

DEPARTMENT OF THE SENATE
PAPER No. 6055
DATE
PRESENTED
4 JUN 1992
Mary Evans



THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA
JOINT COMMITTEE OF PUBLIC ACCOUNTS

REPORT 316

**THE ADMINISTRATIVE AND FINANCIAL
RELATIONSHIPS BETWEEN
MEDICARE AND MEDIBANK PRIVATE**

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA
JOINT COMMITTEE OF PUBLIC ACCOUNTS

REPORT 316

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JOINT COMMITTEE OF PUBLIC ACCOUNTS
SEVENTEENTH COMMITTEE

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-
1. Appointed 6 March 1991
 2. Appointed 24 August 1990, discharged 6 March 1991
 3. Discharged 24 August 1990

JOINT COMMITTEE OF PUBLIC ACCOUNTS

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DUTIES OF THE COMMITTEE

Section 8(1) of the *Public Accounts Committee Act 1951* reads as follows:

- (a) to examine the accounts of the receipts and expenditure of the Commonwealth including the financial statements transmitted to the Auditor-General under sub-section (4) of section 50 of the *Audit Act 1901*;
- (aa) to examine the financial affairs of authorities of the Commonwealth to which this Act applies and of inter-governmental bodies to which this Act applies;
- (ab) to examine all reports of the Auditor-General (including reports of the results of efficiency audits) copies of which have been laid before the Houses of the Parliament;
- (b) to report to both Houses of the Parliament, with such comment as it thinks fit, any items or matters in those accounts, statements and reports, or any circumstances connected with them, to which the Committee is of the opinion that the attention of the Parliament should be directed;
- (c) to report to both Houses of the Parliament, any alteration which the Committee thinks desirable in the form of the public accounts or in the method of keeping them, or in the mode of receipt, control, issue or payment of public moneys; and
- (d) to inquiry into any question in connexion with the public accounts which is referred to it by either House of the Parliament, and to report to that House upon that question,

and include such other duties as are assigned to the Committee by Joint Standing Orders approved by both Houses of the Parliament.

PREFACE

This report presents the results of an examination made by the Committee of the financial and administrative relationships between Medicare and Medibank Private.

The Committee undertook the Inquiry in response to ongoing criticism by the Australian Health Insurance Association of the joint administration of these functions by the Health Insurance Commission. Asset utilisation practices and the method of cost apportionment have also often been raised for discussion in Senate Estimates hearings.

The Inquiry has been brief. Despite advertising in the national press only two submissions were received by the closing date for submissions - one from the Health Insurance Commission and one from the Australian Health Insurance Association. Each organisation was then invited to comment on the other's submission and the input of the Australian National Audit Office was also sought. Subsequently the Committee decided not to proceed to public hearings as the issues to be considered were concise and thoroughly debated in the written evidence.

Despite its brevity, the Committee considers that the Inquiry has been a valuable one, as it has provided a forum in which these long standing concerns could be aired and counter arguments presented.

For and on behalf of the Committee

Hon G F Punch, MP
Chairman
Joint Committee of Public Accounts

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EXECUTIVE SUMMARY

In response to continued criticism, particularly by representatives of voluntary health organisations, the Committee undertook an Inquiry into the relationship between the operations of Medicare and Medibank Private. Both are administered by the Health Insurance Commission (HIC).

The Australian Health Insurance Association raised several concerns about the extent to which the system currently in place, fairly and accurately apportions costs between the two functions. It also questioned the division of assets and suggested that Medicare funds are used to cross subsidise the operations of Medibank Private.

The Health Insurance Commission outlined in detail the development of the present accounting system and explained the need to have a system which is predictable, administratively simple, and which apportions total costs equitably. It also drew attention to the continued scrutiny of the process by the Australian National Audit Office.

The Australian National Audit Office (ANAO) confirmed that HIC operations are regularly audited to ensure their probity and propriety and that the cost apportionment system is examined in detail to ensure its accuracy and fairness. ANAO is satisfied that the present system meets these requirements.

Having considered the evidence presented, the Committee concluded that the present system is equitable and that, should instances of cross subsidisation arise, they would be highlighted by the audit process.

ABBREVIATIONS

AHIA	Australian Health Insurance Association Ltd
ANAO	Australian National Audit Office
HIC	Health Insurance Commission

Chapter 1

INTRODUCTION

Medicare and Medibank Private

1.1 The current health insurance system in Australia consists of two strands:

- the government health program, Medicare, which provides medical insurance cover and access to public hospital facilities for all Australians; and
- private health insurance available through a number of competing funds and insurance companies which provide a variety of hospital and ancillary insurance products.

1.2 Medibank Private is a provider of private health insurance. It commenced operations in October 1976, following the disbandment of Medibank, a government funded universal health insurance scheme, and its replacement by an optional health insurance fund. Medibank Private was designed to utilise the existing administrative expertise of the Health Insurance Commission (HIC), which had previously administered Medibank. Until November 1978, the HIC also continued to have responsibility for administration of Medibank Standard which provided health cover for those who elected not to purchase private health insurance.

1.3 In 1983, the current universal health insurance scheme, Medicare, was introduced. The HIC became responsible for its administration and thus carriage of administrative and accounting procedures for both Medicare and the private scheme, Medibank Private.

The Inquiry

1.4 On 6 November 1991, the Committee resolved to conduct an inquiry into the relationship between Medicare and Medibank Private. The Committee's interest arose from concerns expressed by the Australian Health Insurance Association (AHIA) about the appropriateness of the Health Insurance Commission

administering both Medicare and Medibank Private. Questions had been raised about the extent to which the independence of each function could be maintained, and whether Medicare operations cross-subsidise those of Medibank Private.

1.5 The following terms of reference were adopted:

to inquire into and establish the administrative and financial relationship between the Health Insurance Commission and Medibank Private.

1.6 The inquiry was advertised on 30 November 1991 and letters requesting submissions were sent to 24 organisations and peak bodies. The advertisement and letters advised that the inquiry would seek to determine whether the current administrative and accounting arrangements for the Health Insurance Commission properly reflect the relationship between the respective operations of Medibank Private and Medicare. The closing date for submissions was 24 January 1992. Submissions were received in late January 1992 from the Health Insurance Commission and the Australian Health Insurance Association Ltd.

1.7 In view of the limited response to the Inquiry, it was decided to invite the AHIA to comment on the HIC submission, the HIC to comment on the AHIA submission and the Australian National Audit Office to comment on both submissions. Responses were subsequently received from each of these organisations.

1.8 Following receipt of these comments and deliberation on the arguments and counter arguments presented, the Committee concluded that due to the relative conciseness of the issues to be considered, it had sufficient evidence to prepare a report without proceeding to public hearings.

Chapter 2

THE RELATIONSHIP BETWEEN MEDICARE AND MEDIBANK PRIVATE

Current Administrative and Financial Arrangements

The Health Insurance Commission

2.1 The Health Insurance Commission (HIC) was established by the Health Insurance Commission Act 1973. It is a body corporate but has no moneys as a result of its own activities. All moneys, assets and liabilities are earned, held and incurred as a result of the functions it manages.¹ It has responsibility for:

- . the management of Medicare on behalf of the Government;
- . the administration of Medibank Private on behalf of the members of Medibank Private; and
- . the payment of benefits under the Pharmaceutical Benefits Scheme.

Among its responsibilities in respect of these three functions is the equitable distribution of costs between them. Of particular concern in this Inquiry was the distribution of costs between Medicare and Medibank Private.

Apportionment of Costs between Medicare and Medibank Private

2.2 Where costs can be attributed totally to one or other function they are charged directly to that function. The HIC advised that approximately 40 per cent of total HIC expenditure falls into this category while the remainder is subject to apportionment.²

1. Evidence, p. S5
2. Evidence, p. S14

2.3 The basis of the apportionment process is the accounting system under which organisational units are broken up into cost centres. Each expense incurred by the HIC must be charged to one of the cost centres.

2.4 Each major computer transaction processed by the HIC is nominated as being either a Medicare or Medibank Private transaction and is also categorised under the cost centre headings.

2.5 To reflect the fact that computer transactions are not all of equal complexity, they are weighted via a complex process devised after consultation with the Australian National Audit Office, the Australian Bureau of Statistics, and Anutech, a consulting organisation owned by the Australian National University.

2.6 The HIC advised that the effect of the weighting is to transfer costs from Medicare to Medibank Private because overall Medibank Private transactions are more difficult and time consuming than Medicare transactions:

If weights were not applied one would expect around 92% of joint costs to be borne by Medicare. In 190/91, this would have amounted to \$157.3 million. With the application of weights the amount charged to Medicare was \$126.5 million.³

2.7 Following weighting of transactions, the costs for each cost centre are apportioned in the proportions that the total weighted transactions processed in that cost centre for each function bear to the total weighted transactions processed by that cost centre.

2.8 The joint costs of cost centres which do not directly process transactions are apportioned in the proportions that the transactions for each function which is most closely related to the function of that centre bear to the total number of such transactions processed.

2.9 An example given during a recent Estimates Committee E hearing may assist in understanding the apportionment formula:

[The formula] is based on the separation of the costs of the Commission according to the area of the Commission. There are

3. Evidence, p. S17

contribution areas, enrolment, membership claims, branches and the like. We apportion the costs in those areas according to the transactions that are processed in those areas. ... I will take the claims area as an example. If the claims that were processed were 70 per cent Medicare and 30 per cent Medibank Private, then the costs charged to a claims area would be apportioned 70 per cent and 30 per cent.⁴

Asset Rental System

2.10 Assets shared by Medicare and Medibank Private are not considered to be jointly owned. They are 'owned' by one function or the other and paid for completely by the moneys of the 'owning' function. To allow for the fact that each function uses the assets of the other, an asset rental charge system has been devised.

2.11 The system is based on the view that the owning function should receive 'a fair return' on the funds used to purchase that part of the asset deemed to be used by the other function. 'A fair return' is considered to be that which is equivalent to what would have been received on those funds had the second function not existed.

2.12 For land and buildings, the rental charged is based on the rental for each building implied by the capitalisation rate used by the independent valuer each time the building is valued. Depreciation is a cost borne by the owning function and any capital losses or gains are borne by, or credited to, the owning function.⁵

2.13 All buildings currently owned by the HIC were purchased with Medibank Private funds and are regarded as being owned by Medibank Private. The proportion of each building, deemed to be used by each function, is based on the proportions of weighted transactions as calculated in accordance with the cost apportionment system. For example, if Medicare has 70 per cent of the weighted transactions of the HIC in a given month, it is deemed to occupy 70 per cent of the owned building space.

2.14 For assets other than land and buildings, such as computer equipment, a similar method is applied. The proportion of an asset deemed to be used by each function is the same proportion as the weighted transactions of each function. In addition, the owning function is reimbursed the opportunity cost

4. Mr M Murray, Health Insurance Commission, Senate Hansard, Estimates Committee E, Friday, 3 April 1992, pp. 104-105

5. Evidence, p. S18

incurred by having to outlay the full purchase price, and recouped the cost of the asset as its value depreciates. The opportunity cost is calculated using the most recent Commonwealth bond rate and is charged monthly, based on the written down value of each asset. The recoupment portion is set as being equal to the depreciation charged on each asset.⁶

Concerns Expressed by the Australian Health Insurance Association

Background Information

2.15 The Australian Health Insurance Association (AHIA) represents the majority of voluntary non-Government health insurance organisations in Australia. In its submission to the Inquiry, the AHIA acknowledged that it 'has an unconcealed interest in ensuring that its members are able to compete on fair and equitable terms with Medibank Private',⁷ but stressed that it was equally concerned with the wider questions of adequate accounting procedures and appropriate use of government purchased assets.

2.16 In 1987 the AHIA, operating at that time as the Voluntary Health Insurance Association of Australia, commissioned a report on Medibank Private cost structures. The Touche Ross report concluded that Medibank Private had obtained commercial benefits from its use of government funded establishment advances. Although these advances were subsequently repaid, commercial terms did not apply and thus government revenue did not benefit to the extent it would have under commercial terms. The AHIA estimated that the result was a 'cumulative advantage of at least \$48 million since 1979.'⁸

2.17 The Touche Ross report also drew attention to the ability of Medibank Private to transfer reserves between the various States in which it operates in order to maintain statutory viability levels in each State. According to the AHIA this enabled Medibank Private, at the introduction of Medicare, to set artificially low premiums in a bid to gain market share. The resultant lowering of other funds' premiums was said to have led directly to the decline in recent years of overall reserve levels of the industry.

6. Evidence, p. S19

7. Evidence, p. S87

8. ibid

The AHIA View of Current Administrative and Financial Relationships

2.18 Against the background of the Touche Ross report, the AHIA raised several general questions it considered to be of significance to the present inquiry:

- the extent to which the structure of the Health Insurance Commission reflects accurately and adequately the costs involved in the functions it administers;

- the extent to which taxpayer finances may have been used, deliberately or coincidentally to build or acquire assets for the benefit of Medibank Private contributors;

- whether the relative efficiencies of both organisations are disguised by conjoint operations and in particular whether Medicare may be a less efficient operation than would be the case if each function were accounted for separately; and

- the measurement of the viability of health insurance organisations and whether the current financial relationship may have allowed Medibank Private to hold its contribution rates below viable levels, while either using assets or manipulating its accounts to claim higher than genuine reserve levels.⁹

2.19 The AHIA asserted that while the computer transaction formula currently in use allows some allocation of costs, it is 'quite different from determining the actual costs which would be generated if both Medicare and Medibank Private were free standing entities'.¹⁰

2.20 It argued further that, 'either by accident or design', the operations of the functions had conferred significant advantage on Medibank Private, which 'enjoys the benefit of a captive tenant (Medicare) to whom it may rent or otherwise share the cost of various assets'.¹¹

2.21 The AHIA also suggested that the sharing of facilities and staff between the two functions may have led to inefficiencies as managers are incapable of isolating costs.

9. Evidence, p. S86

10. Evidence, p. S88

11. *ibid*

Cost Allocation

2.22 Drawing on information it extracted from the HIC's annual reports, the AHIA argued that following the introduction of Medicare in 1984, Medibank Private was able to shift costs from its activities to the Medicare program. Examples quoted included:

- . the loading of 70 to 85 per cent of the cost of Commissioners' fees to Medicare;
- . a reduction in Audit fees paid by Medibank Private; and
- . executive remuneration costs being shared proportionally between the functions.

2.23 The AHIA also noted the relatively lower proportion of salaries and associated costs paid in superannuation contributions by Medibank Private, as compared to that paid by Medicare. It queried how staff are allocated between the two functions and whether it is reasonable that Medibank Private would have a lower proportion of superable salaries than Medicare.¹²

2.24 Attention was also drawn to the low computer service expenses of Medibank Private. They were reported by the AHIA to be:

... well below the level normally expected for a company of this scale, even with the benefit of most of the fixed capital costs being borne by Medicare.¹³

Asset Ownership

2.25 The AHIA noted that the scale of operation of the two functions is quite different and that since Medicare is a much bigger program it could be assumed that Medicare would be the principle owner/operator of Commission assets. However, figures indicate that Medibank Private's ownership of assets has grown considerably from 1983/84 to 1990/91, while Medicare asset ownership has declined slightly. As a corollary, the asset utilisation income of Medibank Private has grown significantly while that of Medicare has shown little growth.

12. Evidence, p. S90

13. *ibid*

2.26 The explanation suggested by the AHIA was that:

In general terms, this seems to be brought about by virtue of a situation in which Medibank Private "owns" (or has been given) assets which produce income, while Medicare (more accurately, the taxpayer) has to pay its way.¹⁴

2.27 The AHIA concluded that the current financial relationships within the HIC are unsatisfactory because:

- they may conceal actual costs of administration between the functions; and
- Medibank Private has been able to significantly reduce its administrative costs by cost sharing with Medicare.

2.28 The perceived ability of Medibank Private to reduce costs is of particular concern to the AHIA as:

... it leads to a cumulative situation in which cross subsidisation from taxpayers allows Medibank Private to establish very large asset holdings which may (or may not) be used to meet statutory viability requirements.¹⁵

Health Insurance Commission Response

Advantage Conferred by Establishment Advances and Transfer of Reserves

2.29 The HIC argued that the industry was not disadvantaged by the establishment advance granted to Medibank Private, as Medibank Private then commenced operations with the equivalent of less than one month's reserves while the industry had in excess of three months.

2.30 The HIC asserted further that Medibank Private was disadvantaged in 1984 when it was unexpectedly required to repay an amount which it had earlier been told was 'capital'. The establishment grant was provided in 1976 with the

14. Evidence, p. S89

15. Evidence, p. S90

question of repayment to be decided in the future. In 1978 it was decided by the Government that this grant would be 'capitalised' and that Medibank Private would thus not be under obligation to repay the amount to the Commonwealth. However in August 1984 repayment was required when it was discovered that, due to a departmental administrative oversight, the 1978 decision had not been given appropriate legal standing.¹⁶

2.31 In regard to reserves, the HIC advised that transfers were approved under the provision of the National Health Act. These provisions apply equally to all registered health funds.

Costs

Adequate Accounting for Costs

2.32 In responding to the AHIA suggestions that the costs involved in each HIC function may not be accurately and adequately apportioned, the HIC drew attention to the need to base such an argument on a point of comparison. The AHIA did not provide such a benchmark. The HIC method is to compare Medicare costs with those estimated in the 1983 Medicare Planning Report, and Medibank Private costs with those incurred by Medibank Private prior to the introduction of Medicare.

2.33 Data provided in the first HIC submission indicated that costs borne by each function over eight years of operation are consistent with these external benchmarks. A commonly used measure of efficiency for the industry is the management expenses/contribution income ratio. The ratio for Medibank Private has been lower than the industry average since before the introduction of Medicare, with the exception of the years 1984/85 and 1986/87. (See Table 1) The HIC argued that had there been any bias in the apportionment process there would have been a clearer pattern of advantage to Medibank Private.¹⁷

16. Evidence, pp. S54, S143

17. Evidence, p. S23

Table 1 : Comparison of Management Expenses/Contribution Income Ratio for Medibank Private and other funds, 1982/83 - 1989/90

	Medibank Private		Other Funds	
	Expenses(\$m)	Ratio(%)	Expenses(\$m)	Ratio(%)
1982 - 83	56.3	9.8	209.0	10.1
1983 - 84	33.6	10.0	127.3	10.1
1984 - 85	42.2	13.7	161.8	13.5
1985 - 86	40.7	11.4	233.2	13.5
1986 - 87	62.1	13.9	219.9	13.2
1987 - 88	66.1	11.4	248.3	12.9
1988 - 89	69.6	10.8	278.5	13.3
1989 - 90	77.2	11.4	313.2	13.6

2.34 An alternative measure of efficiency is the value of management expenses per fund member. This measure indicates that while Medibank Private began from a lower base the underlying efficiency of Medibank Private and the rest of the industry has improved at generally the same rate. In the last year before the introduction of Medicare the cost per member was 78 per cent of the industry figure while in 1989/90 the figure was 74 per cent.

2.35 The volatility of this measure between the six State Medibank funds was also noted by the HIC. The variation between State figures indicated that cost apportionment is not a distorting influence on underlying performance. Since cost apportionment works the same way for all Medibank Private funds, it cannot be manipulated to work in favour of one fund but not another.

Costs of Separate Entities

2.36 The need for a point of comparison was also called for by the HIC in its response to the AHIA suggestions that the costs of each function are less efficient than if each were treated as a separate entity. A full set of financial statements is prepared for each function and each are examined by the ANAO. The ANAO has not commented that funds have not been adequately accounted for.

Acquisition and Use of Assets

2.37 In its second submission the HIC drew attention to the concept of ownership of assets as outlined in its original submission and summarised in paragraphs 2.10 - 2.14 above. It also referred to an amendment to the HIC Act at the time Medibank Private was created in 1976, which provided that:

The Commission shall, to the greatest extent possible perform its [Medibank Private] functions -

(a) in the same building as it occupies, and by using the same equipment as it uses, in connexion with the performance of its general functions; and

(b) by making use of the same members of staff as are engaged in the performance of its general functions.

While this provision was not included in amendments to the Act at the time of the introduction of Medicare, the HIC noted that it encapsulates the philosophy applied in management, structure and administrative arrangements.¹⁸

2.38 The HIC further assured the Committee that:

... no assets have been purchased by any function of the HIC for the free use or benefit of another function. Similarly no assets have been purchased with the funds of one function of the HIC and diverted to the use of another function.¹⁹

Such an action would be in breach of legislation and would be reported to the Parliament by the ANAO.

Medicare as a 'Captive Tenant' of Medibank Private.

2.39 The HIC conceded in its second submission that at present, when office accommodation can be readily leased on favourable terms, Medicare may be disadvantaged by having to rent space from Medibank Private. Over a long period of time, however, this advantage is counteracted by periods when lease charges are high and short term tenancies would advantage landlords.

18. Evidence, p. S6

19. Evidence, p. S142

2.40 The HIC also sought to correct a perceived implication by the AHIA that some malpractice occurs in regard to ownership/leasing of buildings. The HIC noted that funds are not diverted to Medibank Private. Rather:

The Commonwealth requires office space from which to operate its Medicare program and therefore must either buy or rent that space. It rents it from Medibank Private.²⁰

Cost Shifting from Medibank Private

2.41 The HIC agreed that it is 'abundantly clear' that fees paid to its Commissioners, audit fees and levels of executive remuneration are not affected by transaction volumes, although the apportionment of these costs is based on transaction volumes. However, it reiterated that three criteria were applied in the development of an cost apportionment system. These criteria and their rationale were explained as follows:

[The system must be]

- . equitable; the outcome of applying the system must be a total cost charged to the functions of HIC which is demonstrably equitable and which is perceived to be equitable to external parties;
- . administratively simple; it must be recognised as a means to an end and not be so difficult to manage that it becomes an expensive overhead without adding value commensurate to its cost; and
- . predictable; good management requires that the system must be able to be modelled so that both Medibank Private and the Commonwealth are able, given certain assumptions regarding workloads, to predict the likely level of cost which each will be required to bear for at least one financial year ahead.²¹

2.42 The HIC argued that the criteria of predictability, administrative simplicity and overall equity, have been met but that the price paid for achievement of the first two is precise accuracy at the lowest level of cost. The total cost charged

20. Evidence, p. S145

21. Evidence, p. S13

to each function is, however, demonstrably equitable and perceived as such by external parties. The HIC noted that nowhere in the AHIA submission was it suggested that the total costs charged to each HIC function are inequitable.²²

2.43 Specific comment was also provided by the HIC in regard to the cost categories of superannuation and computer services. These comments demonstrated that, had extra information been taken into account, in the AHIA calculations more apparently equitable figures would have been obtained.

Audit View of Present Accounting Procedures

2.44 The ANAO advised the Committee that it considered the HIC submission to be 'a full and factual outline of the organisation's history and how the cost apportionment system currently operates.'²³

2.45 The ANAO also emphasised that the HIC is subject to annual audit by ANAO 'to ensure the probity and propriety of HIC operations, as well as legal compliance matters.'²⁴ It noted that the cost apportionment system is examined in detail to ensure the equity and fairness of the system, and that the most recent audit included coverage of asset ownership and asset utilisation. No irregularities were identified.

2.46 Recognition by the ANAO of any action designed to materially advantage one function over another would result in qualification of the HIC's financial statements. The 1990-91 accounts, for example, were qualified for the use of Medicare funds to cover a shortfall in Pharmaceutical Benefits.

2.47 When the cost apportionment system was first introduced the ANAO had considerable difficulty with the approach. This resulted in qualification of the financial statements for 1984-85, 1985-86 and 1986-87. The system has now been improved and has not required qualification in more recent years.²⁵

22. Evidence, p. S146

23. Evidence, p. S166

24. ibid

25. Evidence, pp. S166-167

Conclusions

2.48 The Committee is persuaded that, while the present cost apportionment system may not allow accuracy at the lowest level for proportions of costs charged to each function, it does meet the requirements of predictability, administrative simplicity and equity in the distribution of total costs shared between Medicare and Medibank Private. Having considered the rationale for the present system and the method of its application, the Committee is satisfied that the present system accurately and fairly distributes total cost between the two functions.

2.49 The Committee is not persuaded by evidence to the Inquiry that cross subsidisation occurs of Medibank Private by Medicare. It notes further that the HIC, Medibank Private and Medicare are subject to audit by the ANAO. The auditing process includes scrutiny of the cost apportionment and asset rental systems. Were instances of cross subsidisation to be noted by the audit process they would be reported by the ANAO to the Parliament. In the absence of such reports the Committee has been unable to substantiate allegations of cross subsidisation.

2.50 The Committee notes, however, that the broader questions raised by the AHIA of the viability of Medibank Private and the extent to which it complies with the requirements of the National Health Act have not been considered during this Inquiry. Similarly questions of policy, such as whether Medicare should pay the Commissioner for Taxation a commission for the revenue provided through its collection mechanism, have also fallen outside the scope of the present inquiry. A separate Inquiry could address these issues.



Hon G F Funch, MP
Chairman
June 1992

APPENDIX 1

LIST OF SUBMISSIONS

1. Health Insurance Commission
Dated 24 January 1992
2. Australian Health Insurance Association
Dated 24 January 1992
3. Health Insurance Commission
Dated 25 March 1992
4. Australian Health Insurance Association
Dated 27 March 1992
5. Australian National Audit Office
Dated 27 March 1992