89 | 3.54 | 21.91 | 16.12 | 16.97 | 2.91 | 4.73 | 144.41 |
| 1985/1986 | N.A. | N.A. | 57.49 | 57.49 | 24.93 | 2.90 | 3.93 | 25.52 | 19.54 | 19.77 | 3.36 | 5.41 | 162.86 |
| 1986/1987 | N.A. | N.A. | 63.54 | 63.54 | 27.47 | 3.05 | 4.06 | 26.20 | 21.94 | 21.38 | 3.82 | 5.73 | 177.19 |
| 1987/1988 | N.A. | N.A. | 72.34 | 72.34 | 29.67 | 2.80 | 4.06 | 28.40 | 21.32 | 19.23 | 3.99 | 5.12 | 186.94 |
| 1988/1989 | N.A. | N.A. | 79.52 | 79.52 | 32.32 | 2.78 | 4.22 | 30.04 | 23.39 | 19.80 | 4.34 | 5.48 | 201.89 |
| 1989/1990 | 14.46 | N.A. | 73.90 | 88.35 | 34.80 | 2.90 | 4.53 | 32.53 | 26.78 | 21.88 | 4.93 | 6.28 | 222.99 |
| 1990/1991 | 40.12 | N.A. | 54.17 | 94.30 | 37.46 | 3.44 | 4.95 | 36.50 | 30.86 | 24.28 | 5.59 | 7.84 | 245.22 |
| 1991/1992 | 59.56 | N.A. | 42.21 | 101.77 | 40.30 | 3.39 | 5.43 | 35.95 | 33.02 | 26.76 | 6.07 | 9.66 | 262.34 |
| 1992/1993 | 86.91 | N.A. | 26.07 | 112.98 | 43.13 | 3.29 | 5.88 | 35.83 | 36.99 | 28.67 | 6.62 | 10.63 | 284.04 |
| 1993/1994 | 101.65 | N.A. | 17.32 | 118.97 | 45.07 | 3.18 | 6.00 | 39.32 | 40.57 | 28.70 | 6.94 | 12.19 | 300.94 |
| 1994/1995 | 105.84 | N.A. | 15.72 | 121.56 | 46.85 | 3.21 | 6.35 | 43.05 | 43.90 | 29.58 | 7.19 | 13.53 | 315.23 |
| 1995/1996 | 111.68 | N.A. | 14.72 | 126.40 | 48.47 | 3.20 | 6.64 | 44.39 | 47.65 | 30.62 | 7.75 | 14.66 | 329.77 |
| 1996/1997 | 111.41 | N.A. | 14.81 | 126.21 | 48.40 | 3.06 | 6.78 | 46.27 | 47.28 | 31.40 | 7.89 | 14.88 | 332.18 |
| 1997/1998 | 112.07 | N.A. | 14.14 | 126.22 | 48.35 | 2.92 | 6.82 | 49.27 | 49.80 | 31.30 | 7.61 | 15.33 | 337.62 |
| 1998/1999 | 113.16 | N.A. | 13.02 | 126.18 | 49.58 | 3.04 | 7.00 | 53.12 | 56.08 | 32.02 | 7.69 | 16.59 | 351.30 |
| 1999/2000 | 114.83 | 0.46 | 12.27 | 127.56 | 50.41 | 3.12 | 7.18 | 56.57 | 57.47 | 32.99 | 8.07 | 17.87 | 361.24 |
| 2000/2001 | 119.46 | 1.19 | 10.79 | 131.44 | 51.59 | 3.21 | 8.02 | 59.37 | 59.50 | 35.35 | 8.36 | 19.17 | 376.02 |
| 2001/2002 | 127.08 | 3.20 | 8.81 | 139.09 | 52.67 | 3.57 | 9.49 | 63.61 | 61.72 | 37.87 | 8.72 | 20.38 | 397.14 |

**TABLE C1A - MEDICARE: NUMBER OF SERVICES BY BROAD TYPE OF SERVICE AND YEAR OF PROCESSING**
**PATIENT STATE AND TERRITORY**

**TOTAL SERVICES**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984-85** | 44,643,568 | 27,042,188 | 17,490,370 | 9,779,038 | 9,010,226 | 2,944,027 | 633,405 | 1,474,331 | 113,017,153 |
| **1985-86** | 47,950,465 | 28,948,274 | 19,014,694 | 10,553,362 | 9,586,568 | 3,078,655 | 669,143 | 1,555,464 | 121,356,625 |
| **1986-87** | 51,650,331 | 30,402,300 | 20,132,282 | 10,673,611 | 10,172,734 | 3,158,911 | 727,058 | 1,657,161 | 128,574,388 |
| **1987-88** | 53,967,086 | 31,778,632 | 21,511,297 | 11,050,695 | 10,682,308 | 3,317,607 | 742,041 | 1,789,079 | 134,838,745 |
| **1988-89** | 55,736,769 | 33,830,327 | 23,748,286 | 11,736,036 | 11,500,860 | 3,566,623 | 836,345 | 1,912,526 | 142,867,772 |
| **1989-90** | 56,183,765 | 34,482,998 | 24,569,052 | 11,653,908 | 11,538,734 | 3,502,829 | 826,033 | 1,978,491 | 144,735,810 |
| **1990-91** | 56,312,775 | 35,174,679 | 24,815,962 | 11,861,218 | 12,003,290 | 3,533,466 | 840,522 | 2,038,524 | 146,580,436 |
| **1991-92** | 59,785,271 | 37,919,250 | 26,495,220 | 12,697,958 | 12,865,238 | 3,724,734 | 921,351 | 2,169,610 | 156,578,632 |
| **1992-93** | 64,991,758 | 42,056,476 | 29,378,766 | 13,671,577 | 14,436,453 | 4,100,967 | 982,928 | 2,430,369 | 172,049,294 |
| **1993-94** | 67,454,659 | 44,202,886 | 31,303,573 | 14,324,003 | 15,140,316 | 4,205,256 | 1,045,563 | 2,549,253 | 180,225,509 |
| **1994-95** | 69,969,806 | 46,146,293 | 33,216,454 | 14,513,291 | 16,068,666 | 4,381,491 | 1,078,939 | 2,659,531 | 188,034,471 |
| **1995-96** | 72,330,751 | 48,659,076 | 34,357,742 | 15,060,743 | 17,259,666 | 4,528,057 | 1,103,155 | 2,699,862 | 195,999,052 |
| **1996-97** | 72,614,045 | 49,935,371 | 35,671,768 | 14,979,161 | 17,165,380 | 4,598,029 | 1,070,694 | 2,766,016 | 198,800,464 |
| **1997-98** | 73,887,428 | 50,320,984 | 36,861,685 | 15,159,774 | 17,540,155 | 4,567,791 | 1,102,656 | 2,777,994 | 202,218,467 |
| **1998-99** | 74,981,862 | 51,957,000 | 37,767,309 | 15,406,007 | 17,703,298 | 4,636,096 | 1,108,895 | 2,786,776 | 206,347,243 |
| **1999-00** | 76,226,998 | 53,077,064 | 38,327,207 | 15,294,428 | 18,040,906 | 4,684,555 | 1,117,532 | 2,797,125 | 209,565,815 |
| **2000-01** | 76,723,047 | 53,736,303 | 39,265,962 | 16,721,075 | 18,621,216 | 4,767,408 | 1,166,931 | 2,915,965 | 213,917,907 |
| **2001-02** | 79,386,457 | 54,893,163 | 40,496,214 | 17,329,017 | 19,455,756 | 4,960,464 | 1,224,550 | 2,958,732 | 220,704,353 |

TABLE C1B - MEDICARE: SERVICES PER CAPITA BY BROAD TYPE OF SERVICE AND YEAR OF PROCESSING
PATIENT STATE AND TERRITORY

TOTAL SERVICES

| Year | NSW | VIC | [t]QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984-85 | 8.17 | 6.56 | 6.80 | 7.13 | 6.35 | 6.65 | 4.26 | 5.86 | 7.16 |
| 1985-86 | 8.67 | 6.96 | 7.24 | 7.63 | 6.57 | 6.90 | 4.33 | 6.01 | 7.58 |
| 1986-87 | 9.20 | 7.22 | 7.53 | 7.66 | 6.80 | 7.03 | 4.60 | 6.24 | 7.91 |
| 1987-88 | 9.46 | 7.46 | 7.85 | 7.87 | 6.96 | 7.35 | 4.67 | 6.57 | 8.16 |
| 1988-89 | 9.65 | 7.83 | 8.40 | 8.27 | 7.29 | 7.83 | 5.19 | 6.92 | 8.50 |
| 1989-90 | 9.63 | 7.88 | 8.47 | 8.14 | 7.15 | 7.58 | 5.05 | 7.01 | 8.48 |
| 1990-91 | 9.55 | 7.96 | 8.38 | 8.20 | 7.34 | 7.57 | 5.08 | 7.05 | 8.48 |
| 1991-92 | 10.03 | 8.51 | 8.74 | 8.72 | 7.76 | 7.93 | 5.48 | 7.36 | 8.95 |
| 1992-93 | 10.82 | 9.40 | 9.45 | 9.36 | 8.61 | 8.69 | 5.76 | 8.12 | 9.74 |
| 1993-94 | 11.13 | 9.85 | 9.82 | 9.77 | 8.89 | 8.89 | 6.03 | 8.46 | 10.09 |
| 1994-95 | 11.42 | 10.22 | 10.17 | 9.88 | 9.27 | 9.25 | 6.08 | 8.73 | 10.40 |
| 1995-96 | 11.66 | 10.67 | 10.29 | 10.22 | 9.78 | 9.54 | 6.07 | 8.76 | 10.70 |
| 1996-97 | 11.55 | 10.85 | 10.50 | 10.11 | 9.55 | 9.70 | 5.71 | 8.94 | 10.72 |
| 1997-98 | 11.62 | 10.82 | 10.67 | 10.17 | 9.60 | 9.67 | 5.78 | 8.93 | 10.78 |
| 1998-99 | 11.65 | 11.05 | 10.76 | 10.28 | 9.55 | 9.82 | 5.71 | 8.88 | 10.87 |
| 1999-00 | 11.69 | 11.15 | 10.74 | 10.15 | 9.60 | 9.92 | 5.66 | 8.82 | 10.90 |
| 2000-01 | 11.61 | 11.14 | 10.80 | 11.04 | 9.77 | 10.08 | 5.83 | 9.06 | 10.98 |
| 2001-02 | 11.89 | 11.24 | 10.94 | 11.38 | 10.07 | 10.47 | 6.10 | 9.13 | 11.19 |

**TABLE C2A - MEDICARE: BENEFITS PAID BY BROAD TYPE OF SERVICE AND YEAR OF PROCESSING ($)**
**PATIENT STATE AND TERRITORY**

**TOTAL SERVICES**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984-85 | 929,024,754 | 553,401,438 | 334,599,828 | 192,039,842 | 173,429,340 | 54,007,249 | 11,728,315 | 31,682,782 | 2,279,913,548 |
| 1985-86 | 1,068,223,170 | 627,422,889 | 388,919,421 | 219,275,888 | 195,429,225 | 60,690,780 | 13,087,296 | 35,736,028 | 2,608,784,695 |
| 1986-87 | 1,172,936,397 | 685,764,547 | 440,826,142 | 240,653,038 | 220,743,329 | 67,152,947 | 14,482,727 | 39,254,954 | 2,881,814,082 |
| 1987-88 | 1,234,564,490 | 735,334,726 | 487,598,806 | 260,330,048 | 241,858,443 | 73,166,158 | 15,361,985 | 42,365,238 | 3,090,579,894 |
| 1988-89 | 1,327,132,136 | 808,979,657 | 555,877,712 | 286,750,718 | 269,721,695 | 81,123,892 | 18,140,672 | 46,859,383 | 3,394,585,866 |
| 1989-90 | 1,478,674,230 | 911,160,871 | 639,479,721 | 314,096,272 | 299,349,877 | 89,464,521 | 20,383,200 | 52,748,420 | 3,805,357,112 |
| 1990-91 | 1,633,076,745 | 1,019,576,881 | 713,801,031 | 351,387,276 | 338,568,544 | 98,909,414 | 23,093,511 | 59,949,277 | 4,238,362,680 |
| 1991-92 | 1,758,147,034 | 1,119,226,675 | 768,182,346 | 381,908,362 | 366,430,021 | 106,408,733 | 25,199,097 | 64,061,528 | 4,589,563,795 |
| 1992-93 | 1,904,735,985 | 1,245,501,567 | 837,658,255 | 410,653,447 | 407,278,710 | 116,177,816 | 26,163,747 | 69,925,772 | 5,018,095,299 |
| 1993-94 | 2,021,678,857 | 1,339,008,020 | 910,943,934 | 438,394,930 | 436,603,448 | 122,850,751 | 28,644,345 | 75,134,880 | 5,373,259,165 |
| 1994-95 | 2,126,815,880 | 1,423,886,951 | 985,054,960 | 451,580,799 | 470,254,899 | 129,494,268 | 30,302,286 | 79,298,414 | 5,696,688,457 |
| 1995-96 | 2,236,890,506 | 1,517,600,981 | 1,042,880,106 | 476,234,972 | 514,426,069 | 136,526,754 | 31,587,335 | 82,234,782 | 6,038,381,504 |
| 1996-97 | 2,260,262,510 | 1,559,573,248 | 1,089,252,920 | 477,581,960 | 515,796,898 | 139,605,465 | 30,940,640 | 84,941,303 | 6,157,954,946 |
| 1997-98 | 2,326,556,932 | 1,588,509,841 | 1,137,773,609 | 487,731,741 | 534,540,563 | 139,741,343 | 32,250,973 | 86,431,142 | 6,333,536,144 |
| 1998-99 | 2,434,604,224 | 1,690,489,109 | 1,201,689,261 | 510,608,603 | 561,482,556 | 146,906,739 | 33,368,454 | 89,956,587 | 6,669,105,533 |
| 1999-00 | 2,538,319,986 | 1,764,950,492 | 1,252,809,253 | 520,940,158 | 587,617,598 | 152,886,762 | 34,885,590 | 92,541,840 | 6,944,951,680 |
| 2000-01 | 2,646,888,707 | 1,844,899,561 | 1,326,888,610 | 579,718,910 | 629,200,755 | 162,239,278 | 37,749,829 | 99,196,103 | 7,326,781,753 |
| 2001-02 | 2,839,314,136 | 1,954,111,302 | 1,417,356,115 | 618,670,939 | 679,685,765 | 174,825,956 | 40,715,932 | 104,855,852 | 7,829,535,998 |

TABLE C2B - MEDICARE: BENEFITS PER CAPITA BY BROAD TYPE OF SERVICE AND YEAR OF PROCESSING
PATIENT STATE AND TERRITORY

TOTAL SERVICES

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984-85 | 170.01 | 134.32 | 130.13 | 140.05 | 122.26 | 121.96 | 78.96 | 126.03 | 144.41 |
| 1985-86 | 193.12 | 150.79 | 148.18 | 158.60 | 133.95 | 135.93 | 84.75 | 138.02 | 162.86 |
| 1986-87 | 208.83 | 162.89 | 164.79 | 172.79 | 147.53 | 149.49 | 91.54 | 147.87 | 177.19 |
| 1987-88 | 216.31 | 172.51 | 177.96 | 185.30 | 157.55 | 162.18 | 96.60 | 155.68 | 186.94 |
| 1988-89 | 229.76 | 187.26 | 196.59 | 202.08 | 170.88 | 178.19 | 112.55 | 169.52 | 201.89 |
| 1989-90 | 253.46 | 208.09 | 220.56 | 219.33 | 185.58 | 193.57 | 124.49 | 186.91 | 222.99 |
| 1990-91 | 276.85 | 230.65 | 241.07 | 242.96 | 206.94 | 211.89 | 139.54 | 207.21 | 245.22 |
| 1991-92 | 294.86 | 251.23 | 253.53 | 262.21 | 221.00 | 226.49 | 149.92 | 217.40 | 262.34 |
| 1992-93 | 317.20 | 278.49 | 269.36 | 281.14 | 242.76 | 246.32 | 153.24 | 233.63 | 284.04 |
| 1993-94 | 333.60 | 298.38 | 285.82 | 299.01 | 256.37 | 259.76 | 165.22 | 249.22 | 300.94 |
| 1994-95 | 347.12 | 315.20 | 301.69 | 307.32 | 271.23 | 273.38 | 170.67 | 260.16 | 315.23 |
| 1995-96 | 360.51 | 332.80 | 312.36 | 323.03 | 291.42 | 287.76 | 173.71 | 266.78 | 329.77 |
| 1996-97 | 359.56 | 338.86 | 320.63 | 322.29 | 287.09 | 294.63 | 165.12 | 274.47 | 332.18 |
| 1997-98 | 365.76 | 341.63 | 329.39 | 327.15 | 292.61 | 295.77 | 168.96 | 277.92 | 337.62 |
| 1998-99 | 378.12 | 359.62 | 342.50 | 340.59 | 302.78 | 311.23 | 171.87 | 286.70 | 351.30 |
| 1999-00 | 389.30 | 370.86 | 350.90 | 345.73 | 312.58 | 323.86 | 176.72 | 291.94 | 361.24 |
| 2000-01 | 400.48 | 382.55 | 365.02 | 382.69 | 330.10 | 343.05 | 188.73 | 308.37 | 376.02 |
| 2001-02 | 425.36 | 400.16 | 382.85 | 406.46 | 351.91 | 369.10 | 202.93 | 323.51 | 397.14 |

**TABLE C3 - MEDICARE: PERCENTAGE OF SERVICES BULK BILLED BY BROAD TYPE OF SERVICE**
**FINANCIAL YEAR OF PROCESSING BY PATIENT STATE AND TERRITORY**

**TOTAL SERVICES**

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| **1984-85** | 50.2 | 40.5 | 45.1 | 41.8 | 43.6 | 36.4 | 55.9 | 21.8 | 45.2 |
| **1985-86** | 54.2 | 43.4 | 48.2 | 44.9 | 46.4 | 39.4 | 57.7 | 24.5 | 48.5 |
| **1986-87** | 58.4 | 46.3 | 50.1 | 48.0 | 49.2 | 40.7 | 60.6 | 27.0 | 51.8 |
| **1987-88** | 59.8 | 46.3 | 52.4 | 49.0 | 51.6 | 41.8 | 62.2 | 31.7 | 53.1 |
| **1988-89** | 61.6 | 49.1 | 55.7 | 50.9 | 53.5 | 45.0 | 64.8 | 37.9 | 55.4 |
| **1989-90** | 64.0 | 51.9 | 59.6 | 53.5 | 56.4 | 46.4 | 63.1 | 42.4 | 58.2 |
| **1990-91** | 65.6 | 55.1 | 62.9 | 56.1 | 60.5 | 49.8 | 64.6 | 46.7 | 60.8 |
| **1991-92** | 67.0 | 59.3 | 63.1 | 58.2 | 62.9 | 50.4 | 66.6 | 50.3 | 62.8 |
| **1992-93** | 69.2 | 62.3 | 65.1 | 59.9 | 65.2 | 51.9 | 69.9 | 53.7 | 65.1 |
| **1993-94** | 71.9 | 66.0 | 67.7 | 62.6 | 68.6 | 54.2 | 72.4 | 57.1 | 68.1 |
| **1994-95** | 73.2 | 67.6 | 69.5 | 64.3 | 69.7 | 56.0 | 72.2 | 58.6 | 69.6 |
| **1995-96** | 74.6 | 69.1 | 70.6 | 66.6 | 71.9 | 57.6 | 72.4 | 59.2 | 71.1 |
| **1996-97** | 75.0 | 70.3 | 71.4 | 67.1 | 72.5 | 58.6 | 72.0 | 60.9 | 71.8 |
| **1997-98** | 75.1 | 70.2 | 71.8 | 66.9 | 71.9 | 58.4 | 71.8 | 61.8 | 71.8 |
| **1998-99** | 75.3 | 70.6 | 72.1 | 67.1 | 71.4 | 58.6 | 71.4 | 61.9 | 72.0 |
| **1999-00** | 75.9 | 70.9 | 72.1 | 67.7 | 70.9 | 59.0 | 72.6 | 61.1 | 72.3 |
| **2000-01** | 74.9 | 69.8 | 70.9 | 68.4 | 69.9 | 58.6 | 73.1 | 60.6 | 71.4 |
| **2001-02** | 74.6 | 68.3 | 69.4 | 67.2 | 68.9 | 58.2 | 73.8 | 57.4 | 70.4 |

TABLE C4 - MEDICARE: SCHEDULE FEE OBSERVANCE (PERCENTAGE) BY BROAD TYPE OF SERVICE
FINANCIAL YEAR OF PROCESSING BY PATIENT STATE AND TERRITORY

TOTAL SERVICES

| Year | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| 1984-85 | 86.2 | 74.9 | 74.7 | 86.8 | 77.1 | 79.9 | 84.7 | 79.6 | 80.8 |
| 1985-86 | 82.7 | 71.4 | 72.7 | 81.6 | 74.0 | 75.9 | 70.4 | 60.6 | 77.1 |
| 1986-87 | 78.2 | 68.0 | 67.7 | 79.2 | 70.9 | 70.4 | 69.3 | 47.3 | 73.0 |
| 1987-88 | 76.2 | 66.6 | 69.5 | 71.3 | 69.7 | 68.1 | 69.6 | 44.7 | 71.3 |
| 1988-89 | 74.9 | 66.4 | 70.2 | 68.9 | 67.8 | 66.5 | 71.1 | 49.1 | 70.5 |
| 1989-90 | 76.0 | 67.8 | 72.5 | 70.1 | 68.5 | 65.9 | 70.7 | 53.1 | 71.8 |
| 1990-91 | 77.6 | 70.9 | 74.7 | 72.6 | 72.4 | 66.2 | 72.7 | 57.3 | 74.1 |
| 1991-92 | 79.0 | 74.3 | 75.5 | 76.7 | 74.7 | 67.0 | 73.9 | 59.9 | 76.1 |
| 1992-93 | 80.6 | 76.8 | 77.6 | 79.1 | 76.5 | 68.5 | 74.8 | 62.6 | 78.1 |
| 1993-94 | 82.3 | 79.4 | 79.5 | 80.4 | 79.0 | 69.4 | 76.6 | 65.2 | 80.1 |
| 1994-95 | 82.7 | 80.1 | 80.4 | 80.6 | 79.6 | 70.6 | 76.6 | 66.1 | 80.7 |
| 1995-96 | 83.3 | 81.1 | 81.2 | 81.2 | 81.3 | 71.6 | 76.5 | 66.4 | 81.5 |
| 1996-97 | 83.1 | 81.6 | 81.8 | 81.0 | 81.7 | 72.4 | 76.3 | 68.0 | 81.7 |
| 1997-98 | 82.6 | 81.2 | 81.7 | 80.0 | 80.9 | 71.5 | 75.7 | 68.7 | 81.3 |
| 1998-99 | 83.0 | 81.4 | 82.1 | 79.7 | 80.7 | 71.2 | 75.6 | 69.8 | 81.5 |
| 1999-00 | 83.0 | 80.8 | 81.8 | 78.6 | 79.9 | 71.5 | 76.3 | 69.3 | 81.2 |
| 2000-01 | 81.8 | 79.0 | 80.1 | 77.7 | 77.8 | 71.6 | 76.6 | 68.5 | 79.7 |
| 2001-02 | 80.8 | 76.4 | 76.9 | 76.3 | 76.1 | 69.8 | 77.3 | 64.9 | 77.7 |

**TABLE D1 - MEDICARE: NUMBER OF SERVICES AND SERVICES PER CAPITA BY GENDER AND AGE, AND BY PATIENT STATE AND TERRITORY 2001-02**

| FEMALES | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Number of services | | | | | |
| Age Group | | | | | | | | | |
| 0-4 | 1,775,036 | 1,141,173 | 948,422 | 352,498 | 422,462 | 98,161 | 37,039 | 69,407 | 4,844,198 |
| 5-9 | 1,080,486 | 755,259 | 562,362 | 218,839 | 257,902 | 65,651 | 20,946 | 41,606 | 3,003,051 |
| 10-14 | 981,708 | 680,104 | 543,063 | 202,780 | 267,452 | 65,433 | 18,141 | 41,241 | 2,799,922 |
| 15-19 | 1,799,875 | 1,238,409 | 1,091,001 | 404,159 | 538,746 | 140,324 | 40,193 | 81,049 | 5,333,756 |
| 20-24 | 2,496,359 | 1,744,235 | 1,381,076 | 501,004 | 685 575 | 167,100 | 60,322 | 119,857 | 7,155,528 |
| 25-34 | 6,688,133 | 4,905,172 | 3,466,692 | 1,293,534 | 1,784,553 | 383,183 | 164,780 | 298,664 | 18,984,711 |
| 35-44 | 6,564,464 | 4,666,946 | 3,434,292 | 1,379,457 | 1,747,051 | 411,288 | 138,379 | 282,672 | 18,624,549 |
| 45-54 | 6,841,101 | 4,795,448 | 3,726,667 | 1,522,066 | 1,841,841 | 465,308 | 125,179 | 308,065 | 19,625,675 |
| 55-64 | 6,169,472 | 4,170,399 | 3,235,763 | 1,384,160 | 1,465,724 | 418,606 | 71,180 | 225,523 | 17,140,827 |
| 65-74 | 5,904,604 | 4,042,218 | 2,805,818 | 1,346,985 | 1,302,938 | 380,725 | 34,731 | 173,096 | 15,991,115 |
| 75+ | 6,344,098 | 4,707,932 | 3,003,261 | 1,706,404 | 1,404,447 | 421,638 | 21,023 | 174,197 | 17,783,000 |
| Total | 46,645,336 | 32,847,295 | 24,198,417 | 10,311,886 | 11,718,691 | 3,017,417 | 731,913 | 1,815,377 | 131,286,332 |
| | | | | Services per capita | | | | | |
| 0-4 | 8.32 | 7.56 | 7.88 | 7.90 | 6.84 | 6.49 | 4.36 | 6.74 | 7.75 |
| 5-9 | 4.90 | 4.75 | 4.37 | 4.56 | 3.95 | 4.10 | 2.52 | 3.86 | 4.57 |
| 10-14 | 4.41 | 4.22 | 4.17 | 4.16 | 3.92 | 3.93 | 2.33 | 3.70 | 4.20 |
| 15-19 | 8.12 | 7.58 | 8.39 | 7.97 | 7.77 | 8.49 | 5.52 | 6.66 | 7.95 |
| 20-24 | 11.44 | 10.52 | 10.92 | 10.61 | 10.38 | 11.72 | 7.77 | 9.05 | 10.86 |
| 25-34 | 13.58 | 13.22 | 12.78 | 12.68 | 12.70 | 12.56 | 9.06 | 11.39 | 13.07 |
| 35-44 | 12.95 | 12.37 | 12.11 | 12.01 | 11.66 | 11.52 | 8.71 | 10.97 | 12.33 |
| 45-54 | 15.20 | 14.32 | 14.68 | 14.11 | 13.63 | 13.87 | 10.08 | 12.76 | 14.52 |
| 55-64 | 18.85 | 17.42 | 17.96 | 17.47 | 16.35 | 16.73 | 11.62 | 15.28 | 17.82 |
| 65-74 | 24.40 | 22.81 | 23.47 | 22.55 | 21.45 | 20.92 | 14.87 | 20.96 | 23.24 |
| 75+ | 25.58 | 25.93 | 25.54 | 25.72 | 24.22 | 22.62 | 15.61 | 23.01 | 25.44 |
| Total | 13.87 | 13.24 | 13.00 | 13.40 | 12.15 | 12.56 | 7.63 | 11.04 | 13.20 |

TABLE D1 - MEDICARE: NUMBER OF SERVICES AND SERVICES PER CAPITA
BY GENDER AND AGE, AND BY PATIENT STATE AND TERRITORY
2001-02

| MALES | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Number of services | | | | | |
| Age Group | | | | | | | | | |
| 0-4 | 2,039,057 | 1,330,590 | 1,087,967 | 399,611 | 485,709 | 111,925 | 45,611 | 77,047 | 5,577,517 |
| 5-9 | 1,165,767 | 801,885 | 589,154 | 227,003 | 272,517 | 67,912 | 22,941 | 41,843 | 3,189,022 |
| 10-14 | 1,047,516 | 699,897 | 563,941 | 206,769 | 271,309 | 65,960 | 17,913 | 41,384 | 2,914,689 |
| 15-19 | 1,120,158 | 751,897 | 613,852 | 245,501 | 296,538 | 74,693 | 18,971 | 47,652 | 3,169,262 |
| 20-24 | 1,195,381 | 838,465 | 596,482 | 252,439 | 285,450 | 69,778 | 19,778 | 53,408 | 3,311,181 |
| 25-34 | 2,928,176 | 2,060,160 | 1,411,689 | 588,474 | 689,321 | 157,000 | 56,721 | 114,607 | 8,006,148 |
| 35-44 | 3,991,686 | 2,646,531 | 1,904,409 | 815,056 | 946,856 | 218,630 | 78,694 | 142,195 | 10,744,057 |
| 45-54 | 4,869,170 | 3,180,642 | 2,532,316 | 1,027,950 | 1,231,669 | 291,729 | 96,462 | 194,193 | 13,424,131 |
| 55-64 | 5,350,742 | 3,455,935 | 2,762,428 | 1,118,838 | 1,262,637 | 337,372 | 80,042 | 184,369 | 14,552,363 |
| 65-74 | 5,592,637 | 3,775,880 | 2,647,999 | 1,241,896 | 1,224,516 | 356,498 | 40,446 | 156,085 | 15,035,957 |
| 75+ | 3,440,831 | 2,503,986 | 1,587,560 | 893,594 | 770,543 | 191,550 | 15,058 | 90,572 | 9,493,694 |
| Total | 32,741,121 | 22,045,868 | 16,297,797 | 7,017,131 | 7,737,065 | 1,943,047 | 492,637 | 1,143,355 | 89,418,021 |
| | | | | Services per capita | | | | | |
| 0-4 | 9.08 | 8.41 | 8.54 | 8.59 | 7.49 | 7.05 | 5.06 | 7.21 | 8.48 |
| 5-9 | 5.02 | 4.78 | 4.33 | 4.49 | 3.93 | 3.99 | 2.57 | 3.74 | 4.60 |
| 10-14 | 4.47 | 4.17 | 4.11 | 3.99 | 3.78 | 3.78 | 2.11 | 3.59 | 4.16 |
| 15-19 | 4.79 | 4.44 | 4.49 | 4.61 | 4.05 | 4.31 | 2.43 | 3.72 | 4.50 |
| 20-24 | 5.30 | 4.97 | 4.65 | 5.06 | 4.13 | 4.79 | 2.30 | 3.97 | 4.88 |
| 25-34 | 6.02 | 5.70 | 5.35 | 5.61 | 4.83 | 5.37 | 3.00 | 4.46 | 5.59 |
| 35-44 | 7.90 | 7.21 | 6.97 | 7.12 | 6.36 | 6.39 | 4.60 | 5.82 | 7.23 |
| 45-54 | 10.80 | 9.77 | 10.03 | 9.71 | 9.03 | 8.77 | 7.02 | 8.54 | 10.01 |
| 55-64 | 16.14 | 14.61 | 14.79 | 14.36 | 13.46 | 13.34 | 10.04 | 12.59 | 14.93 |
| 65-74 | 24.75 | 23.24 | 22.63 | 22.57 | 21.04 | 20.77 | 13.79 | 20.41 | 23.26 |
| 75+ | 21.34 | 21.43 | 19.53 | 21.01 | 19.95 | 15.88 | 12.94 | 18.34 | 20.70 |
| Total | 9.89 | 9.18 | 8.86 | 9.32 | 8.00 | 8.32 | 4.71 | 7.16 | 9.15 |
| TOTAL | 79,386,457 | 54,893,163 | 40,496,214 | 17,329,017 | 19,455,756 | 4,960,464 | 1,224,550 | 2,958,732 | 220,704,353 |
| Services per capita | 11.89 | 11.24 | 10.94 | 11.38 | 10.07 | 10.47 | 6.10 | 9.13 | 11.19 |

## TABLE D2 - MEDICARE: BENEFITS AND BENEFITS PER CAPITA BY GENDER AND AGE, AND BY PATIENT STATE AND TERRITORY 2001-02

| FEMALES | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Benefits ($) | | | | | |
| Age Group | | | | | | | | | |
| 0- 4 | 51,842,415 | 33,650,800 | 26,909,760 | 10,571,965 | 12,093,997 | 2,886,054 | 1,121,753 | 2,031,151 | 141,107,895 |
| 5- 9 | 31,386,278 | 22,244,794 | 16,115,455 | 6,512,382 | 7,463,279 | 1,946,595 | 620,882 | 1,212,258 | 87,501,923 |
| 10-14 | 30,856,575 | 21,836,762 | 16,560,151 | 6,495,291 | 8,340,334 | 2,060,752 | 571,149 | 1,300,349 | 88,021,363 |
| 15-19 | 55,356,413 | 39,047,157 | 32,406,811 | 12,665,470 | 16,435,015 | 4,222,453 | 1,166,691 | 2,546,770 | 163,846,780 |
| 20-24 | 76,837,373 | 54,427,285 | 41,310,307 | 15,611,052 | 20,729,656 | 5,034,118 | 1,762,427 | 3,740,985 | 219,453,203 |
| 25-34 | 227,777,606 | 170,408,932 | 116,784,171 | 44,853,446 | 60,257,945 | 13,028,733 | 5,330,324 | 10,191,259 | 648,632,416 |
| 35-44 | 239,685,702 | 175,578,732 | 123,124,495 | 51,249,117 | 62,782,751 | 14,863,301 | 4,663,807 | 10,338,271 | 682,286,176 |
| 45-54 | 254,608,775 | 179,280,143 | 135,280,005 | 56,826,388 | 67,107,669 | 17,135,791 | 4,266,711 | 11,444,233 | 725,949,715 |
| 55-64 | 231,092,925 | 153,141,320 | 117,976,369 | 50,976,869 | 53,518,965 | 15,251,087 | 2,466,826 | 8,356,596 | 632,780,957 |
| 65-74 | 218,579,246 | 145,898,277 | 101,916,663 | 48,272,268 | 46,528,172 | 13,508,823 | 1,208,005 | 6,415,056 | 582,326,510 |
| 75+ | 231,113,080 | 169,312,637 | 108,099,834 | 61,584,211 | 48,686,167 | 15,068,185 | 701,262 | 6,351,140 | 640,916,516 |
| Total | 1,649,136,388 | 1,164,826,839 | 836,484,021 | 365,618,459 | 403,943,950 | 105,005,892 | 23,879,837 | 63,928,068 | 4,612,823,454 |
| | | | | Benefits per capita ($) | | | | | |
| 0- 4 | 243.10 | 223.07 | 223.44 | 236.84 | 195.83 | 190.90 | 131.91 | 197.14 | 225.79 |
| 5- 9 | 142.35 | 139.88 | 125.33 | 135.74 | 114.21 | 121.48 | 74.57 | 112.53 | 133.25 |
| 10-14 | 138.48 | 135.58 | 127.11 | 133.26 | 122.24 | 123.62 | 73.23 | 116.72 | 131.99 |
| 15-19 | 249.61 | 239.07 | 249.15 | 249.75 | 237.14 | 255.57 | 160.22 | 209.37 | 244.10 |
| 20-24 | 352.21 | 328.14 | 326.57 | 330.60 | 313.77 | 353.17 | 226.88 | 282.34 | 332.94 |
| 25-34 | 462.42 | 459.10 | 430.38 | 439.54 | 428.90 | 427.14 | 293.05 | 388.56 | 446.49 |
| 35-44 | 472.66 | 465.27 | 434.33 | 446.36 | 418.86 | 416.36 | 293.64 | 401.13 | 451.78 |
| 45-54 | 565.74 | 535.50 | 533.06 | 526.85 | 496.48 | 510.83 | 343.48 | 474.10 | 536.98 |
| 55-64 | 706.14 | 639.61 | 654.85 | 643.38 | 596.92 | 609.65 | 402.75 | 566.05 | 657.98 |
| 65-74 | 903.15 | 823.16 | 852.35 | 808.19 | 765.91 | 742.28 | 517.13 | 776.64 | 846.26 |
| 75+ | 931.95 | 932.35 | 919.46 | 928.23 | 839.66 | 808.55 | 520.61 | 838.88 | 916.89 |
| Total | 490.31 | 469.36 | 449.29 | 475.25 | 418.75 | 437.19 | 248.80 | 388.94 | 463.95 |

## TABLE D2 - MEDICARE: BENEFITS AND BENEFITS PER CAPITA BY GENDER AND AGE, AND BY PATIENT STATE AND TERRITORY 2001-02

| MALES | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | AUST |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Benefits ($) | | | | | |
| Age Group | | | | | | | | | |
| 0- 4 | 60,998,175 | 40,650,285 | 31,813,823 | 12,394,944 | 14,339,506 | 3,405,311 | 1,450,209 | 2,322,399 | 167,374,652 |
| 5- 9 | 35,823,440 | 24,922,417 | 17,748,685 | 7,146,991 | 8,283,093 | 2,170,241 | 713,323 | 1,286,130 | 98,094,320 |
| 10-14 | 34,612,318 | 23,381,569 | 17,973,201 | 7,029,246 | 8,830,392 | 2,243,719 | 589,024 | 1,384,833 | 96,044,302 |
| 15-19 | 38,172,488 | 25,892,232 | 20,102,808 | 8,570,261 | 10,248,608 | 2,540,943 | 622,764 | 1,639,761 | 107,789,865 |
| 20-24 | 40,269,024 | 28,072,695 | 19,347,975 | 8,843,778 | 9,737,151 | 2,334,864 | 640,341 | 1,829,597 | 111,075,425 |
| 25-34 | 101,356,046 | 71,118,842 | 47,774,500 | 20,650,432 | 23,806,784 | 5,483,825 | 1,856,472 | 3,931,798 | 275,978,699 |
| 35-44 | 142,776,818 | 94,130,939 | 67,497,100 | 29,478,093 | 33,628,424 | 7,858,603 | 2,663,690 | 4,995,331 | 383,028,998 |
| 45-54 | 181,670,487 | 116,789,188 | 93,408,617 | 38,340,854 | 45,158,358 | 10,786,707 | 3,437,318 | 7,103,833 | 496,695,362 |
| 55-64 | 207,417,067 | 129,874,297 | 104,551,018 | 42,156,781 | 48,205,830 | 12,580,609 | 2,909,529 | 6,982,139 | 554,677,270 |
| 65-74 | 217,231,229 | 142,301,315 | 100,820,714 | 45,859,958 | 46,142,758 | 13,353,047 | 1,441,685 | 6,030,188 | 573,180,894 |
| 75+ | 129,850,657 | 92,150,686 | 59,833,655 | 32,581,142 | 27,360,913 | 7,062,193 | 511,741 | 3,421,776 | 352,772,763 |
| Total | 1,190,177,749 | 789,284,465 | 580,872,096 | 253,052,480 | 275,741,817 | 69,820,062 | 16,836,096 | 40,927,785 | 3,216,712,550 |
| | | | | Benefits per capita ($) | | | | | |
| 0- 4 | 271.49 | 256.92 | 249.60 | 266.54 | 221.23 | 214.35 | 160.87 | 217.37 | 254.61 |
| 5- 9 | 154.22 | 148.66 | 130.35 | 141.42 | 119.60 | 127.50 | 79.84 | 114.92 | 141.52 |
| 10-14 | 147.75 | 139.18 | 131.02 | 135.51 | 122.99 | 128.53 | 69.29 | 120.07 | 137.07 |
| 15-19 | 163.39 | 152.75 | 146.93 | 160.80 | 140.08 | 146.50 | 79.67 | 128.07 | 153.01 |
| 20-24 | 178.62 | 166.53 | 150.87 | 177.35 | 140.92 | 160.42 | 74.39 | 136.05 | 163.85 |
| 25-34 | 208.44 | 196.91 | 181.10 | 196.75 | 166.84 | 187.65 | 98.33 | 152.88 | 192.60 |
| 35-44 | 282.46 | 256.42 | 247.08 | 257.55 | 225.74 | 229.82 | 155.74 | 204.59 | 257.91 |
| 45-54 | 402.82 | 358.69 | 369.91 | 362.33 | 331.24 | 324.09 | 250.28 | 312.50 | 370.32 |
| 55-64 | 625.84 | 549.11 | 559.90 | 541.04 | 513.70 | 497.53 | 365.11 | 476.76 | 569.23 |
| 65-74 | 961.38 | 875.91 | 861.77 | 833.30 | 792.78 | 778.15 | 491.54 | 788.57 | 886.71 |
| 75+ | 805.40 | 788.76 | 735.97 | 766.07 | 708.46 | 585.54 | 439.64 | 692.95 | 769.16 |
| Total | 359.39 | 328.65 | 315.63 | 336.15 | 285.21 | 299.05 | 160.87 | 256.19 | 329.17 |
| TOTAL | 2,839,314,137 | 1,954,111,304 | 1,417,356,117 | 618,670,939 | 679,685,767 | 174,825,954 | 40,715,933 | 104,855,853 | 7,829,536,004 |
| Benefits per capita | 425.36 | 400.16 | 382.85 | 406.46 | 351.91 | 369.10 | 202.93 | 323.51 | 397.14 |

# 附錄四：策略夥伴協議

**AN AGREEMENT**

**(known as the Strategic Partnership Agreement)**

**between the**

**COMMONWEALTH OF AUSTRALIA**

**and the**

**HEALTH INSURANCE COMMISSION**

**under section 8JA of the *Health Insurance Commission Act 1973***

# CONTENTS

# PART 1

# OVERVIEW

## 1. CONTEXT

This Agreement is made under section 8JA of the *Health Insurance Commission Act 1973*, which allows the Minister, on behalf of the Commonwealth, to enter into an agreement with the Health Insurance Commission ("the HIC") about the performance of the HIC's functions and the exercise of the HIC's powers.

This Agreement will be amended from time to time through the annexure of Schedules relating to particular functions, programs or services, Protocols, and other documents. This Agreement, including any annexures, will collectively be known as the Strategic Partnership Agreement.

The Strategic Partnership Agreement is expected to comprise:

- this Head Agreement, which contains four parts:
  - Part 1 - Overview (clauses 1-4)
  - Part 2 - Working Together - Our Roles and Principles to Guide the Relationship (clauses 5-7)
  - Part 3 - Undertakings (clauses 8-15)
  - Part 4 - Definitions and the Operation of the Agreement (clauses 16-21);
- Schedules
  - the Schedules will contain details relating to particular functions, programs or services, for example, the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme. It is expected that each significant program will be dealt with in a separate Schedule;

- administrative procedures or processes to be adopted by the Department and the HIC in our relationship (referred to as "Protocols")

  - the Protocols, which will contain details and outline processes for dealing with issues of a general nature affecting the Department and the HIC, such as financial arrangements, performance and monitoring, and consultation on Budget, Cabinet and legislation issues; and

- any other documents which the Department and the HIC agree should be regarded as part of the Strategic Partnership Agreement.

**Terms used in this Head Agreement are defined in clause 16.**

## 2. PARTIES TO THE AGREEMENT

This Agreement is made between the Health Insurance Commission ("the HIC") and the Commonwealth of Australia represented by the Department of Health and Family Services ("the Department").

## 3. PURPOSE OF THE AGREEMENT

This Agreement is made in order to:

- clarify our roles and the relationship between the Department and the HIC in implementing the health and family services programs of the Government;

- articulate and commit to principles which will guide the strategic partnership between the organisations;

- define the services to be provided by the HIC and provide a framework for dealing with specific functions or programs (in Schedules to this Head Agreement);

- outline performance monitoring procedures to be used to ensure that the services provided meet the policy requirements of the Government and outline measures to improve performance;

- consistent with legislative requirements, define the financial arrangements between the Department and the HIC; and

- establish procedures and mechanisms which will form the basis for improving the collaborative relationship between the Department and the HIC, particularly in relation to consultation and information sharing.

## 4. TERM OF THE AGREEMENT

This Agreement shall operate from the date on which both parties have signed this Agreement until it is replaced by another Agreement, or terminated under clause 20.

This Agreement replaces the Strategic Partnership Agreement entered into by the Department of Health and Family Services and the HIC on 23 February 1998.

# PART 2

## WORKING TOGETHER - OUR ROLES AND PRINCIPLES TO GUIDE THE RELATIONSHIP

### 5. PORTFOLIO MISSION

The Department and the HIC are together responsible to the Minister for Health and Family Services for the implementation of the Government's programs within the Portfolio.

The Department and the HIC are committed to working together in our respective roles to maximise our performance in discharging our responsibilities. Our respective roles are reflected in our mission statements.

The Department's mission:

> *"We lead the development and implementation of health and family services policy according to Government objectives and directions."*
> (Source: DHFS Corporate Plan 1997-98)

The HIC's mission:

> *"We exist to support the delivery of quality health care to all Australian residents. We provide the Australian community with convenient and easy access to government benefit payments ....."*
> (Source: HIC Corporate Plan 1997-98)

A close partnership between the HIC and the Department is fundamental to the achievement of both organisations' missions, and indeed is central to meeting the challenges of health policy development and program delivery into the next century, and the Department's vision of being "the leader in promoting, developing and funding world class health and family services for all Australians".

These challenges include achieving more client centred care, and a greater focus on quality of care and improved outcomes for people. Three areas where this partnership will be fundamental to meeting these challenges are capturing data on activity and costs from across the health system to provide a sound evidence base for policy advice and program delivery; pursuing the use of information technology to efficiently provide easier, more flexible access for the public to government services, including the payment of benefits; and contributing to the national development of information systems to support improved care by enabling access by providers to relevant client data at the point of service delivery, so as to improve both quality and continuity of care.

## 6. OUR ROLES

### 6.1 Roles and Functions of the Department

The role and function of the Department is detailed in its annual Corporate Plan. The Corporate Plan reflects the Department's policy focus and its role in promoting, developing and funding health and family services.

### 6.2 Roles and Functions of the HIC

The primary document determining the HIC's role is the *Health Insurance Commission Act 1973* and the core function of the HIC is the Medicare function conferred by section 6 of that Act. Other functions may be conferred on the HIC from time to time by other Commonwealth legislation; through service arrangements made under section 7 of the *Health Insurance Commission Act 1973*; under State laws; by Ministerial declaration; or in the exercise of spare capacity.

In the future, the HIC is expected to take on a larger role in relation to national health data and information collection. The nature of that role will depend on the outcome of discussions between the Commonwealth and the States, for example, in the context of the Australian Health Care Agreements.

## 7. PRINCIPLES TO GUIDE THE RELATIONSHIP

The Managing Director and the Secretary agreed in May 1997 that the following arrangements would underpin the relationship between the two organisations. These arrangements have been endorsed by the Minister:

- the HIC would continue to manage existing legislated functions (including those under regulation);
- the HIC would maintain its current reporting line to the Minister;
- specific arrangements in relation to new functions for the HIC would be dealt with in Schedules to this Head Agreement; and
- the HIC would be able to enter into similar arrangements (i.e. Schedules to this Head Agreement) in relation to its existing functions, dependent upon satisfaction that the approach is both workable and acceptable.

On the basis of these arrangements, the HIC and the Department have developed the following principles as a strategic guide to the overall relationship between the two organisations.

These principles incorporate and expand on the department-wide principles dealing with the delivery of services within the Portfolio (DHFS Corporate Plan 1997-98, Appendix D). The principles have also been endorsed by the HIC Board at its February 1998 meeting, as part of the Board's consideration of the paper, "Future Relationship Between the Department of Health and Family Services and the Health Insurance Commission" (Submission No. 2974/98).

The HIC and the Department agree to operate within the terms and the spirit of these principles.

While these principles are meant to be enduring, they need to be considered in the context of other Government decisions and policies, both within the health sector and the wider community. For example, future Government policies relating to Commonwealth/State relations, health financing arrangements, market testing and contestability of Government functions, or the role of statutory authorities all have the potential to impact on the principles articulated in the Partnership Agreement.

If the need arises, the principles can be reviewed and amended in accordance with the procedures outlined in clauses 18 and 19.

### 7.1 We will work together in a close strategic partnership

The HIC and the Department recognise the importance of working together as partners if we are to maximise our performance in the achievement of Portfolio outcomes. We commit to doing all things necessary to develop a close partnership, including:

- a firm commitment to helping each organisation achieve its corporate goals and to participate in each other's corporate planning processes;
- clearly defined policy requirements;
- collaboration and openness between the organisations, exhibited by:
  - a real effort to share relevant information;
  - the ready access to, and provision of, information about policy, product design and service delivery processes as required by each organisation to effectively conduct its business;
  - the ready access to, and provision of, program and financial information and data;
- accountability in service delivery, which includes:
  - clear performance targets;
  - high quality service provision which is customer focussed;
  - transparency in the way that program funds and running costs are expended;
  - demonstrated value for money; and
- development of mechanisms to regularly review and improve performance.

### 7.2 Our core business is in the health sector

The HIC and the Department recognise that the primary focus of the relationship is defined in relation to programs and services in the health sector, and that less emphasis should be given to programs and services outside our current business relationship and its foreseeable extension, such as those related to the disability and children's services parts of the Portfolio. This will enable the HIC to strengthen its links with the health system and position itself to take on a wider role in national health information.

### 7.3 Our roles in relation to each other will not substantially change

The Department and the HIC recognise that our roles in relation to each other will not substantially change over the next few years.

Broadly speaking, the Department is responsible for policy and the HIC for administration. However, the demarcation line between policy and administration is often blurred and in reality neither can operate in a vacuum divorced from the other. There are few policy decisions which do not have an impact on administration and vice versa. The basis of a good working relationship between the two organisations is, therefore, consultation and communication.

Specific roles and responsibilities of the HIC and the Department in relation to particular functions will be detailed in Schedules to the Head Agreement.

### 7.4 Our future business should be guided by and build on our existing strengths

Our future business should be guided by, and build on, our existing strengths and synergies and their logical extension.

The HIC is highly experienced and efficient in processing large volumes of information and transactions in the health area. The Department relies on working with the HIC to design, implement and manage large scale payment and registration systems. The Department is a national leader in the provision of policy advice and the implementation of Government policies on public health, health care, health care funding and family services for all Australians.

We expect that the Department will continue in its role as a developer, promoter and funder of health services, and the HIC will continue as a health service support organisation delivering and facilitating health programs. Both organisations will have an increased role in developing and managing national information and data.

### 7.5 The HIC will be the preferred provider for existing, transferred or new health functions

Subject to Government decisions, the HIC is to remain the provider for all existing functions undertaken by the HIC. The HIC will also be the preferred provider for any new or transferring health functions (from the Department to the HIC), particularly:

a) health programs which require payments to be made and, in particular, those:
   - involving a high volume of clients/claims
   - requiring a connection with or between providers
   - automating authority transactions
   - linking with existing functions, e.g. functions requiring the use of MBS, PBS or ACIR data sets
   - involving the collection of health outcomes information;

b) health programs which require a record of registrations to be maintained. For example:
   - vocational registration for MBS, BPP
   - specialist recognition for MBS, BPP
   - registers of state or national health information; and

c) health programs involving a flow of data to and from relevant stakeholders, including the analysis of data. For example:
   - feedback data to individual providers
   - reports to immunisation providers, parents, and Commonwealth and State funders under the ACIR
   - co-ordinated care projects
   - information on disease management and drug interaction
   - collection and analysis of data on the use of pharmaceutical drugs.

### 7.6 We will consult prior to conferring any additional functions on the HIC

The Department and the HIC agree to consult and reach agreement prior to the conferral of any additional functions on the HIC under s.8AA of the *Health Insurance Commission Act 1973.*

Subject to any legislative restrictions, the Department and the HIC agree that any new functions will be dealt with in Schedules to this Head Agreement.

### 7.7 We will retain our current reporting lines

The HIC and the Department agree that each organisation will retain its current reporting line to the Minister.

### 7.8 The role of other organisations should be recognised

The responsibilities and functions of other organisations are to be taken into account when developing the future relationship between the Department and the HIC. We recognise and will avoid conflict with, or the duplication of, the roles or responsibilities of other organisations, particularly organisations within the Portfolio.

### 7.9 We need to respond to increased contestability

As the HIC and the Department work together within the areas identified by these principles, we need to respond to the opportunities presented by an environment of increasing contestability.

The HIC and the Department recognise the importance of demonstrating publicly that value for money is being obtained for services which are not contested. The HIC agrees to develop activity based costing for all programs and services to demonstrate the cost of programs and services, and to undertake internal and external benchmarking of programs.

Internal benchmarking will be conducted between States, between programs and between like services in different programs. External benchmarking will be conducted by comparing the HIC's costs with those of other service providers, and by market testing where appropriate. While it would not be appropriate to market test entire programs, it may be possible to market test certain elements of programs (such as card production, printing, advertising and distribution activities, etc.)

Under the direction of the Management Committee, the HIC and the Department will agree on mechanisms and timeframes for the sharing of costing information and the internal and external benchmarking of programs.

For functions or services which fall outside the core functions defined in clause 7.5 and where the HIC is not the preferred or accepted provider, the HIC may choose or be invited to bid for the provision of functions or services for the Department. In this contestable environment, the HIC would compete with other service providers on a commercial basis.

Whilst neither the HIC nor the Department would be likely to provide outsourcing services to the other organisation, there may be circumstances where common functions could be jointly outsourced by the HIC and the Department. The Office of Government Information Technology (OGIT) outsourcing of information technology process could develop as a useful model.

**7.10 Our relationship will be based on consultation and dispute resolution rather than sanctions**

An effective, close partnership could not be advanced by the provision of formal sanctions for poor performance. Our co-operative partnership is better based on the clear articulation of roles and responsibilities and the provision of mechanisms for consultation and dispute resolution. The performance monitoring process should be sufficient to highlight any areas of performance requiring attention.

There may, however, be specific projects where a payment schedule is tied to deliverables within an agreed timeframe. In such cases, details shall be specified in the relevant Schedule.

**7.11 Our relationship will encourage communication and information sharing**

The relationship between the Department and the HIC is more likely to be productive where there is a high degree of transparency and where there is regular consultation and sharing of information between the organisations. To facilitate this, the Agreement will focus on arrangements and processes which promote improved:

- consultation on specific operational issues; Budget, Cabinet and legislation matters; and financial matters;
- resolution of disputes; and
- sharing of data and information between the HIC and the Department and with third parties.

## PART 3

## UNDERTAKINGS

### 8. SERVICES AND INFORMATION TO BE PROVIDED

#### 8.1 HIC Undertakings

The HIC agrees to deliver to, and on behalf of, the Department the services detailed in this Agreement. The services to be provided and the required standard of performance will be detailed in the Protocols and Schedules.

The HIC agrees to act to address and rectify any areas where obligations have not been met or services have fallen below the performance standards specified in this Agreement.

#### 8.2 Department Undertakings

The Department agrees to provide funding for the services as specified in clause 9.

The Department undertakes to provide policy advice to the HIC, in a timely manner, in relation to the services detailed in this Agreement.

### 9. FINANCIAL ARRANGEMENTS

Financial arrangements between the Department and the HIC are dealt with in the Schedules for each program and overall may be covered by a *Funding Protocol.*

### 10. PERFORMANCE AND MONITORING

#### 10.1 Provision of Information and Data

The HIC agrees to provide all necessary assistance, including the provision of program and financial information and data, to enable the Department to effectively conduct its business.

In particular, the HIC agrees to provide to the Department at no charge the information and data specified in the *Performance and Monitoring Protocol* and in the Schedules for each program (once developed).

### 10.2 Performance Report

The HIC and the Department agree to provide a joint report on performance under this Agreement (known as the "Performance Report"). The Performance Report would be expected to cover each organisation's performance under the obligations of this Head Agreement, the Protocols and the Schedules over the preceding financial year. More detailed requirements of the Performance Report, including format, will be approved by the Management Committee within four months of the commencement of this Agreement. Wherever possible, the performance monitoring requirements will be designed around the need to meet existing accountability and reporting requirements.

The Performance Report is to be prepared under the direction of the Management Committee within three months of the end of the financial year. The Performance Report will be referred through the Management Committee to the Managing Director and the Secretary by 30 September of each year.

## 11. CONSULTATION ARRANGEMENTS

### 11.1 General Principles

The Department and the HIC recognise the importance of consultation and commit to consult regularly and promptly on issues of interest to both organisations.

In addition to encouraging regular working contacts between officers, the Department and the HIC agree to adopt the following arrangements to promote consultation on key issues within the Portfolio.

### 11.2 Management Committee

The Department and the HIC agree to participate on a joint high level Management Committee which will have the following functions:

- to consider strategic issues and provide a forum for consultation and co-ordination on major policy issues, matters of principle, and major operational issues affecting the relationship between the two organisations;

- to oversee the operation of this Agreement, including reporting to the Secretary and the Managing Director as required;

- to oversee the benchmarking of programs and services, as provided for in clause 7.9;

- to oversee performance monitoring requirements, including the preparation of the Performance Report, as set out in clause 10.2;

- to oversee the review of the Head Agreement, the Protocols and Schedules, as set out in clause 19; and

- to assist in resolving any disputes referred to the Management Committee in accordance with the procedure set out in clause 12.

The Management Committee is to be chaired by the General Manager of Program Management Division of the HIC and the First Assistant Secretary of Health Benefits Division of the Department on a rotational basis. Secretariat support for the Management Committee will also be shared between the two organisations on a rotational basis.

The Management Committee will consist of a maximum of 10 members, comprising no more than five managers (at SES level) from within each organisation.

Membership of the Management Committee from the Department will comprise the First Assistant Secretary of Health Benefits Division and a maximum of four other members nominated by the First Assistant Secretary.

Membership of the Management Committee from the HIC will comprise the General Manager of Program Management Division and a maximum of four other members nominated by the General Manager.

Members of the Management Committee will be appointed for a period of 12 months, with positions reviewed annually.

The Management Committee would be expected to meet at least every two to three months. All other operating procedures for the Management Committee shall be determined by the Management Committee.

The Management Committee would be expected to operate in conjunction with other joint management or operational committees, including those established to oversee activities described in the Schedules.

**11.3 Operational Consultation**

The Department and the HIC agree to take whatever steps are necessary to ensure effective consultation on operational matters.

That consultation includes, but is not limited to the development of, the following:

11.3.1 the Cabinet process - in accordance with a *Cabinet Consultation Protocol.*

11.3.2 the Budget process - in accordance with a *Budget Consultation Protocol.*

11.3.3 the legislation process - in accordance with a *Legislation Consultation Protocol.*

11.3.4 Corporate Planning

The Department and the HIC undertake that they will consult and assist each other during the corporate planning process. Both organisations agree that the annual Corporate Plans should reflect the emerging relationship between the Department and the HIC, the roles of the two organisations, the needs of customers and stakeholders, the policy outcomes desired by the Department and the service delivery goals of the HIC.

Before finalising any Corporate Plan, the Department and the HIC undertake to provide the other organisation with a copy of the draft Corporate Plan and a reasonable opportunity to provide comments.

11.3.5 Service Charters

The Department and the HIC agree to consult at regular intervals and share information collected during the development and review of Service Charters for each organisation. Where appropriate, our Service Charters are to reflect the service and performance obligations contained in this Agreement, including service elements contained in the Schedules.

Before finalising any Service Charter, the Department and the HIC undertake to provide the other organisation with a copy of the draft Service Charter and a reasonable opportunity to provide comments.

11.3.6 New Business

The HIC recognises that the Department has a legitimate interest in new functions undertaken by the HIC, given the volume of business conducted between the Department and the HIC and the relationship of the organisations within the same Portfolio.

The HIC undertakes to consult with the Department in relation to any matter which will have a significant impact on the current business of the HIC, including circumstances where the HIC is considering or developing new business.

The Department undertakes to consult with the HIC in relation to any outsourcing of service delivery functions which could potentially be undertaken by the HIC as part of its core business.

11.3.7 Services and Products

The Department undertakes to consult with and involve the HIC at an early stage to ensure that policies likely to impact on products or services of the HIC can be effectively and efficiently implemented by the HIC.

The HIC undertakes to keep the Department regularly informed of any innovations being pursued by the HIC in customer service delivery. This includes any changes to services and products which are likely to impact on any policy outcomes or the delivery of programs.

11.3.8 Committees

The Department and the HIC agree to assist each other in appearances before Parliamentary committees, Cabinet committees including the Expenditure Review Committee of Cabinet, and relevant discussions and negotiations with other portfolios.

**11.4 Consultation on Specific Programs**

The Department and the HIC agree to consult regularly on operational issues relating to the programs specified in the Schedules. Consultation arrangements and contact officers for the specific programs are outlined in the Schedules.

## 12. DISPUTE RESOLUTION

Where a dispute arises, the Department and the HIC agree that they will take all necessary steps to resolve the dispute informally by mutual agreement. Where a dispute cannot be resolved informally, both organisations agree to adopt the following procedures:

- the matter in dispute is to be set out in writing and negotiated by the appropriate program managers in the Department and the HIC named in the Schedules;

- if not resolved, the matter is to be considered by the General Manager of Program Management Division of the HIC and the First Assistant Secretary of Health Benefits Division of the Department, in consultation, with the Management Committee named in clause 11.2 as appropriate; and

- if still not resolved, the matter is to be referred for discussion and final resolution between the Secretary and the Managing Director.

Despite the existence of a dispute, each party will (unless requested not to do so by the other party) continue to perform its obligations under this Agreement.

## 13. AUDIT AND FRAUD

The HIC and the Department recognise that audit and fraud prevention activities are essential elements of all Portfolio programs. Both organisations agree to regularly consult and involve each other during the development, implementation and review of all major audit and fraud prevention initiatives related to functions or programs covered by this Agreement.

The HIC and the Department agree to participate in a joint audit and fraud forum which deals with future directions and setting of priorities at program and operational levels, taking account of roles of the HIC's and the Department's Fraud and Audit Committees.

Specific audit and fraud prevention requirements are outlined in the Schedules for each program.

## 14. FREEDOM OF INFORMATION, PRIVACY AND SECRECY

Each organisation shall exercise its responsibilities in relation to the provisions of the *Freedom of Information Act 1982*, to ensure as far as legally possible, individuals are able to access information held by the Portfolio.

Both organisations shall ensure that, at all times, data is treated as confidential and in accordance with the requirements of relevant privacy legislation and principles.

## 15. INTELLECTUAL PROPERTY

### 15.1 General Principles in Relation to Intellectual Property

The Department and the HIC agree to work co-operatively in dealing with intellectual property issues. Unless otherwise specified in the Schedules, the following principles will guide dealings between the Department and the HIC.

- In relation to programs or functions jointly administered by the HIC and the Department, where either organisation creates internally, or is permitted to use, material that attracts intellectual property protection and that material would be of use to the other organisation, the Department and the HIC agree to allow each other to use the material without charge; and

- in such circumstances, the receiving organisation agrees to do all that is reasonably practicable to make clear to others that the material was created by, or for, the other organisation and is used with its permission.

### 15.2 Copyright

The Department and the HIC have entered into a Deed of Agreement in relation to copyright ownership. The Deed will assist the separation of Medibank Limited from the HIC, and clarify the ownership of copyright in material between the HIC and the Department for a limited period.

The Deed documents the principles governing the copyright ownership of material, and will apply in relation to material which is already in existence or created prior to the "Cutoff Date" (as defined in clause 1(a) of the Deed).

Under the Deed, the HIC will hold the copyright in material created by the HIC (unless otherwise specified in the Deed), while the Department will receive an irrevocable royalty-free licence to use that material as it sees fit. The Department will also hold the copyright in most data collected by the HIC, including MBS, PBS and ACIR data.

The Department and the HIC agree that, for material created after the Cutoff Date, the ownership of copyright in material will be determined in the context of, and as set out in, the Schedules to the Head Agreement.

## PART 4

## DEFINITIONS AND THE OPERATION OF THE AGREEMENT

### 16. TERMS AND DEFINITIONS

This Agreement must be read in association with the *National Health Act 1953*, *the Health Insurance Act 1973*, the *Health Insurance Commission Act 1973*, the *Health Insurance Commission (Reform and Separation of Functions) Act 1997*, and relevant Regulations of each Act.

In this Agreement, unless the context otherwise requires:

- "ACIR" means the Australian Childhood Immunisation Register;
- "Agreement" means this Head Agreement and any annexures, including Protocols and Schedules;
- "Agreement Manager" means the officers specified under clause 21;
- "BPP" means the Better Practice Program;
- "Deed" means the Deed of Agreement between the Commonwealth of Australia, the Health Insurance Commission and Medibank limited in relation to Copyright Ownership (entered into on 25 February 1998);
- "Department" means the Commonwealth of Australia represented by the Department of Health and Family Services;
- "Head Agreement" means this document as amended from time to time, excluding annexures;
- "HIC" means the Health Insurance Commission;
- "Management Committee" means the committee referred to in clause 11.2;
- "Managing Director" means the Managing Director of the Health Insurance Commission;
- "MBS" means the Medicare Benefits Schedule;

- "Minister" means the Minister for Health and Family Services;
- "PBS" means the Pharmaceutical Benefits Scheme;
- "Performance Report" means the performance monitoring report referred to in clause 10.2;
- "Portfolio" means the Health and Family Services Portfolio; and
- "Secretary" means the Secretary to the Department of Health and Family Services.

## 17. CONFLICT IN THE AGREEMENT

Where there is any conflict between the Head Agreement and Protocols and the Schedules, the terms and conditions of the Schedules take precedence.

## 18. AMENDMENTS TO THE AGREEMENT

This Agreement may only be amended in writing signed by the Minister (or his delegate) and the Managing Director.

## 19. REVIEW OF THE AGREEMENT

### 19.1 Review of Head Agreement and Protocols

The Head Agreement and the Protocols are to be reviewed annually by the Department and the HIC under the direction of the Management Committee.

The review of the Head Agreement and Protocols shall commence by 1 October each year and be completed by 30 November. The review will be conducted in a manner and scope as agreed by the Management Committee. In the event of a major program or policy change, a further review may be required by the Management Committee.

### 19.2 Review of Schedules

In general, Schedules are also to be reviewed annually. Details relating to the review of the Schedules are outlined in each Schedule.

### 19.3 Review to consider Performance Report

The reviews of the Head Agreement, Protocols and Schedules may consider the results of the Performance Report (provided for in clause 10.2).

## 20. TERMINATION OF THE AGREEMENT

Either party to the Agreement may terminate this Agreement at any time. However, both parties agree that they will not seek to terminate the Agreement until there has been consultation between the Secretary and the Managing Director. If either party still wishes to terminate the Agreement following consultation between the Secretary and the Managing Director, the Agreement can be terminated by written notice provided to the other party. The written notice shall specify the reasons for the termination of the Agreement and be signed by the Minister (or his delegate) or the Managing Director.

## 21. CONTACT OFFICERS

The following officers, to be known as "Agreement Managers", shall be appointed as the single point of contact for all matters of administration, interpretation and modification in connection with Agreement.

| HIC | Department |
|---|---|
| Leonie Baldock<br>Manager<br>Program Support Branch<br>Program Management Division | Peter Broadhead<br>Assistant Secretary<br>Financing and Analysis Branch<br>Health Benefits Division |

Each party agrees to notify the other in writing of any permanent change in the identity of the Agreement Manager within one week of the change.

**Signed on behalf of the**
**Commonwealth of Australia by:**

Andrew Podger )
Secretary to the Department of Health )
and Family Services )
(delegate of the Minister for Health and )
Family Services under section 8JA of the )
*Health Insurance Commission Act 1973*) )
)
)
Date: )
)
)
In the presence of )
)
Name: )
)

**Signed on behalf of the**
**Health Insurance Commission by:**

Jeffrey Harmer )
Managing Director of the )
Health Insurance Commission )
)
)
Date: )
)
)
In the presence of )
)
Name: )
)

# 附錄五：MEDICARE PROGRAM簡報

HIC

Medicare

# Medicare Program

From a HIC Perspective

Lou Andreatta - Manager, Medicare Branch
(02)61247753

HIC

Medicare

# Outline of Presentation

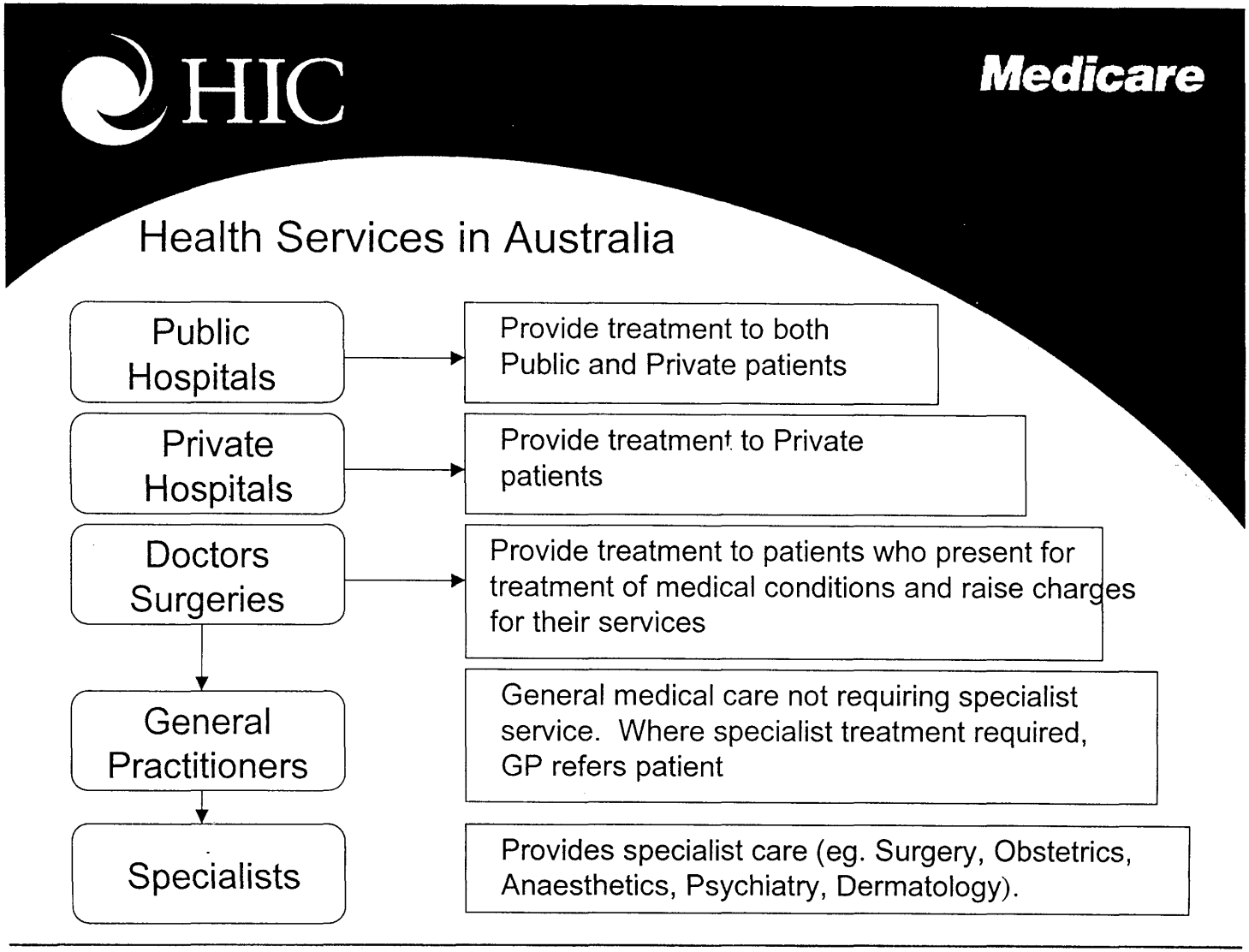
- ➔ Overview of Medicare Program
- ➔ Key Business Results in 2001/02
- ➔ How the Medicare Program is Administered
  - Providers registration
  - Pathology claiming
  - Enrolling Eligible Persons
  - Assessing claims (automated & non-automated)
  - Submitting & paying claims
- ➔ Challenges - old v's new paradigm

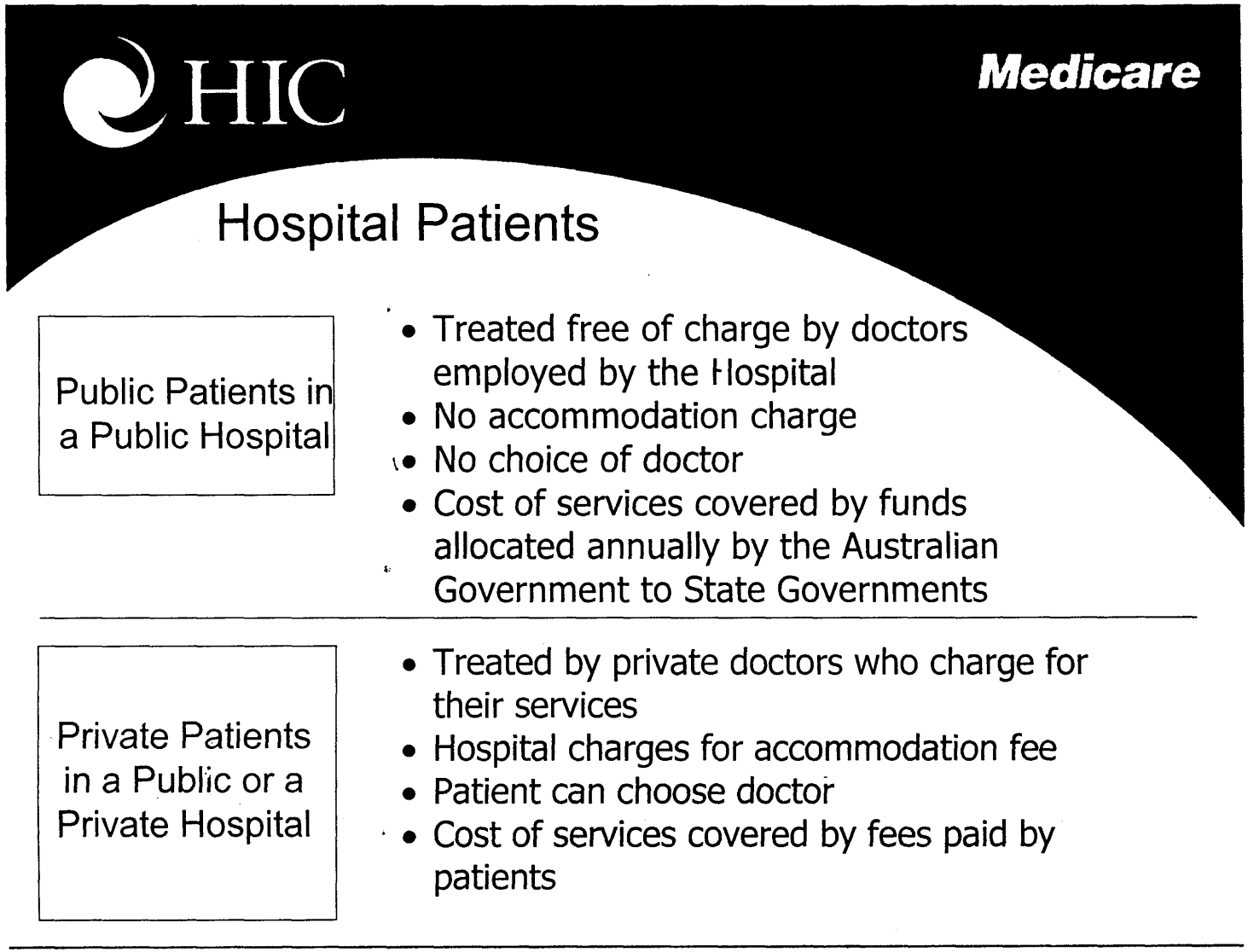
HIC

Medicare

# Introduction

- Medicare was introduced in 1984
- Financed through Government grants and Medicare benefits
- HIC functions - payment of benefits & auditing claims
- Department of Health & Ageing is responsible for health portfolio policy


HIC
Medicare
Health Services in Australia
Public Hospitals
Provide treatment to both Public and Private patients
Private Hospitals
Provide treatment to Private patients
Doctors Surgeries
Provide treatment to patients who present for treatment of medical conditions and raise charges for their services
General Practitioners
General medical care not requiring specialist service. Where specialist treatment required, GP refers patient
Specialists
Provides specialist care (eg. Surgery, Obstetrics, Anaesthetics, Psychiatry, Dermatology).


HIC
Medicare
Hospital Patients
Public Patients in a Public Hospital
• Treated free of charge by doctors employed by the Hospital
• No accommodation charge
• No choice of doctor
• Cost of services covered by funds allocated annually by the Australian Government to State Governments
Private Patients in a Public or a Private Hospital
• Treated by private doctors who charge for their services
• Hospital charges for accommodation fee
• Patient can choose doctor
• Cost of services covered by fees paid by patients

HIC

Medicare

# Who is responsible?

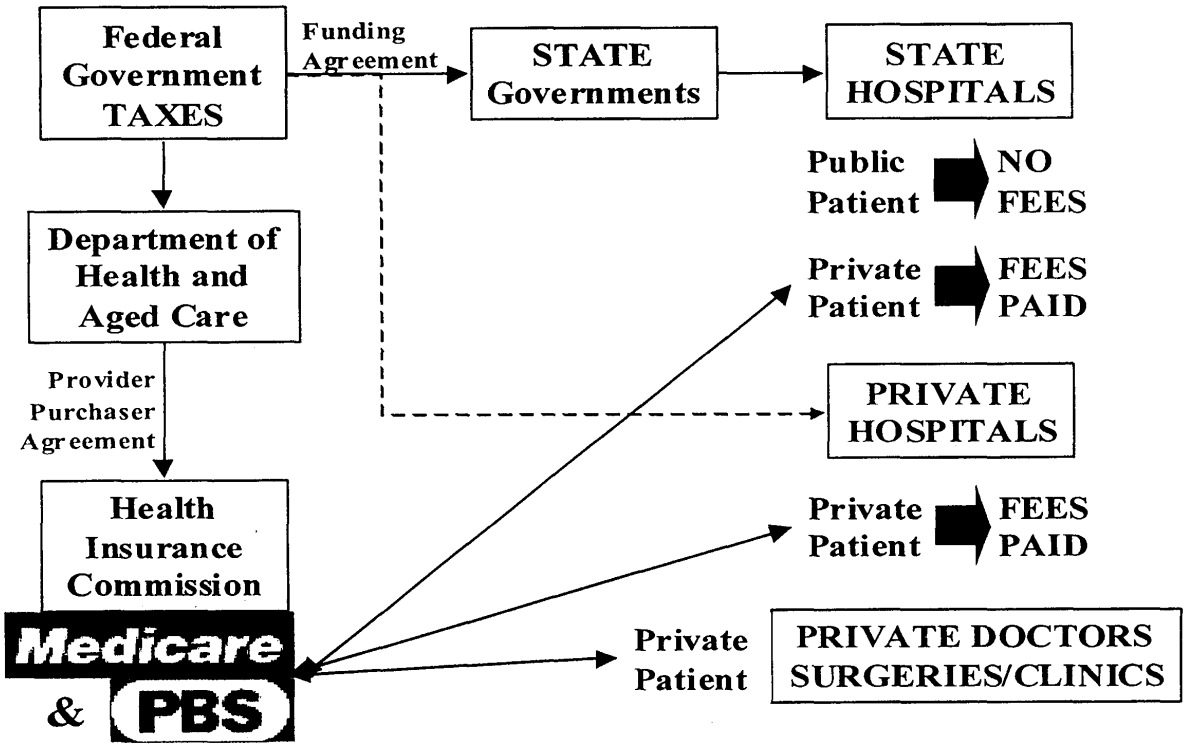
HIC

- Payment of Medicare benefit for services rendered by doctors at private surgeries
- Payment of Medicare benefits for services rendered by doctors to PRIVATE patients in a PUBLIC or PRIVATE hospital

Australian State Governments

- Covers the cost of the provision of FREE accommodation and treatment for PUBLIC patients in a PUBLIC hospital
- Australian Federal Government provides money to State Governments to fund the Public Hospital system

# Medicare Money Flow



HIC

Medicare

# 2001/02 Key Business Results

- 11.5m active Medicare Cards
- 3.43m cards reissued
- 220.7m services
- $7.8 b benefits
- 70.4% bulk billed
- 20.4m people enrolled in Medicare
- 58,000 providers registered
- 90% community satisfaction with HIC
- 72% Medical practitioner satisfaction with HIC

HIC

Medicare

# 2001/02 Key Business Results

- Received APS Service Charter Awards in 2000, 2001 & 2002.
- 9.6m telephone enquiry calls received & majority answered win 30 sec
- In 226 Medicare offices 100% of customers served in under 10 mins

HIC

Medicare

# Day-to-Day Challenges in 2001/02

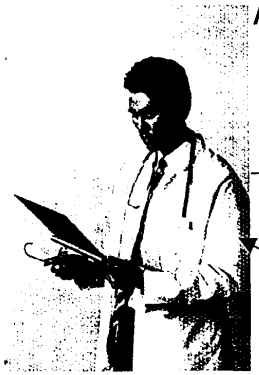
- Over 2,500 staff processing Medicare claims
- Over 1,200 claims lodgement access points
- 13 different claiming methods
- 40 Medicare Branch staff in National Office
- various state program support staff

HIC

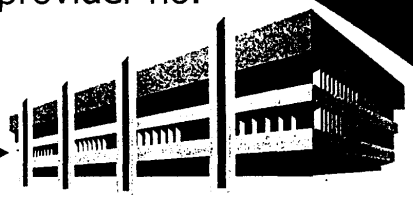
Medicare

# Registering Providers

1 state registered
2 Vocational
3 Specialist
4 Temporary resident
5 Approved Placement



Apply for provider no.

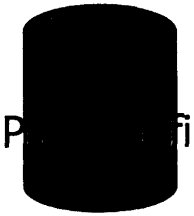


HIC

Provider No.

No.

Confirm registration



P file

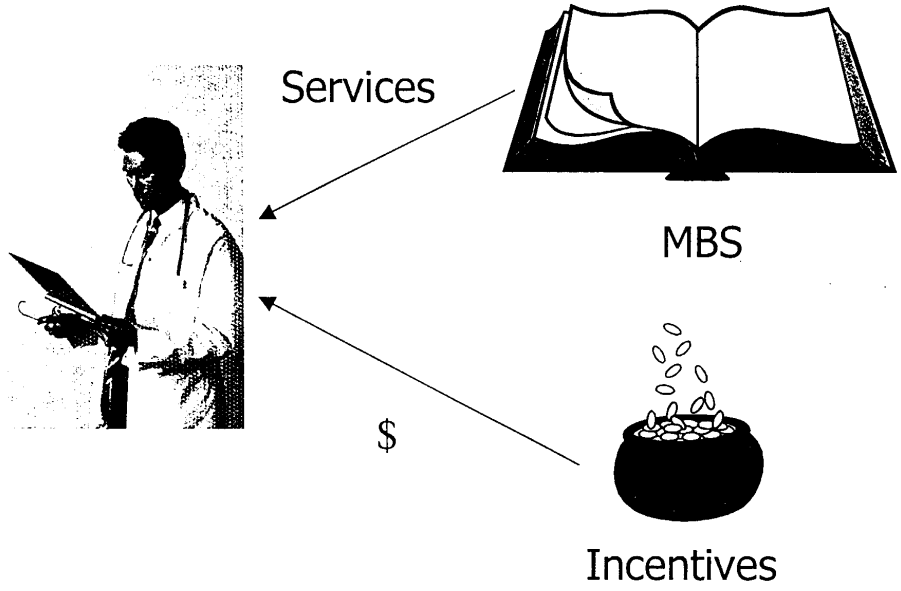
8 Character no.
Stem'5'/location'4'/check'1'

State Medical Board

HIC

Medicare

# Provider eligible services & benefits



HIC

Medicare

# Pathology claiming

APA
- Individual
- Partnership
- Company
- State Body

Allocated No. of ACCs
Deploys strategically

Specimens

APA Owns Lab

APA Employer - APP Employee

ACC
Distribution

APP
- Medical Pr.

Rendering/
Supervising
Pathologist

APL
APA owns Lab

Specimens - other

HIC

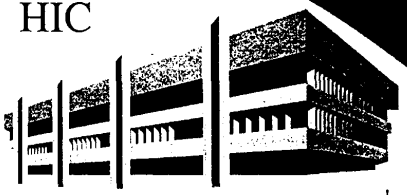
Medicare

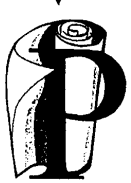
# Enrolling Eligible Persons

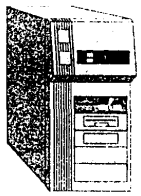
Australian residents &
Other Eligible persons

Provide
- Passport
- Birth Certificate
- Rates Notice
- Vehicle Rego
- NZ citizenship
- Permanent Visa
- Certain Temp Visa
- Refugee status
- Authority to work in Aus.
- Other ...

HIC

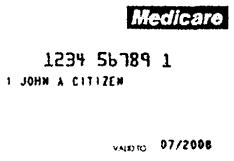






Eg DIMA

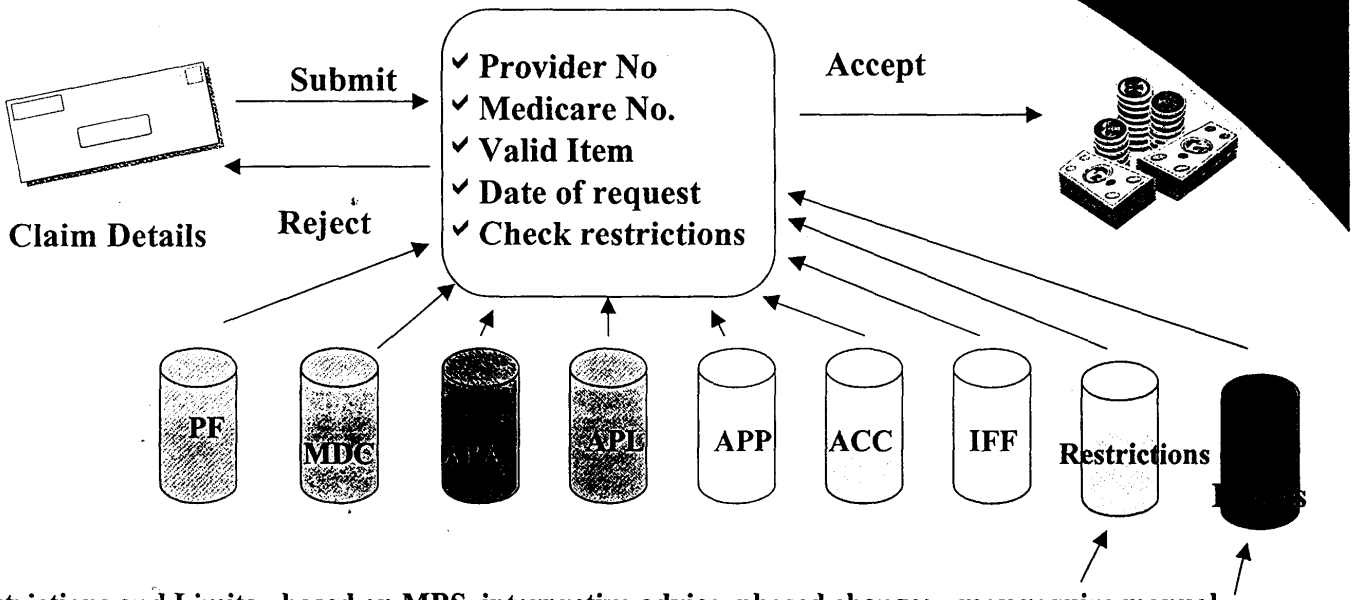
Medicare Eligibility



HIC

Medicare

# Assessing claims

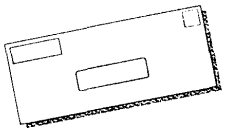



Restrictions and Limits - based on MBS, interpretive advice, phased changes - may require manual assessment

HIC

Medicare

# Complex non-automated assessing



Claim Details

Pre or Post Service

Reject
(may resubmit
on appeal)

- ✔ 31 MBS items
- ✔ demonstrated need
- ✔ time restrictions
- ✔ clinical need
- ✔ disease
- ✔ trauma ...

Accept

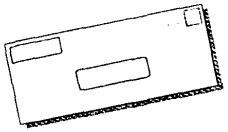
Assessment

Medicare Claims Review Panel
2 HIC MA
1 DH&A MA
Held bi-monthly - 350-400 claims

HIC

Medicare

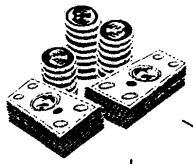
# Submitting & paying claims



Submit

Reject

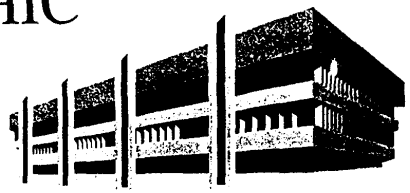
- ✔ Branch office
- ✔ Assignment - DB
- ✔ EFTPOS
- ✔ Simplified Billing

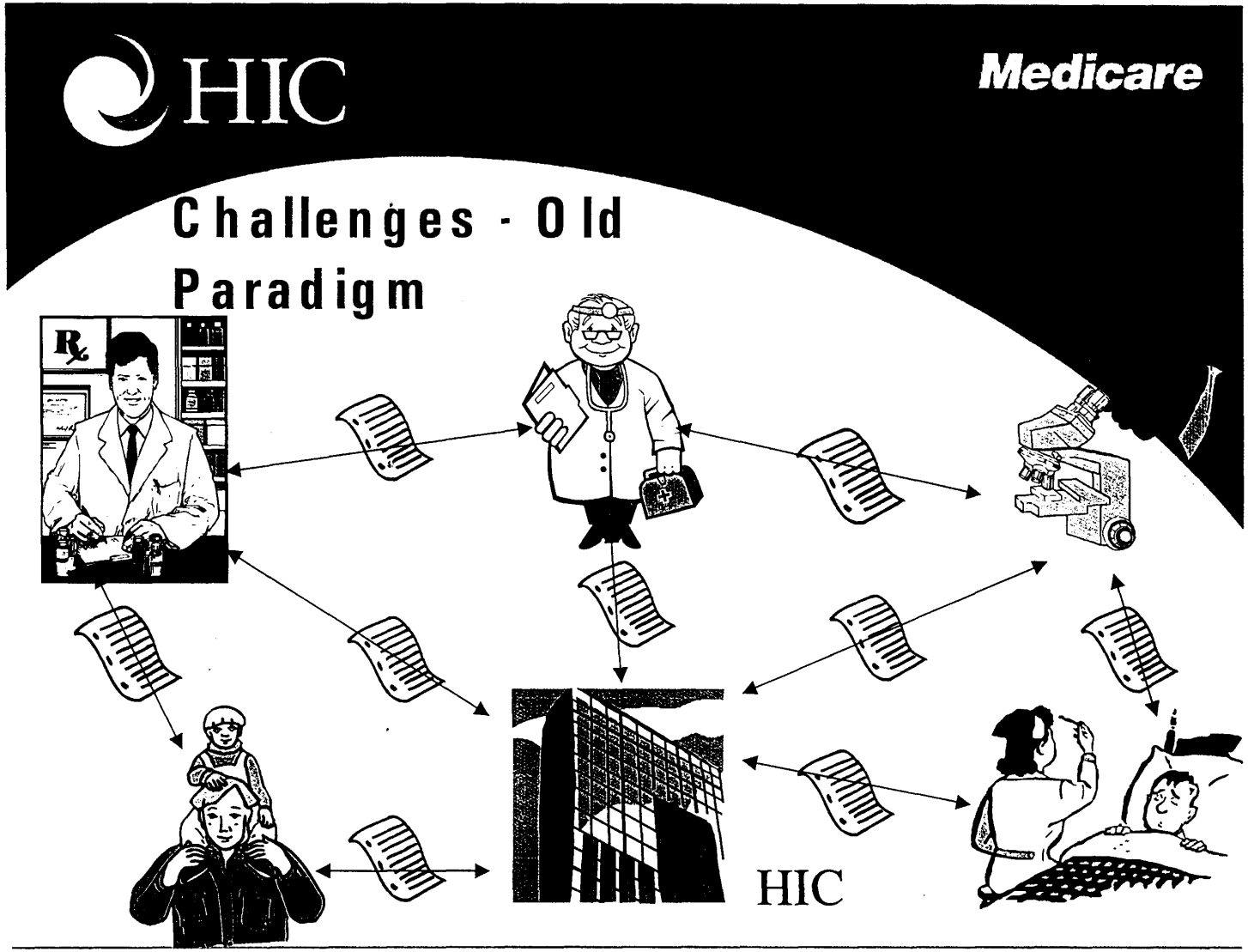


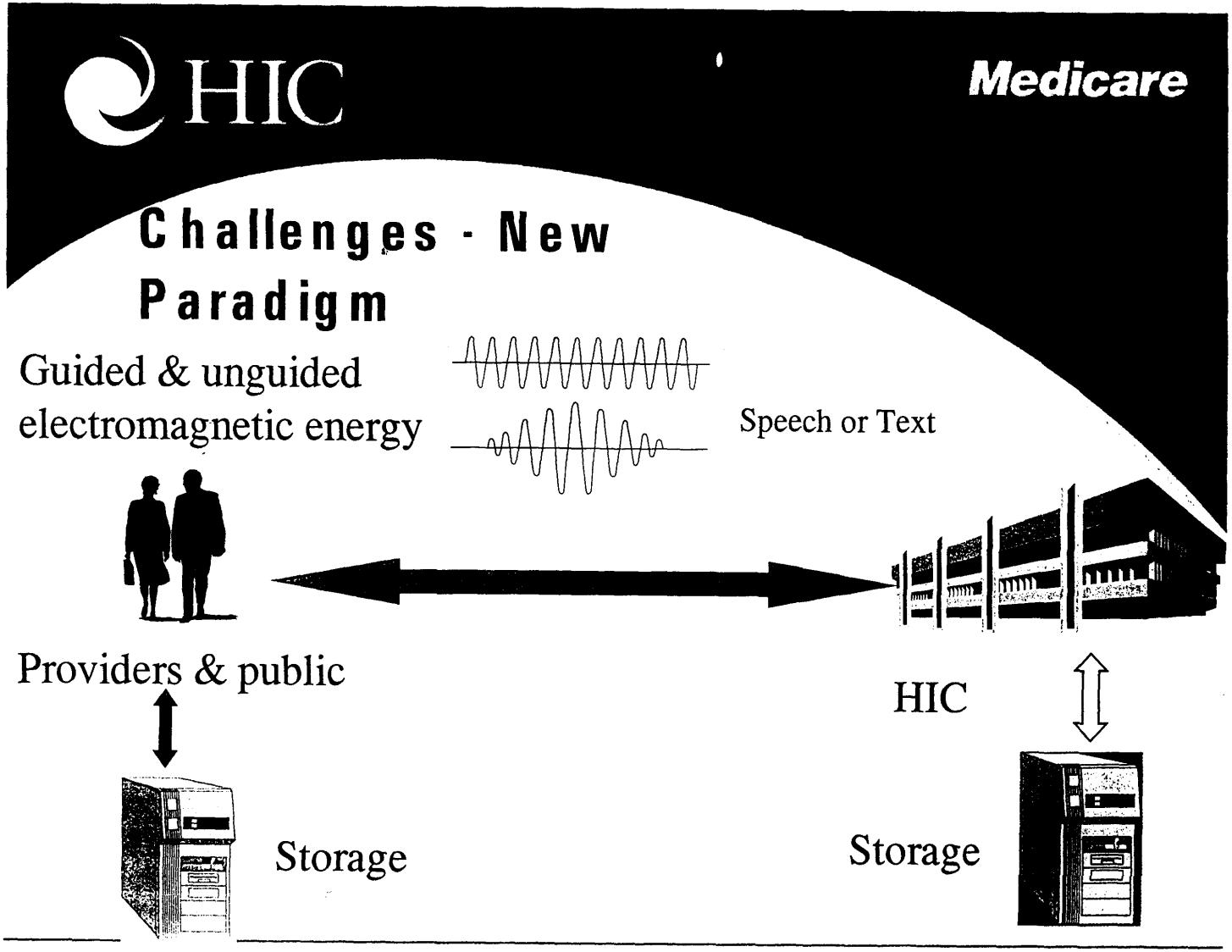
Itemised Account
- Patient name
- MDC number
- DOB
- Provider number
- Item Number
- Charge
- Referral details

(as per MBS)

HIC



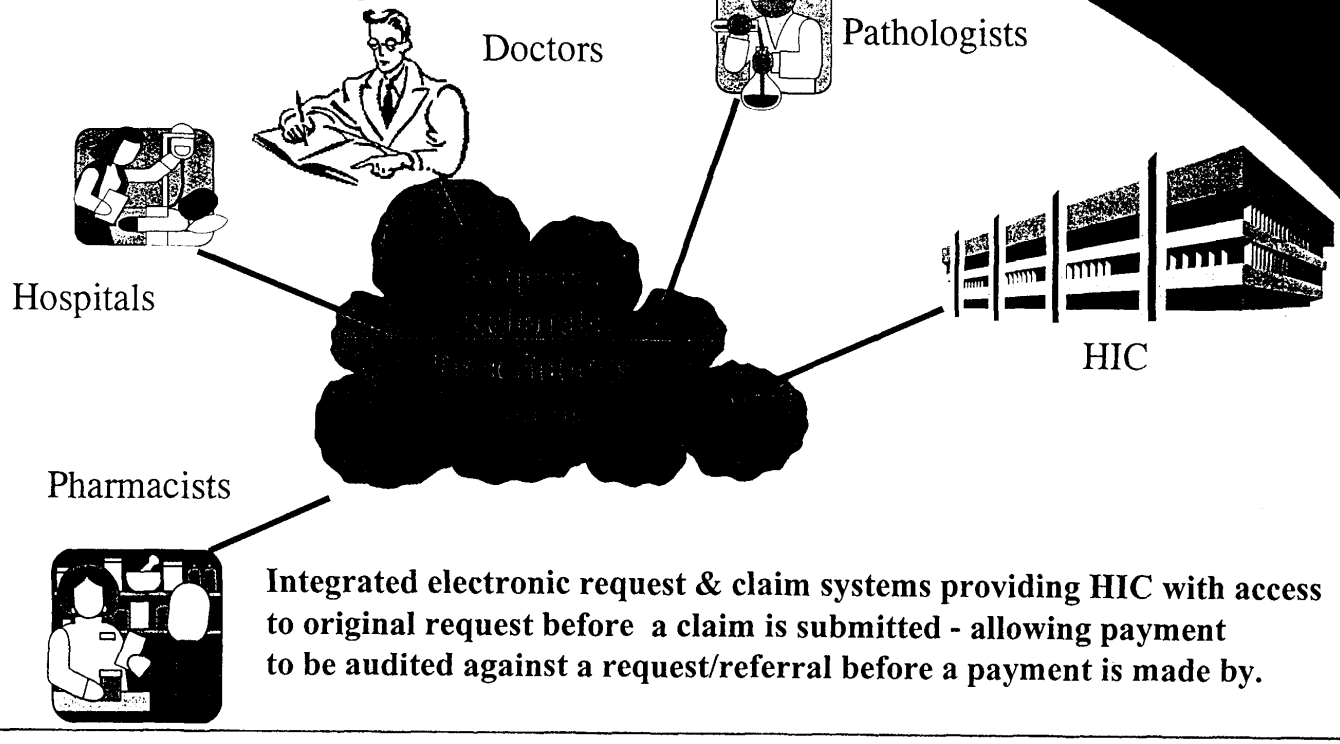

HIC
Medicare
Challenges - Old Paradigm
HIC


HIC
Medicare
Challenges - New Paradigm
Guided & unguided electromagnetic energy
Speech or Text
Providers & public
HIC
Storage
Storage

HIC

Medicare

# Challenges - New Paradigm




**Integrated electronic request & claim systems providing HIC with access to original request before a claim is submitted - allowing payment to be audited against a request/referral before a payment is made by.**

HIC

# End of Presentation

## Questions and Discussion

# 附錄六：HIC年度成果

# Year in Summary

## Medicare

| | |
|---|---|
| Active Medicare cards at 30 June 2002 | 11.5 million |
| Persons enrolled in Medicare at 30 June 2002 | 20.4 million* |
| Cards issued and reissued | 3.43 million |
| Medicare services processed | 220.7 million |
| Medicare services bulk billed | 155.4 million |
| Percentage of Medicare services bulk billed | 70.39% of all services |
| Bulk bill services lodged electronically | 72.6% |
| Total Medicare benefits paid | $7.8 billion |
| Community satisfaction with HIC | 90% |
| Medical practitioner satisfaction with HIC | 72% |
| Providers audited to ensure legislative compliance | 130 |
| Services audited to ensure legislative compliance | 13,459 |
| Recovery amount identified for non-compliance with legislation | $2.01 million |
| Medicare offices at 30 June 2002 | 226 |

* Includes some people who are not Australian residents (eg long term visitors greater than six months and eligible short term visitors).

## Medicare easyclaim

| | |
|---|---|
| Medicare easyclaim self-service fax devices operating in pharmacies across Australia | 528 |
| Patient claims lodged by fax | 195,935 |
| Medicare easyclaim phone booth facilities operating in Rural Transaction Centres and State government shopfronts | 511 |
| Medicare easyclaim phone booth facilities operating in local community buildings | 380 |
| Telephone claims lodged using Medicare easyclaim telephone claiming | 49,353 |

## Compensation Recovery Program

| | |
|---|---|
| Cases finalised | 79,945 |
| Refundable benefits recovered | $42.15 million |

## Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme* (RPBS)

| | |
|---|---|
| Total benefits paid | $4.6 billion |
| Total number of PBS/RPBS services | 168.45 million |
| Authority prescriptions authorised | 4.45 million |
| Authority prescriptions authorised by telephone | 4.2 million (94%) |
| Pharmacist satisfaction with HIC | 92% |
| Pharmacist satisfaction with PBS | 95% |

*Payments to veterans processed by HIC on behalf of the Department of Veterans' Affairs.

## Veterans' Treatment Accounts

| | |
|---|---|
| Cards produced | 83,604 |
| Lines processed | 19.70 million |
| Benefits paid | $1.5 billion |

| Australian Organ Donor Register | |
|---|---|
| Number of potential donors registered | 1,790,967 |

| Australian Childhood Immunisation Register | |
|---|---|
| Immunisation episodes recorded | 3.6 million |
| Children (under 7 years) registered | 1.9 million |
| Payments to immunisation providers | $8.4 million |
| Percentage of children registered with full (age appropriate) immunisation coverage: | |
| Aged 12-15 months at 30 June 2002 | 90.2% |
| Aged 24-27 months at 30 June 2002 | 88.1% |
| Aged 72-75 months at 30 June 2002 | 80.6% |

| General Practice Immunisation Incentives Scheme | |
|---|---|
| Total practices registered at 30 June 2002 | 5,585 |
| Service Incentive Payments | $20.0 million |
| Total Outcomes Payments | $17.3 million |

| Practice Incentives Program | |
|---|---|
| Practices participating at 30 June 2002 | 4,513 |
| Total payments | $202.0 million |

| Rural Retention Program | |
|---|---|
| Eligible medical practitioners participating at 30 June 2002 | 2,147 |
| Total number of payments | 2,173 |
| Total payments | $22.8 million |

| General Practice Registrars' Rural Incentive Payments Scheme | |
|---|---|
| Eligible medical practitioners participating | 270 |
| Total number of payments | 479 |
| Total payments | $ 3.8 million |

| Federal Government 30% Health Insurance Rebate | |
|---|---|
| Memberships registered | 4.7 million |
| Total paid in cash claims | $3.5 million |
| Total paid to health funds | $1.97 billion |

| Two-way agency arrangements with health funds | |
|---|---|
| In-hospital gap claims lodged under two-way agency arrangements | 921,627 |
| Participating health funds | 36 |

| Simplified billing | |
|---|---|
| Medicare in-hospital services claimed through simplified billing | 65.9 % |
| Health funds transmitting simplified billing claims electronically to HIC | 39 |

| Office of Hearing Services | |
|---|---|
| Services processed | 722,825 |
| Benefits paid | $130.1 million |

| Family Assistance Office | |
|---|---|
| Services provided to customers | 170,108 |

# 附錄七：MEDIBANK 的保險費率表

# single premiums

**NSW/ACT** Effective 15 April 2002

Premiums are at the Lifetime Health Cover base rate and are subject to Lifetime Health Cover legislative provisions. If you do not qualify for Lifetime Health Cover base rates, please call 132 331 for a quote.

## Premiums WITH Federal Government 30% rebate deducted.

| Excess | Direct Debit/Payroll Deduction* Weekly | Fortnightly | Monthly | Credit Card* Half Yearly | Yearly |
|---|---|---|---|---|---|
| **First Choice Hospital** | | | | | |
| Level 1–$150 | 7.99 | 15.98 | 34.65 | 206.50 | 408.60 |
| Level 2–$250 | 7.02 | 14.04 | 30.40 | 181.30 | 358.85 |
| Level 3–$500 | 5.94 | 11.88 | 25.75 | 153.60 | 304.00 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$150 | 6.88 | 13.76 | 29.80 | 177.75 | 351.75 |
| Level 2–$250 | 5.94 | 11.88 | 25.75 | 153.60 | 304.00 |
| Level 3–$500 | 3.89 | 7.78 | 16.85 | 100.55 | 198.95 |
| | 2.99 | 5.98 | 12.95 | 77.20 | 152.75 |
| **Smart Choice Hospital** | | | | | |
| | 11.59 | 23.18 | 50.20 | 299.25 | 592.20 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$150 | 9.81 | 19.62 | 42.50 | 253.35 | 501.40 |
| Level 2–$250 | 8.67 | 17.34 | 37.55 | 223.80 | 442.95 |
| Level 3–$500 | 6.78 | 13.56 | 29.35 | 175.15 | 346.60 |
| **Smart Choice Extras** | | | | | |
| | 4.94 | 9.88 | 21.35 | 127.45 | 252.25 |
| **Blue Ribbon Hospital** | | | | | |
| | 14.05 | 28.10 | 60.85 | 362.70 | 717.70 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$150 | 12.06 | 24.12 | 52.25 | 311.40 | 616.25 |
| Level 2–$250 | 10.58 | 21.16 | 45.85 | 273.30 | 540.85 |
| Level 3–$500 | 7.62 | 15.24 | 33.00 | 196.90 | 389.65 |
| **Blue Ribbon Extras** | | | | | |
| | 6.95 | 13.90 | 30.10 | 179.55 | 355.30 |
| | 9.07 | 18.14 | 39.30 | 234.20 | 463.50 |

## Premiums WITHOUT Federal Government 30% rebate deducted.

| Excess | Weekly | Fortnightly | Monthly | Half Yearly | Yearly |
|---|---|---|---|---|---|
| **First Choice Hospital** | | | | | |
| Level 1–$150 | 11.42 | 22.84 | 49.50 | 295.00 | 583.75 |
| Level 2–$250 | 10.03 | 20.06 | 43.45 | 259.05 | 512.70 |
| Level 3–$500 | 8.49 | 16.98 | 36.80 | 219.45 | 434.30 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$150 | 9.83 | 19.66 | 42.60 | 253.95 | 502.50 |
| Level 2–$250 | 8.49 | 16.98 | 36.80 | 219.45 | 434.30 |
| Level 3–$500 | 5.56 | 11.12 | 24.10 | 143.65 | 284.25 |
| | 4.27 | 8.54 | 18.50 | 110.30 | 218.25 |
| **Smart Choice Hospital** | | | | | |
| | 16.56 | 33.12 | 71.75 | 427.50 | 846.00 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$150 | 14.02 | 28.04 | 60.75 | 361.95 | 716.30 |
| Level 2–$250 | 12.38 | 24.76 | 53.65 | 319.75 | 632.80 |
| Level 3–$500 | 9.68 | 19.36 | 41.95 | 250.25 | 495.20 |
| **Smart Choice Extras** | | | | | |
| | 7.06 | 14.10 | 30.55 | 182.10 | 360.40 |
| **Blue Ribbon Hospital** | | | | | |
| | 20.07 | 40.14 | 86.95 | 518.15 | 1,025.35 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$150 | 17.23 | 34.46 | 74.65 | 444.90 | 880.40 |
| Level 2–$250 | 15.12 | 30.24 | 65.50 | 390.45 | 772.70 |
| Level 3–$500 | 10.89 | 21.78 | 47.20 | 281.30 | 556.65 |
| **Blue Ribbon Extras** | | | | | |
| | 9.93 | 19.86 | 43.05 | 256.50 | 507.60 |
| | 12.96 | 25.92 | 56.15 | 334.60 | 662.15 |

* Direct Debit payments are not available on a weekly basis. Direct Debit from Credit Card accounts (Bankcard, MasterCard or Visa) is only available at monthly intervals and can only be debited on the 11th of the month. Payroll Deduction premium payments may not be available with all employers. Contact your employer or Medibank Private for further details.

Premiums include NSW/ACT Ambulance Levy. If you hold a Healthcare Card and are exempt from paying the Levy, please contact Medibank Private for a premium quote.

For quotes on other payment methods or intervals, please call us on 132 331 or visit your nearest Medibank Private Retail Centre for more information.

Medibank Private
feel better now

Medibank Private Limited ABN 47 080 890 259 is a registered health benefits organisation. MB067

MPL582N (04/02)

# couple premiums

**NSW/ACT** Effective 15 April 2002

Premiums are at the Lifetime Health Cover base rate and are subject to Lifetime Health Cover legislative provisions. If you do not qualify for Lifetime Health Cover base rates, please call 132 331 for a quote.

## Premiums WITH Federal Government 30% rebate deducted.

| | Direct Debit/Payroll Deduction* | | | Cash/Cheque/Credit Card | |
|---|---|---|---|---|---|
| **Excess** | **Weekly** | **Fortnightly** | **Monthly** | **Half Yearly** | **Yearly** |
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 15.70 | 31.40 | 68.00 | 405.75 | 803.00 |
| Level 2–$500 | 13.76 | 27.52 | 59.60 | 355.50 | 703.50 |
| Level 3–$1,000 | 11.70 | 23.40 | 50.65 | 302.05 | 597.70 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 13.50 | 27.00 | 58.50 | 348.70 | 690.10 |
| Level 2–$500 | 11.70 | 23.40 | 50.65 | 302.05 | 597.70 |
| Level 3–$1,000 | 7.66 | 15.32 | 33.15 | 197.85 | 391.65 |
| | 5.98 | 11.96 | 25.90 | 154.40 | 305.55 |
| **Smart Choice Hospital** | | | | | |
| | 23.18 | 46.36 | 100.45 | 598.50 | 1,184.40 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 19.63 | 39.26 | 85.05 | 506.70 | 1,002.80 |
| Level 2–$500 | 17.33 | 34.66 | 75.10 | 447.65 | 885.90 |
| Level 3–$1,000 | 13.55 | 27.10 | 58.70 | 350.35 | 693.25 |
| **Smart Choice Extras** | | | | | |
| | 9.87 | 19.74 | 42.75 | 254.90 | 504.55 |
| **Blue Ribbon Hospital** | | | | | |
| | 28.10 | 56.20 | 121.70 | 725.40 | 1,435.45 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 24.12 | 48.24 | 104.50 | 622.85 | 1,232.55 |
| Level 2–$500 | 21.17 | 42.34 | 91.70 | 546.60 | 1,081.75 |
| Level 3–$1,000 | 15.25 | 30.50 | 66.05 | 393.80 | 779.30 |
| **Blue Ribbon Extras** | | | | | |
| | 13.90 | 27.80 | 60.25 | 359.10 | 710.60 |
| | 18.14 | 36.28 | 78.60 | 468.40 | 927.00 |

## Premiums WITHOUT Federal Government 30% rebate deducted.

| | Direct Debit/Payroll Deduction* | | | Cash/Cheque/Credit Card | |
|---|---|---|---|---|---|
| **Excess** | **Weekly** | **Fortnightly** | **Monthly** | **Half Yearly** | **Yearly** |
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 22.43 | 44.86 | 97.20 | 579.70 | 1,147.20 |
| Level 2–$500 | 19.66 | 39.32 | 85.20 | 507.90 | 1,005.00 |
| Level 3–$1,000 | 16.71 | 33.42 | 72.40 | 431.50 | 853.90 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 19.29 | 38.58 | 83.60 | 498.20 | 985.90 |
| Level 2–$500 | 16.71 | 33.42 | 72.40 | 431.50 | 853.90 |
| Level 3–$1,000 | 10.94 | 21.88 | 47.40 | 282.70 | 559.50 |
| | 8.54 | 17.08 | 37.00 | 220.60 | 436.50 |
| **Smart Choice Hospital** | | | | | |
| | 33.12 | 66.24 | 143.50 | 855.00 | 1,692.00 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 28.04 | 56.08 | 121.50 | 723.90 | 1,432.60 |
| Level 2–$500 | 24.76 | 49.52 | 107.30 | 639.50 | 1,265.60 |
| Level 3–$1,000 | 19.36 | 38.72 | 83.90 | 500.50 | 990.40 |
| **Smart Choice Extras** | | | | | |
| | 14.10 | 28.20 | 61.10 | 364.20 | 720.80 |
| **Blue Ribbon Hospital** | | | | | |
| | 40.14 | 80.28 | 173.90 | 1,036.30 | 2,050.70 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 34.46 | 68.92 | 149.30 | 889.80 | 1,760.80 |
| Level 2–$500 | 30.24 | 60.48 | 131.00 | 780.90 | 1,545.40 |
| Level 3–$1,000 | 21.78 | 43.56 | 94.40 | 562.60 | 1,113.20 |
| **Blue Ribbon Extras** | | | | | |
| | 19.86 | 39.72 | 86.10 | 513.00 | 1,015.20 |
| | 25.92 | 51.84 | 112.30 | 669.20 | 1,324.30 |

* Direct Debit payments are not available on a weekly basis. Direct Debit from Credit Card accounts (Bankcard, MasterCard or Visa) is only available at monthly intervals and can only be debited on the 11th of the month. Payroll Deduction premium payments may not be available with all employers. Contact your employer or Medibank Private for further details.

Premiums include NSW/ACT Ambulance Levy. If you hold a Healthcare Card and are exempt from paying the Levy, please contact Medibank Private for a premium quote.

For quotes on other payment methods or intervals, please call us on 132 331 or visit your nearest Medibank Private Retail Centre for more information.

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# family premiums

**NSW/ACT** Effective 15 April 2002

Premiums are at the Lifetime Health Cover base rate and are subject to Lifetime Health Cover legislative provisions. If you do not qualify for Lifetime Health Cover base rates, please call 132 331 for a quote.

## Premiums WITH Federal Government 30% rebate deducted.

| Excess | Weekly | Fortnightly | Monthly | Half Yearly | Yearly |
|---|---|---|---|---|---|
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 15.99 | 31.98 | 69.30 | 413.00 | 817.25 |
| Level 2–$500 | 14.04 | 28.08 | 60.80 | 362.65 | 717.75 |
| Level 3–$1,000 | 11.89 | 23.78 | 51.50 | 307.20 | 608.00 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 13.76 | 27.52 | 59.60 | 355.50 | 703.50 |
| Level 2–$500 | 11.89 | 23.78 | 51.50 | 307.20 | 608.00 |
| Level 3–$1,000 | 7.78 | 15.56 | 33.70 | 201.10 | 397.95 |
| **First Ch...** | | | | | |
| | 5.98 | 11.96 | 25.90 | 154.40 | 305.55 |
| **Smart Choice Hospital** | | | | | |
| | 23.18 | 46.36 | 100.45 | 598.50 | 1,184.40 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 19.63 | 39.26 | 85.05 | 506.70 | 1,002.80 |
| Level 2–$500 | 17.33 | 34.66 | 75.10 | 447.65 | 885.90 |
| Level 3–$1,000 | 13.55 | 27.10 | 58.70 | 350.35 | 693.25 |
| **Smart Choice Extras** | | | | | |
| | 9.87 | 19.74 | 42.75 | 254.90 | 504.55 |
| **Blue Ribbon Hospital** | | | | | |
| | 28.10 | 56.20 | 121.70 | 725.40 | 1,435.45 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 24.12 | 48.24 | 104.50 | 622.85 | 1,232.55 |
| Level 2–$500 | 21.17 | 42.34 | 91.70 | 546.60 | 1,081.75 |
| Level 3–$1,000 | 15.25 | 30.50 | 66.05 | 393.80 | 779.30 |
| **Blue Ribbon Extras** | | | | | |
| | 13.90 | 27.80 | 60.25 | 359.10 | 710.60 |
| **Blue Ribbon Extras Plus** | | | | | |
| | 18.14 | 36.28 | 78.60 | 468.40 | 927.00 |

## Premiums WITHOUT Federal Government 30% rebate deducted

| Excess | Weekly | Fortnightly | Monthly | Half Yearly | Yearly |
|---|---|---|---|---|---|
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 22.84 | 45.68 | 99.00 | 590.00 | 1,167.50 |
| Level 2–$500 | 20.06 | 40.12 | 86.90 | 518.10 | 1,025.40 |
| Level 3–$1,000 | 16.98 | 33.96 | 73.60 | 438.90 | 868.60 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 19.66 | 39.32 | 85.20 | 507.90 | 1,005.00 |
| Level 2–$500 | 16.98 | 33.96 | 73.60 | 438.90 | 868.60 |
| Level 3–$1,000 | 11.12 | 22.24 | 48.20 | 287.30 | 568.50 |
| **First Choice Extras** | | | | | |
| | 8.54 | 17.08 | 37.00 | 220.60 | 436.50 |
| **Smart Choice Hospital** | | | | | |
| | 33.12 | 66.24 | 143.50 | 855.00 | 1,692.60 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 28.04 | 56.08 | 121.50 | 723.90 | 1,432.80 |
| Level 2–$500 | 24.76 | 49.52 | 107.30 | 639.50 | 1,265.60 |
| Level 3–$1,000 | 19.36 | 38.72 | 83.90 | 500.50 | 990.40 |
| **Smart Choice Extras** | | | | | |
| | 14.10 | 28.20 | 61.10 | 364.20 | 720.80 |
| **Blue Ribbon Hospital** | | | | | |
| | 40.14 | 80.28 | 173.90 | 1,036.30 | 2,050.70 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 34.46 | 68.92 | 149.30 | 889.80 | 1,760.80 |
| Level 2–$500 | 30.24 | 60.48 | 131.00 | 780.90 | 1,545.40 |
| Level 3–$1,000 | 21.78 | 43.56 | 94.40 | 562.60 | 1,113.30 |
| **Blue Ribbon Extras** | | | | | |
| | 19.86 | 39.72 | 86.10 | 513.00 | 1,015.20 |
| **Blue Ribbon Extras Plus** | | | | | |
| | 25.92 | 51.84 | 112.30 | 669.20 | 1,324.30 |

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# single parent family premiums

**NSW/ACT** Effective 15 April 2002


Premiums are at the Lifetime Health Cover base rate and are subject to Lifetime Health Cover legislative provisions. If you do not qualify for Lifetime Health Cover base rates, please call 132 331 for a quote.

## Premiums WITH Federal Government 30% rebate deducted.

| | Direct Debit/Payroll Deduction* | | | Cash/Cheque/Credit Card | |
|---|---|---|---|---|---|
| Excess | Weekly | Fortnightly | Monthly | Half Yearly | Yearly |
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 15.38 | 30.76 | 66.60 | 397.35 | 786.45 |
| Level 2–$500 | 13.50 | 27.00 | 58.50 | 348.70 | 690.10 |
| Level 3–$1,000 | 10.61 | 21.22 | 45.95 | 274.10 | 542.40 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 13.23 | 26.46 | 57.30 | 341.95 | 676.65 |
| Level 2–$500 | 11.42 | 22.84 | 49.45 | 294.80 | 583.50 |
| Level 3–$1,000 | 7.39 | 14.78 | 31.95 | 190.75 | 377.40 |
| **First Choice Extras** | | | | | |
| | 5.98 | 11.96 | 25.90 | 154.40 | 305.55 |
| **Smart Choice Hospital** | | | | | |
| | 23.18 | 46.36 | 100.45 | 598.50 | 1,184.40 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 19.63 | 39.26 | 85.05 | 506.70 | 1,002.80 |
| Level 2–$500 | 17.33 | 34.66 | 75.10 | 447.65 | 885.90 |
| Level 3–$1,000 | 13.55 | 27.10 | 58.70 | 350.35 | 693.25 |
| **Smart Choice Extras** | | | | | |
| | 9.87 | 19.74 | 42.75 | 254.90 | 504.55 |
| **Blue Ribbon Hospital** | | | | | |
| | 28.10 | 56.20 | 121.70 | 725.40 | 1,435.45 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 24.12 | 48.24 | 104.50 | 622.85 | 1,232.55 |
| Level 2–$500 | 21.17 | 42.34 | 91.70 | 546.60 | 1,081.75 |
| Level 3–$1,000 | 15.25 | 30.50 | 66.05 | 393.80 | 779.30 |
| **Blue Ribbon Extras** | | | | | |
| | 13.90 | 27.80 | 60.25 | 359.10 | 710.60 |
| **Blue Ribbon Extras** | | | | | |
| | 18.14 | 36.28 | 78.60 | 468.40 | 927.00 |

## Premiums WITHOUT Federal Government 30% rebate deducted.

| | Direct Debit/Payroll Deduction* | | | Cash/Cheque/Credit Card | |
|---|---|---|---|---|---|
| Excess | Weekly | Fortnightly | Monthly | Half Yearly | Yearly |
| **First Choice Hospital** | | | | | |
| Level 1–$300 | 21.97 | 43.94 | 95.20 | 567.70 | 1,123.50 |
| Level 2–$500 | 19.29 | 38.58 | 83.60 | 498.20 | 985.90 |
| Level 3–$1,000 | 15.16 | 30.32 | 65.70 | 391.60 | 774.90 |
| **First Choice Saver Hospital** | | | | | |
| Level 1–$300 | 18.90 | 37.80 | 81.90 | 488.50 | 966.70 |
| Level 2–$500 | 16.32 | 32.64 | 70.70 | 421.20 | 833.60 |
| Level 3–$1,000 | 10.55 | 21.10 | 45.70 | 272.50 | 539.20 |
| **First Choice Extras** | | | | | |
| | 8.54 | 17.08 | 37.00 | 220.60 | 436.50 |
| **Smart Choice Hospital** | | | | | |
| | 33.12 | 66.24 | 143.50 | 855.00 | 1,692.00 |
| **Smart Choice Hospital (Excess)** | | | | | |
| Level 1–$300 | 28.04 | 56.08 | 121.50 | 723.90 | 1,432.60 |
| Level 2–$500 | 24.76 | 49.52 | 107.30 | 639.50 | 1,265.60 |
| Level 3–$1,000 | 19.36 | 38.72 | 83.90 | 500.50 | 990.40 |
| **Smart Choice Extras** | | | | | |
| | 14.10 | 28.20 | 61.10 | 364.20 | 720.80 |
| **Blue Ribbon Hospital** | | | | | |
| | 40.14 | 80.28 | 173.90 | 1,036.30 | 2,050.70 |
| **Blue Ribbon Hospital (Excess)** | | | | | |
| Level 1–$300 | 34.46 | 68.92 | 149.30 | 889.80 | 1,760.80 |
| Level 2–$500 | 30.24 | 60.48 | 131.00 | 780.90 | 1,545.40 |
| Level 3–$1,000 | 21.78 | 43.56 | 94.40 | 562.60 | 1,113.30 |
| **Blue Ribbon Extras** | | | | | |
| | 19.86 | 39.72 | 86.10 | 513.00 | 1,015.20 |
| **Blue Ribbon Extras** | | | | | |
| | 25.92 | 51.84 | 112.30 | 669.20 | 1,324.30 |

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# 附錄八：有關Cobit之評估內容

## Table 1
## Control Objectives for Information and Related Technology: Process and Control Objectives[15]

| | | Information Criteria[16] | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | CobiT Process and Control Objectives | Effectiveness | Efficiency | Confidentiality | Integrity | Availability | Compliance | Reliability | Addressed in this audit |
| | **Planning and organisation** | | | | | | | | |
| P01 | Define a strategic IT plan | P | S | | | | | | |
| P02 | Define the information architecture | P | S | S | S | | | | |
| P03 | Determine the technological direction | P | S | | | | | | |
| P04 | Define the IT organisation and relationships | P | S | | | | | | |
| P05 | Manage the IT investment | P | P | | | | | S | |
| P06 | Communicate management aims and direction | P | | | | | | S | |
| P07 | Manage human resources | P | P | | | | | | |
| P08 | Ensure compliance with external requirements | P | | | | | P | S | |
| P09 | Assess risks | P | S | P | P | P | S | S | |
| P10 | Manage projects | P | P | | | | | | |
| P11 | Manage quality | P | P | | P | | | S | ✓ |
| | **Acquisition and implementation** | | | | | | | | |
| AI1 | Identify solutions | P | S | | | | | | |
| AI2 | Acquire and maintain application software | P | P | | S | | S | S | |
| AI3 | Acquire and maintain technology architecture | P | P | | S | | | | |
| AI4 | Develop and maintain IT procedures | P | P | | S | | S | S | |
| AI5 | Install and accredit systems | P | | | S | S | | | |
| AI6 | Manage changes | P | P | | P | P | | S | |
| | **Delivery and support** | | | | | | | | |
| DS1 | Define service levels | P | P | S | S | S | S | S | ✓ |
| DS2 | Manage third party service | P | P | S | S | S | S | S | |
| DS3 | Manage performance and capacity | P | P | | | S | | | |
| DS4 | Ensure continuous service | P | S | | | P | | | |
| DS5 | Ensure systems security | | | P | P | S | S | S | ✓ |
| DS6 | Identify and attribute costs | | P | | | | | P | |
| DS7 | Educate and train users | P | S | | | | | | |
| DS8 | Assist and advise IT customers | P | P | | | | | | |
| DS9 | Manage the configuration | P | | | | S | | S | |
| DS10 | Manage problems and incidents | P | P | | | S | | | |
| DS11 | Manage data | | | | P | | | P | |
| DS12 | Manage facilities | | | | P | P | | | |
| DS13 | Manage operations | P | P | | S | S | | | |
| | **Monitoring** | | | | | | | | |
| M1 | Monitor the process | P | P | S | S | S | S | S | ✓ |
| M2 | Assess internal control adequacy | P | P | S | S | S | P | S | |
| M3 | Obtain independent assurance | P | P | S | S | S | P | S | |
| M4 | Provide for independent audit | P | P | S | S | S | P | S | |

[15] Audit Guidelines, CobiT, 3rd Ed., July 2000, p. 29.

[16] P = a primary criteria addressed by the process, S = a secondary. A blank cell indicates the process does not address the information criteria.