

PHIAC Stakeholder Survey - 2011

Report of overall findings

November 2011



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Executive summary

In July and August 2011, the Private Health Insurance Administration Council (**PHIAC**) conducted a survey of its stakeholders. PHIAC engaged Australian Survey Research (**ASR**) to deploy and analyse a web survey of the 34 registered private health insurers (**insurers**). ASR also conducted 9 in-depth telephone interviews with selected knowledgeable industry observers and peak body (**peak body**) representatives.

The online survey was adapted by ASR and PHIAC from a questionnaire developed by the Australian Prudential and Regulation Authority (**APRA**) and ASR that was conducted earlier in 2011. All 34 registered private health insurers responded, representing a 100 percent response rate from the industry. As some smaller insurers are owned and managed by larger insurers, the parent entities responded on their behalf.

Within the questionnaire there were 36 rated items which used a five point strongly *disagree/strongly agree* rating scale. Positive ratings (**net agreement**) included the percentage that *agreed or strongly agreed* with an item. Six items scored below 50% net agreement and 18 of the 36 items had 70% or more positive responses.

Overall this is a good result in support of PHIAC's prudential framework and approach to supervision. Nearly all private health insurers agree (97%) that PHIAC provides sufficient opportunity for consultation in changes to prudential standards and guidance material and that guidance material is clear and useful. Most also agree that PHIAC effectively administers the Risk Equalisation Trust Fund (**RETF**) and effectively enforces prudential requirements.

All peak body representatives agreed that PHIAC was visible and approachable by the industry and that they performed an important job within the private health insurance (**PHI**) sector. Survey respondents also found PHIAC staff to be helpful and approachable.

Highest rated items (above 75% net agreement)	All insurers
PHIAC provides sufficient opportunity for consultation with industry about proposed changes to prudential standards and guidance material	97
The information collected by PHIAC in the course of supervision is adequate to assess risks in your organisation	91
Prudential standards and guidance material clearly communicate requirements	91
PHIAC effectively administers the Risk Equalisation Trust Fund	91
PHIAC is helpful when your organisation has difficulties understanding PHIAC's reporting requirements	91
PHIAC's calculations of the Risk Equalisation Trust Fund levy are accurate	88
PHIAC's guidance material (including SOPs, practice notes, circulars and forms) is of value to your organisation	85
PHIAC quarterly returns are easy to use when lodging data with PHIAC	82
PHIAC's consultation packages are readily comprehensible and create a good base for consultation for industry	82
PHIAC effectively enforces its prudential requirements	79

The table below shows that PHIAC was not considered an appropriate source of PHI information for consumers, nor was it agreed that the information currently provided is useful to consumers. Many comments provided on this subject by respondents suggested that the Private Health Insurance Ombudsman (**PHIO**) was a more appropriate source of information at the consumer level, given that the PHIO has direct interaction with insured persons and is more experienced in this area.

It was of course acknowledged by respondents that PHIAC's role was to protect consumers but this was better expressed through PHIAC's expertise in financial and technical aspects than providing product or other advice.

Lowest rated items (Below 50% agreement)	All insurers
PHIAC provides useful information to consumers of private health insurance	26
PHIAC is an appropriate source of information about the private health insurance industry for consumers	29
PHIACs assessment of your organisation's premium application demonstrates it has a good understanding of your business	32
Changes to PHIAC's prudential framework consider the costs of regulation imposed on industry	38
During reviews of your organisation, PHIAC focus on principles rather than detailed prescription	38
PHIAC is effective in identifying risks and problems in your organisation	47
PHIACs approval process in industry transactions is clear, transparent and managed effectively	47

Though insurers believed that PHIAC had a good understanding of the industry, fewer believed that they understood individual organisations when it came to their assessment of premium reviews. There was also some concern over PHIAC's representation of these reviews to the Minister of Health and Ageing. Some peak bodies also reflected this view and believed that PHIAC did not appear to present a case to the Minister that demonstrated the necessity to increase premiums in consideration of narrow profit margins.

Though the usefulness of information provided by PHIAC was rated well, there was some concerns from a handful of respondents and peak bodies over accuracy and timeliness in delivery, though there were suggestions on how these could be addressed satisfactorily. Data has been found to be inaccurate for the purposes of some respondents. This can cause additional work and frustration.

Insurers agree that PHIAC should continue to focus on the following areas to best adhere to their principles:

- Education and supporting aspects are important, particularly with respect to clarifying requirements and the regulatory model - PHIAC does this well;
- Continued, communication, dialogue, sharing information about experiences or potential problems that will provide insurers 'tips' that will self-assist better compliance – PHIAC does this well;
- Reasonable timeframes for delivery of information requirements – PHIAC could improve;
- Better clarity on what is being asked in the provision of information both in why it is being asked and how it is being asked – Some insurers seek more clarity;
- Due and reasonable consideration of individual insurer's circumstances when appraising performance should be taken into account (make a phone call before formal proceedings).

PHIAC's strengths are the impact of its framework and guidance material. Peak body and respondent comments support this and show that PHIAC operates an 'open door' policy whilst also performing an essential task in the industry. Continued demonstration of an understanding of individual insurers and their operations, plus an improvement in the provision of accurate data are areas that can be improved upon as well as more uniform clarity of premium reviews.

Introduction

In May 2011 the Private Health Insurance Administration Council (**PHIAC**) commissioned Australian Survey Research (**ASR**) to conduct a survey of registered private health insurers, industry bodies and other stakeholders. The primary objective of the stakeholder survey was to understand the impact of PHIAC's prudential framework and the effectiveness of its supervision.

The survey was conducted in July and August 2011 and this report summarises the findings of both a quantitative web survey and qualitative interviews. The report covers the methodology used, the key findings within various topics, and discusses broad industry and peak body views.

A copy of the web questionnaire used to collect data is displayed in an appendix to the report, along with a listing of the private health insurers involved in the survey.

Methodology

This section outlines how feedback was collected, how respondents were identified and how results were analysed.

PHIAC regulates 34 private health insurers registered under the *Private Health Insurance Act 2007* and ASR was able to obtain feedback from all 34 insurers, that is, achieve a 100% response. However, it must be kept in mind at all times when reading this report that this is a very small population. While it is possible to conduct detailed and sophisticated statistical analysis on any size sample (or population), for a very small sample complex statistics become fairly meaningless. It only takes one or two outliers to significantly change an output such as a mean score.

For this reason we have not expressed results in terms of confidence levels and confidence intervals and we have not conducted significant difference testing, but, wherever possible, we have commented on differences and similarities in results between sub-groups.

The study comprised two major data collection components:

- A web survey which used Likert-style rating scales and open-ended comments and which was administered to 34 private health insurers
- A depth interview using only open-ended questions conducted with 9 of 12 identified peak bodies and knowledgeable industry observers, providing a good representation of entities with some interest in the private health insurance industry.

The two activities were run concurrently.

Questionnaire development

As a starting point, PHIAC used the web questionnaire that was deployed in the latest APRA stakeholder survey. PHIAC project staff and ASR staff both contributed to editing the PHIAC version (word changes, additions and deletions) to make it suitable for a PHIAC context. PHIAC's customer service charter, its annual reports and its current corporate plan were referenced in developing additional questions.

ASR rendered the questions within its proprietary web surveying product, Survey Manager and hosted the survey on ASR's internet servers located in a high security data centre in Melbourne's CBD. The web questionnaire was extensively tested by PHIAC staff. Given the small size of the population, the close contact that ASR had with the respondents, and that the base instrument had been earlier pilot tested with APRA entities, we did not conduct a pilot test for this survey.

The questions prepared for the peak body interviews were deliberately kept very broad, generic and open-ended because all bodies being interviewed came from quite different perspectives.

Respondents and data collection

PHIAC provided a contact list, including names, email addresses and phone numbers for all 34 private health insurers along with the peak body representatives that PHIAC identified as possible candidates to be interviewed for this research. Effectively, the whole survey was a census of its stakeholders.

Prior to going live with the survey, PHIAC CEO, Shaun Gath, sent a letter to the CEOs of all registered private health insurers in Australia advising them of the survey. Soon after the CEO letter, ASR sent an email to each contact who was invited to participate in the web survey. The email invitation contained a unique hyperlink to access each insurer's questionnaire.

Some contacts had more than one organisation to answer for, and these people were given the opportunity to answer once and have their responses cloned to other organisations they were responsible for - but only after they had considered the questions, their answers and whether or not they would change their answers for the additional organisations. However, not all contacts took this opportunity; one answered for each of the organisations they were responsible for.

ASR closely tracked the response rate and sent targeted reminder emails to non-responders. For some respondents, we requested that PHIAC contact them personally to stress the importance of their response. This appears to have been a successful method in that all invitees provided a response.

Peak body in-depth Interviews

ASR conducted 9 telephone depth interviews (Refer table below) with the peak body representatives at a time suitable to interviewees. Interviews ranged from 30-40 minutes, depending on the amount of contact and feedback that a representative had with PHIAC. Hand written notes were made of interviews, that is, they were not recorded. Verbatim comments are not included in this report for anonymity reasons; however common themes from responses are discussed.

Peak Body	Person(s) interviewed
Australian Health Insurance Association	Chief Executive Officer
Australian Health Service Alliance Ltd	Chief Executive Officer & Medical Director
Australian Regional Health Group	Chief Executive Officer
Consumers Health Forum	Senior Policy Manager
Department of Health and Ageing	First Assistant Secretary, Medical Benefits Division
Health Insurance Restricted Membership Association of Australia (HIRMAA)	Executive Director
Hospital and Medical Benefits System (HAMBS)	Chief Executive Officer
Institute of Actuaries Australia	Senior VP
Private Health Insurance Ombudsman	Ombudsman

Data analysis

Results have been analysed to produce frequency distributions displaying the proportion of responses from all insurers. *Don't know, not applicable* and *no answers* (blank) have been included in the data for completeness.

As part of data checking, outlying or anomalous results were followed up with respondents and amendments to those data were made based on clarifications and verbal consent from the respondent.

The rating scale used to assess most items is displayed in the table below. Some items were asked using a different rating scale. Where a survey item was presented with a different scale to the one shown below, it is noted and explained in the report.

RATING SCALE DESCRIPTION	ASSIGNED NUMERIC VALUE
Strongly disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly agree	5

Web survey results are presented first in each topic. At all times we have attempted to protect the anonymity of respondents.

Key findings

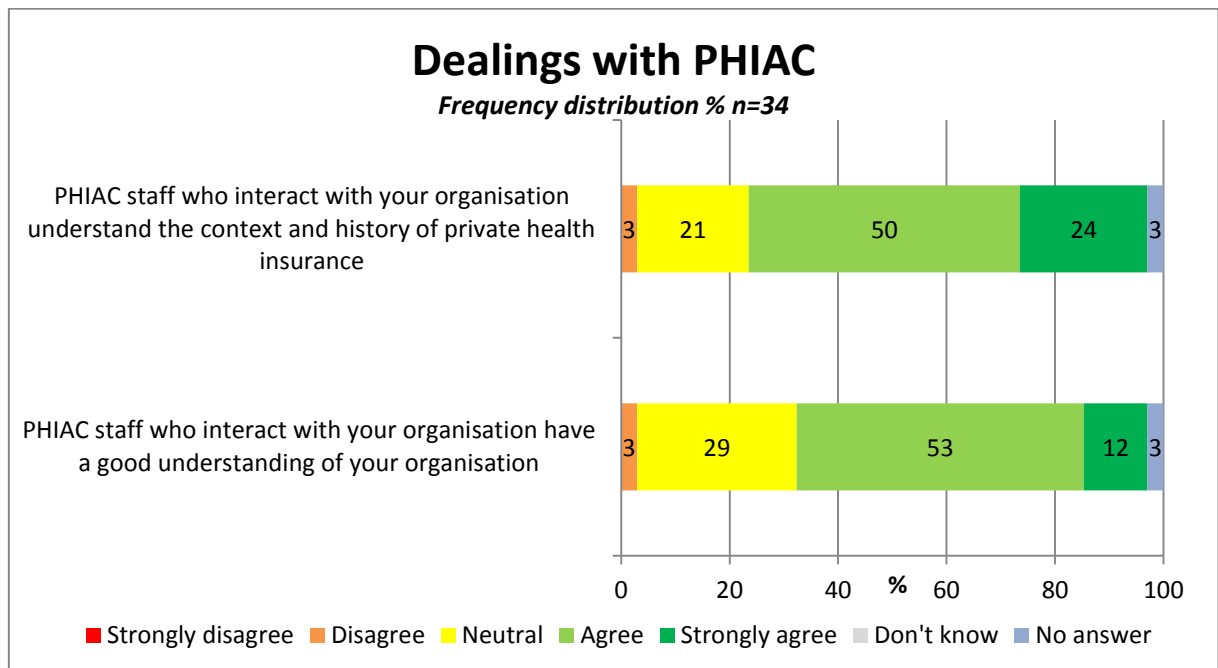
This section outlines the key findings for private health insurers by topic. For each topic frequency distributions are presented for each item. The most common themes within free text comments are discussed, as are thematic results from peak body representatives.

Dealings with PHIAC

Understanding and experience

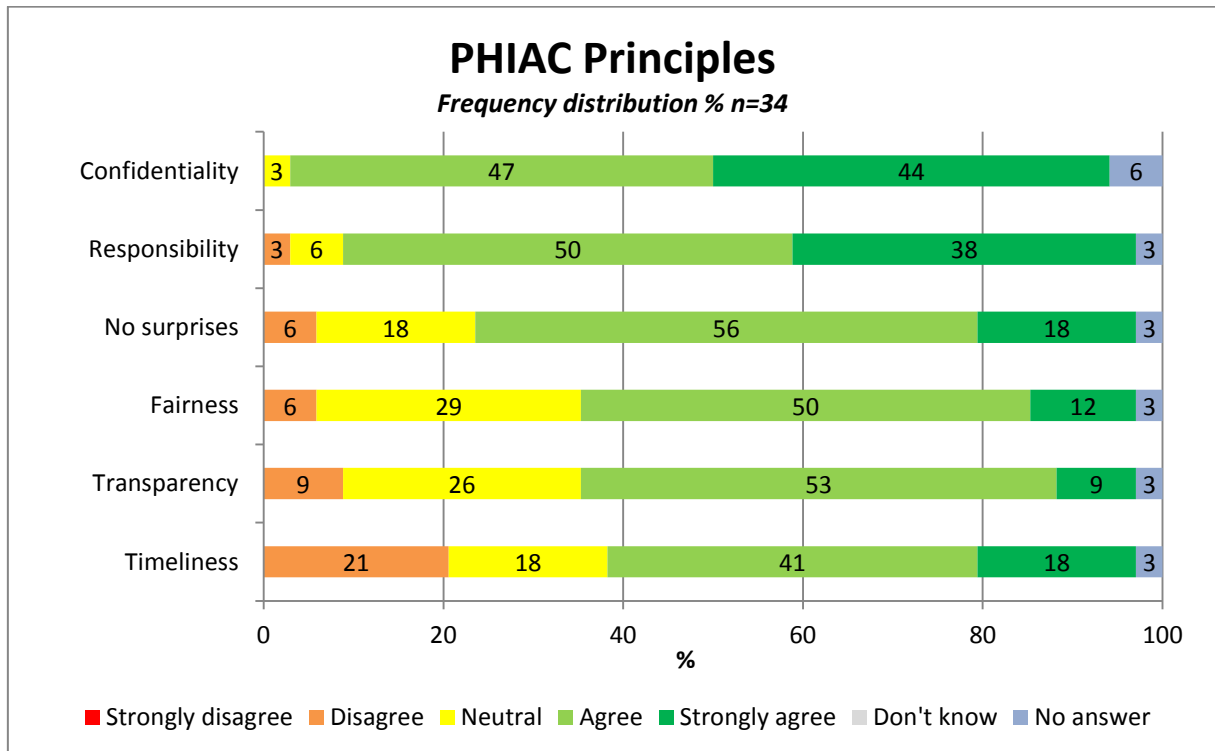
Nearly three quarters (74%) of all private health insurers agreed that PHIAC staff who interact with their organisation understand the context and history of private health insurance.

Just under two thirds (65%) of respondents agreed that the PHIAC staff they interact with have a good understanding of their organisation.



PHIAC’s performance against principles

Overall, a high proportion of insurers agree that PHIAC meets its stated approach on the principles of Confidentiality (91%), Responsibility (88%) and No surprises (74%) though fewer agree that PHIAC meets its stated approach on Transparency (62%), Fairness (62%) and Timeliness (59%) (Refer to the chart below).



Respondent comments

Only two responses were received relating to the principles. One referred to the difficulty in quantifying performance in relation to those values (hence neutral responses). The other comment referred to rating poorly on timeliness due to the continued delays in finalising and publishing the revised prudential standards. The need for capital adequacy and solvency guidelines were the subject of many open ended responses throughout the survey.

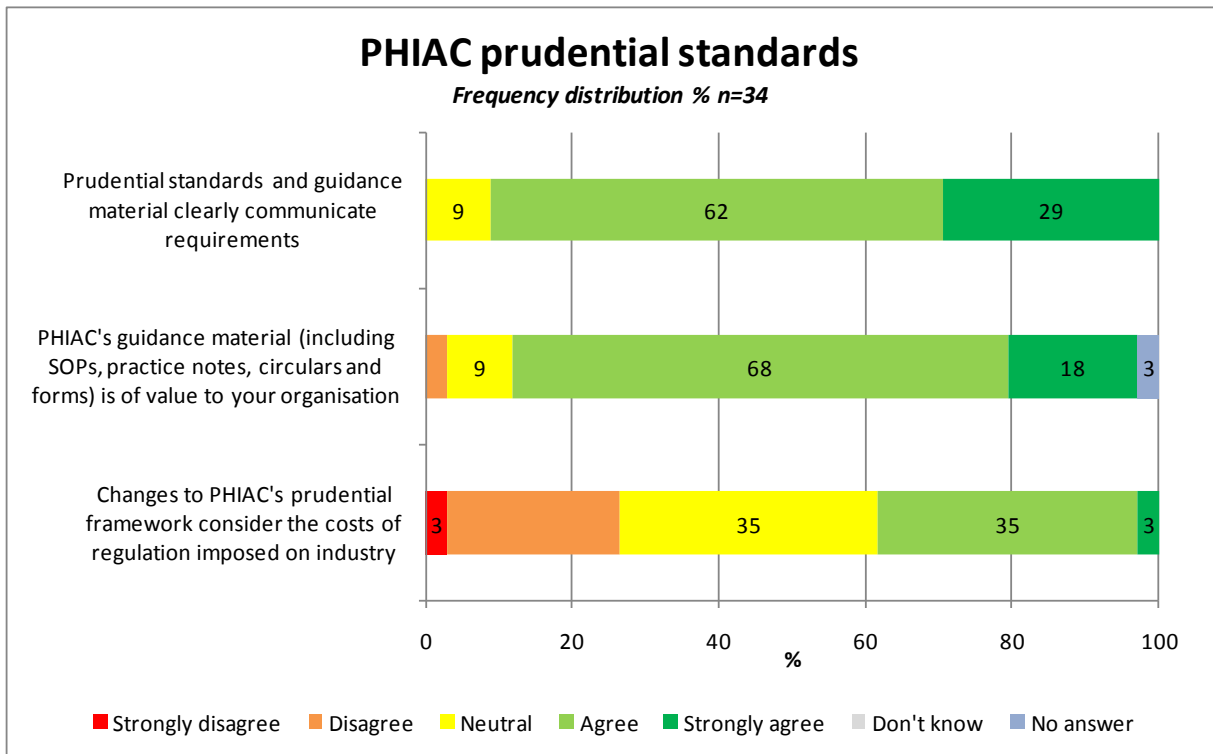
Peak body feedback

All peak body representatives interviewed agreed that PHIAC conducted themselves in accordance with the principles. If there were any breaches they were considered relatively minor. A number of peak bodies said that it was good that PHIAC was conducting this research from the perspective of being open and transparent.

Prudential requirements

Overall, PHIAC rated highly in providing guidance material that clearly communicated prudential standards requirements (91%) (Refer to chart below). Most insurers (85%) also agreed that guidance material was of value to their organisation.

Only 38% of insurers agreed that PHIAC considers costs of regulation imposed on the industry.



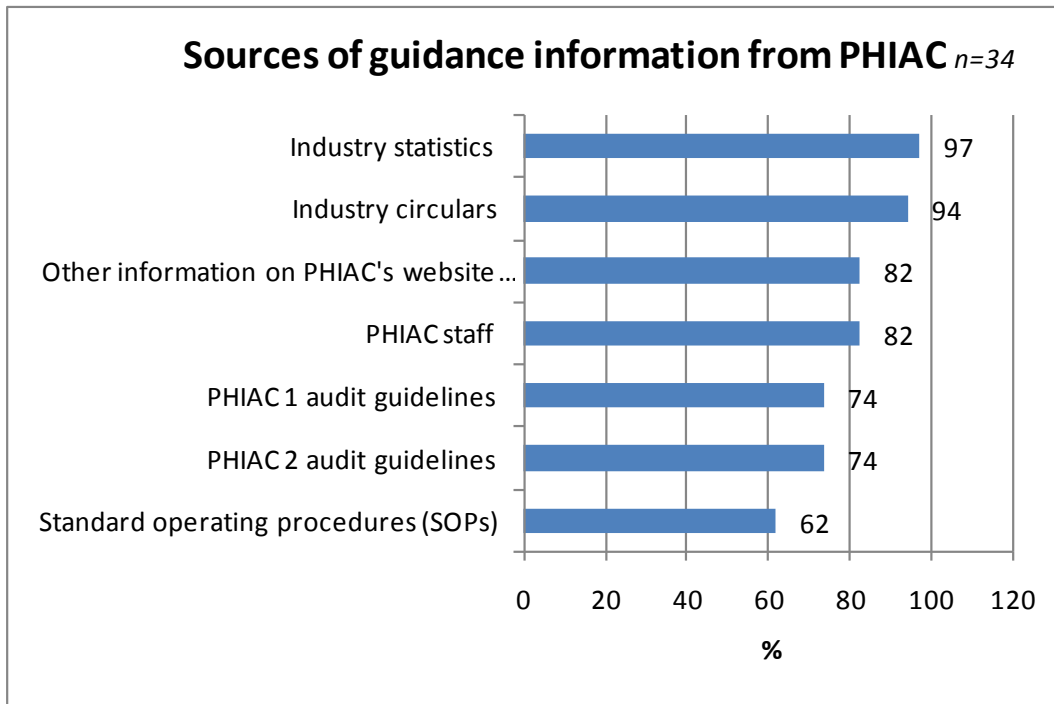
Respondent comments

Respondents were given the opportunity to further clarify their rated answers to the items within the topic and 16 responses were received. The most common responses were that PHIAC should consider the costs of implementing changes to the prudential requirements and the impact on insurer profitability, and that prudential requirements should take into account individual insurers size and management expense ratios.

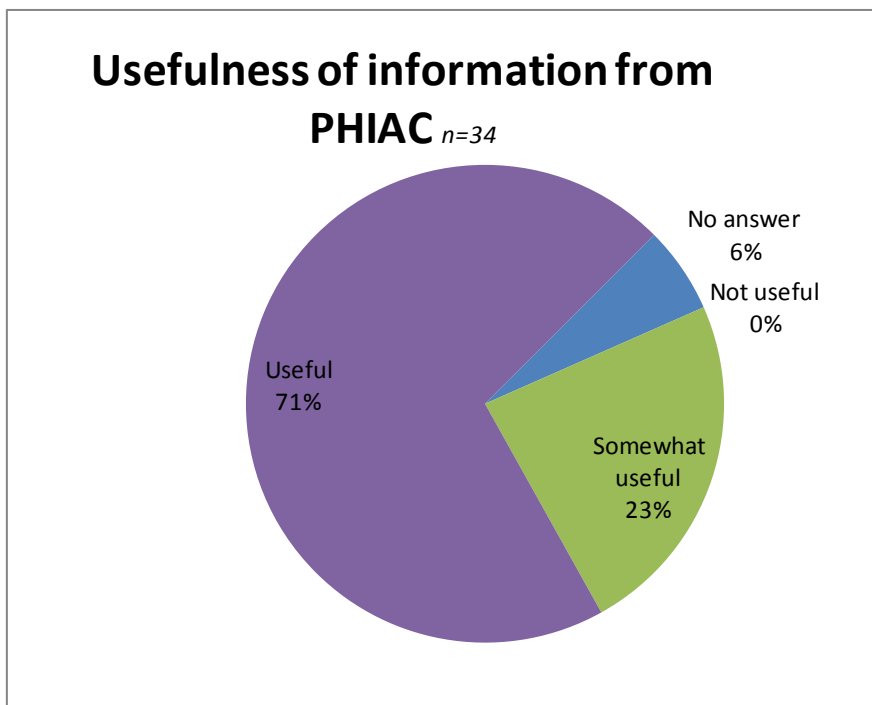
Insurers were also asked to comment on any aspects of PHIAC's prudential framework that had unintended negative consequences for their organisation and 16 insurers provided a comment. A total of seven insurers indicated that there were no negative unintended consequences, while one comment was that the level of detail required in reporting places a burden on smaller insurers.

Sources of guidance and information

Insurers have made good use of guidance and information supplied by PHIAC in the last six months, mostly industry statistics (97%) and industry circulars (94%).



A majority of respondents (94%) indicated that the guidance and information that they sourced from PHIAC was useful. See chart below.

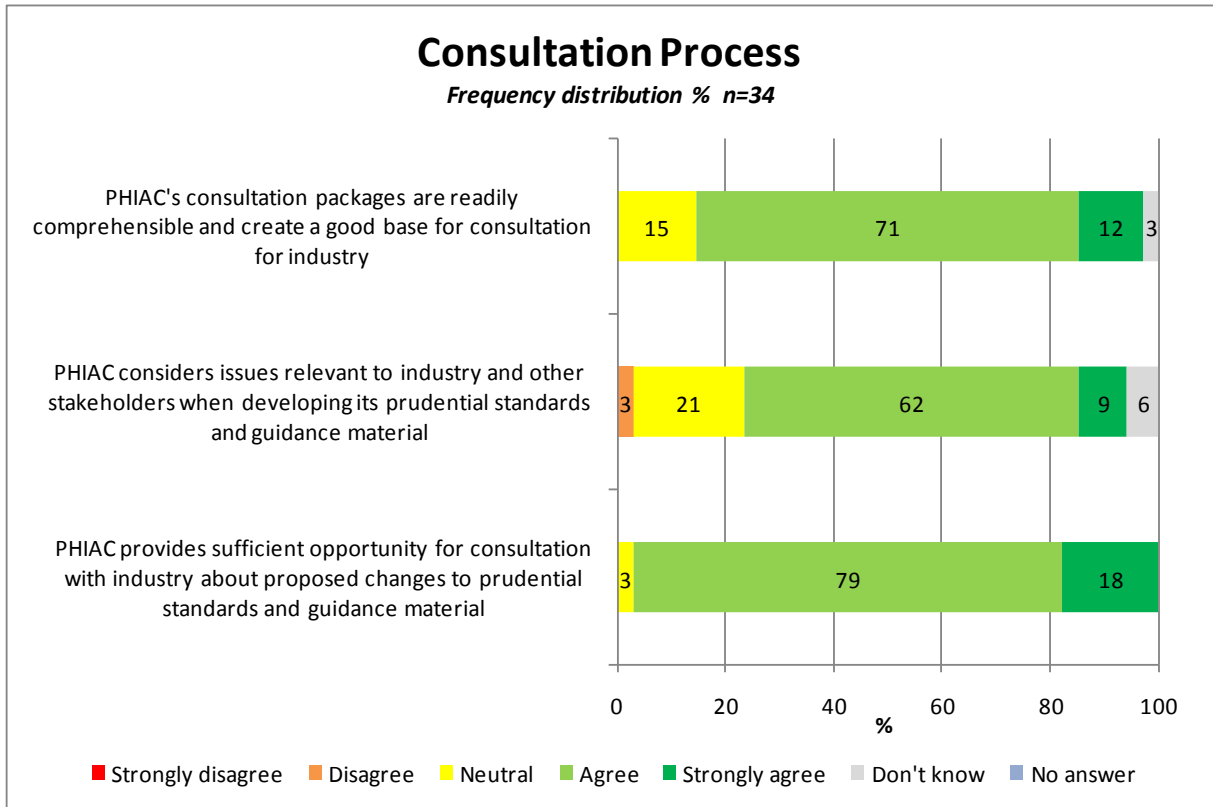


Respondent comments

Eight (8) insurers offered comments on guidance material supplied by PHIAC. Generally insurers are happy with information supplied and that PHIAC staff are normally responsive to queries and have a good degree of knowledge, though it was also said that there are differing approaches depending on the manager's they deal with – not seen as a major issue.

Consultation process

Insurers rated PHIAC well on aspects of the consultation process and most notably 97% of insurers agreed that PHIAC provides sufficient opportunity for consultation with industry about proposed changes to prudential standards.



Respondent comments

Eleven (11) insurers offered suggestions for improving PHIAC's consultation process. The most frequently mentioned themes within the offered improvements were that insurers felt feedback is often provided but some feel that this is ignored, consultation periods are sometimes tight considering content required and that operational cost impacts should be assessed.

Risk assessments

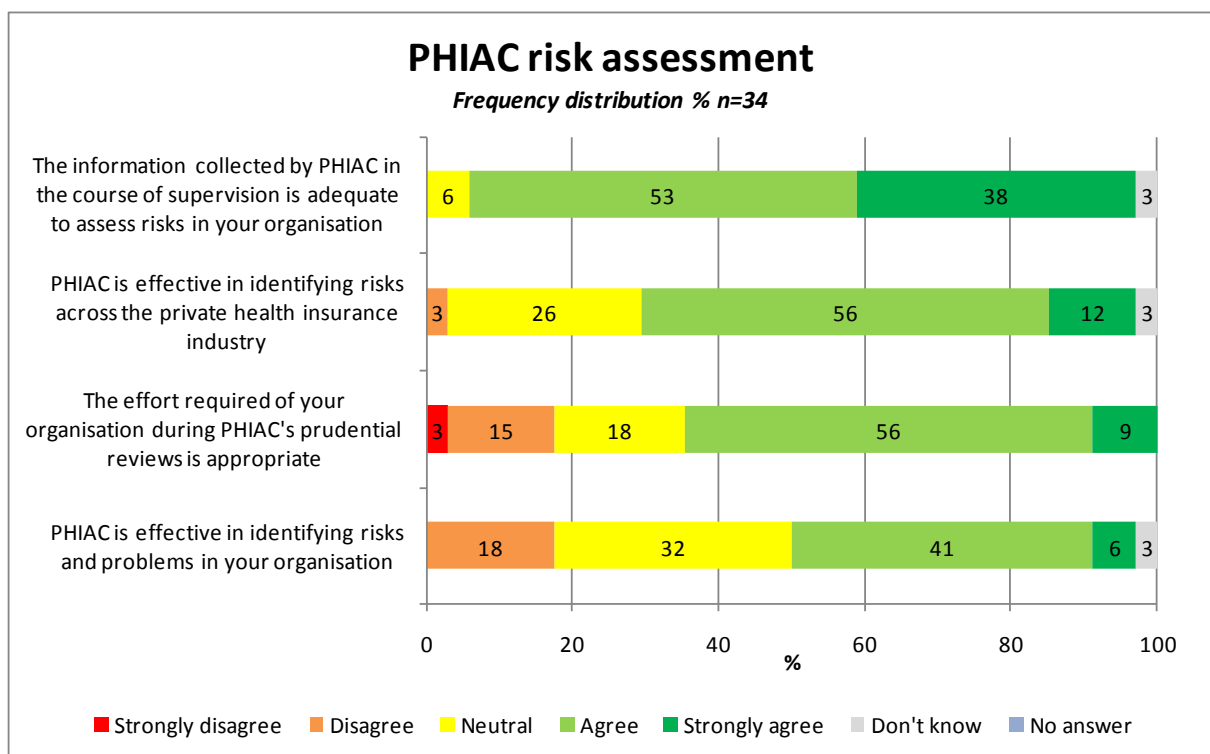
The majority of insurers (91%) agree that the information collected by PHIAC in the course of supervision is adequate to measure the risk in their organisation, this included a high proportion of insurers that strongly agreed (38%).

Two thirds (68%) of all insurers agree that PHIAC is effective in identifying risks across the industry.

Overall, around two thirds of insurers (65%) agreed that the effort required of their organisation during PHIAC's prudential reviews was appropriate.

PHIAC's effectiveness in identifying risk and problems within a particular organisation was the lowest rated risk assessment measure (47% agreement). Around one third (32%) of all insurers were neutral regarding the issue.

The frequency distribution chart below shows a good positive bias on most items.



Respondent comments related to risk assessment

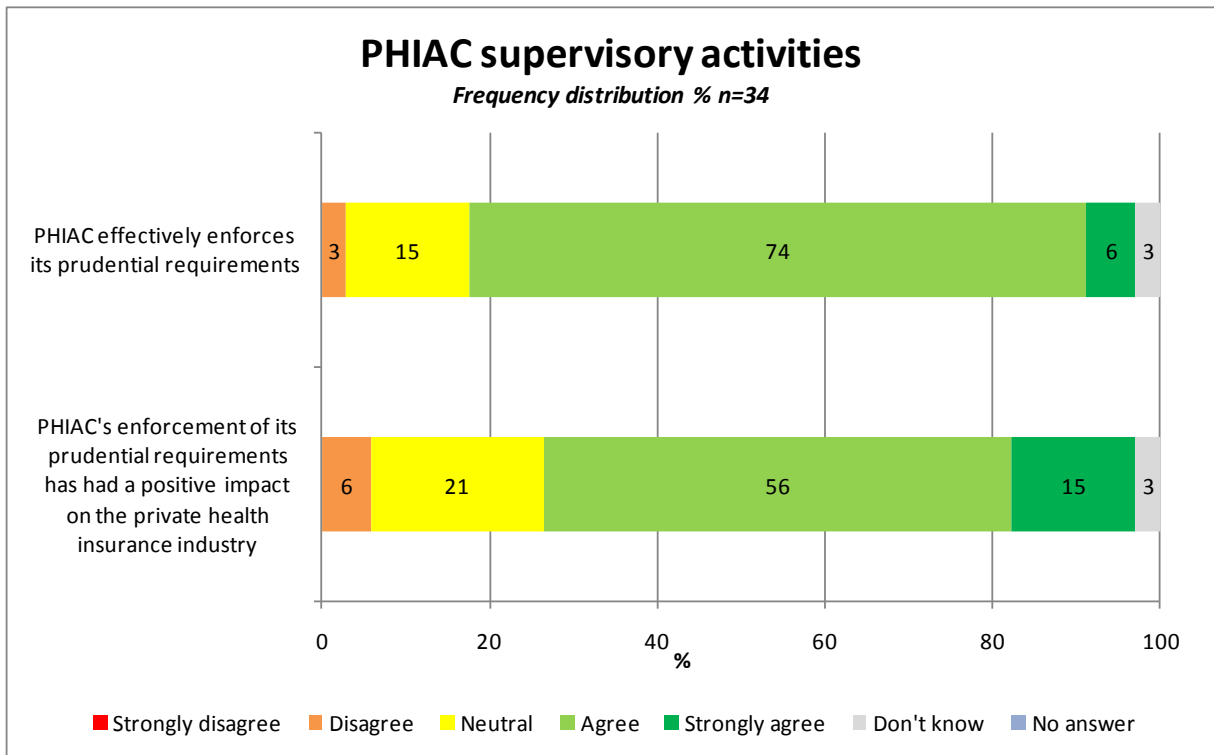
Respondents were given the opportunity to further clarify their rated answers to the items displayed in the chart above. Responses included that PHIAC demonstrate a high level of understanding of our business, and that smaller insurer's administrative resources [for compliance] can be stretched compared to larger insurers when participating in reviews. Comments about regulatory burden came from smaller insurers in the not for profit sector of the industry where resourcing can be an issue.

Respondent comments related to PHIAC's focus over the next two years

In terms of the key industry-specific issues that PHIAC could focus on in the next two years, many insurers provided comments. They ranged from more focus on mergers and acquisitions and Directors and Standard Operating Procedure education, to further ensuring that insurers have adequate policies and processes for managing risk (including sovereign risk) and the proposed means testing of the rebate.

Supervisory activities

Most insurers agree that PHIAC effectively enforce its prudential requirements (80%). The majority of insurers also agree (71%) that PHIAC's enforcement of prudential requirements had a positive impact on the industry.

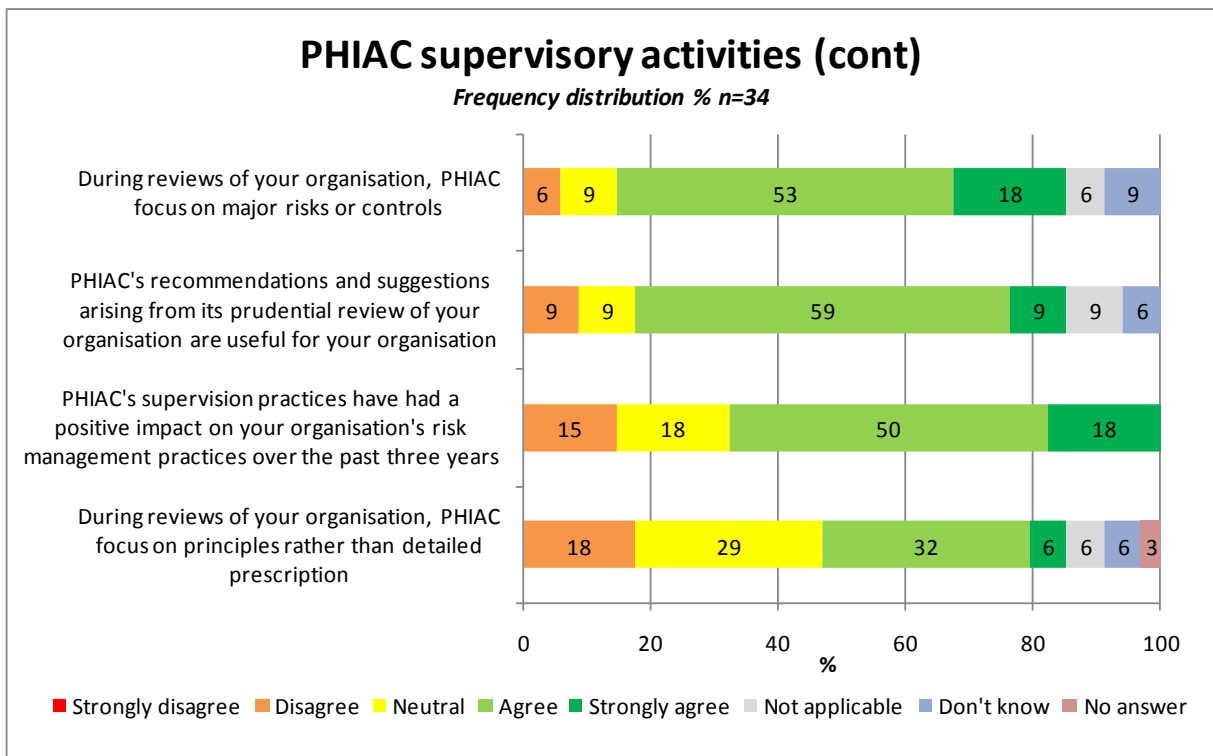


As illustrated in the chart below, there is general agreement among insurers that PHIAC focuses on major risk controls during reviews of their organisation (71%) with some disagreement (6%).

A similar level of agreement applied to whether PHIAC recommendations arising from review were useful to their organisation (68% agreement).

Two thirds of insurers (68%) agree that PHIAC’s supervision has had a positive impact over the last 3 years.

One of the more varied measures is whether PHIAC focuses on principles rather than detailed prescription during reviews; only 38% of respondents agreed.



Respondent comments on supervisory activity

Respondents were asked how PHIAC could change its supervision to meet its stated principles. The main themes from the comments centred on:

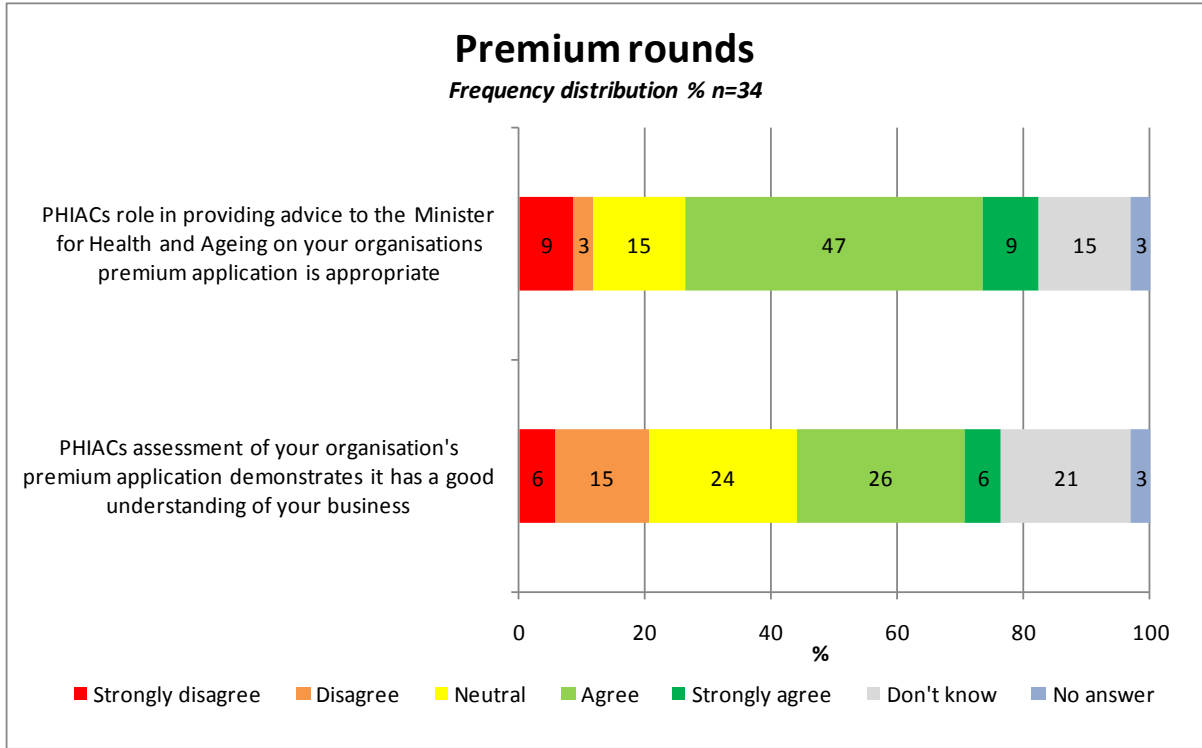
- Education and supporting aspects are important, particularly with respect to clarifying requirements and the regulatory model
- Continued, communication, dialogue, sharing information about experiences or potential problems that will provide insurers 'tips' that will self-assist better compliance
- Reasonable timeframes for delivery of information requirements
- Better clarity on what is being asked in the provision of information both in why it is being asked and how it is being asked
- Due and reasonable consideration of individual insurer’s circumstances when appraising performance should be taken into account (make a phone call before formal proceedings)
- PHIAC’s impact has largely been to help focus insurers on risk management as a priority for their own senior management and board or directors, as well as perpetuate reviews of processes to align with PHIAC expectations.

Peak body feedback - general comments on PHIAC’s supervisory process and conduct

Peak body feedback echoed some of the survey responses, with interviewees indicating that they thought although PHIAC has moved a long way in a short time, they may not have taken some of the smaller insurers on the same journey, and that keeping PHIAC investigations more informal in the early stages is preferable for smaller insurers as sometimes a phone call would be sufficient, instead of launching a formal process.

Premium rounds

Over half of respondents (56%) agreed that PHIAC provides appropriate advice to the Minister for Health and Ageing. Overall 12% of insurers do not agree that PHIAC provides appropriate advice to the Minister on their premium application.



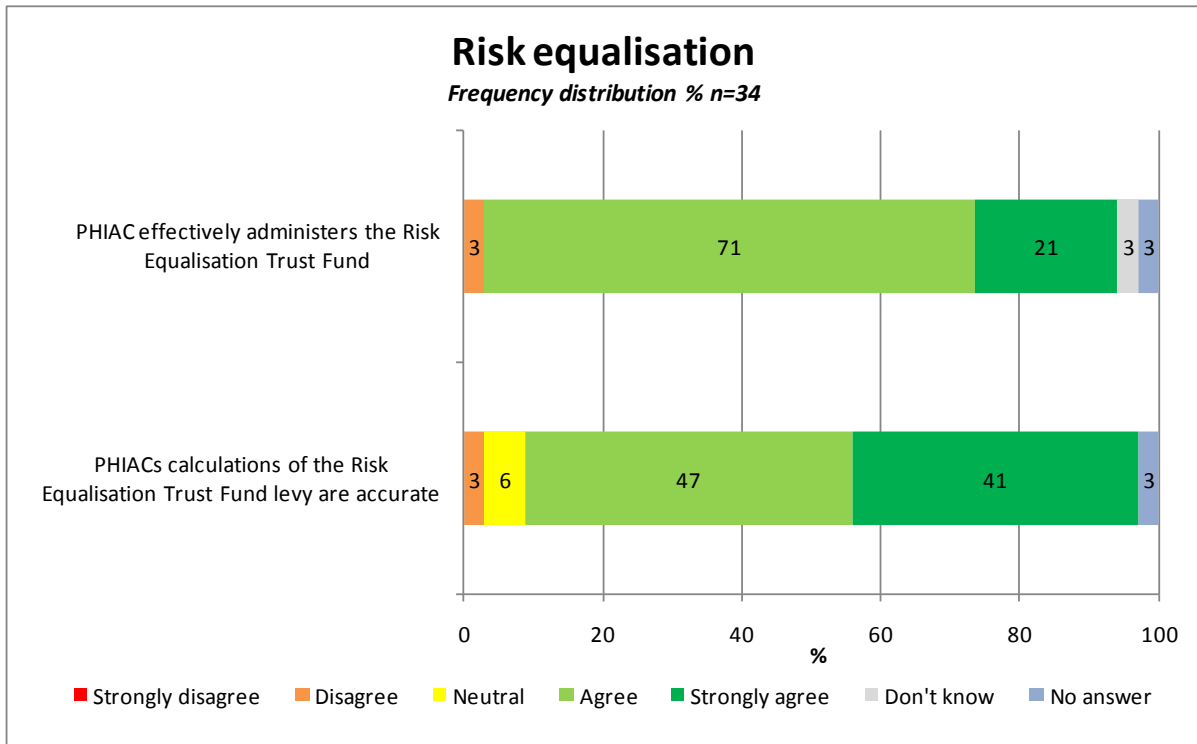
One of the lowest levels of agreement of all the survey measures was for PHIAC's assessment of insurers' premium applications demonstrating that they understood the insurer's business (32%). Notably, there was a large portion of don't know and no answer responses (24% combined); however this measure also attracted a high level of disagreement overall (21%).

Respondent comments on premium rounds

Many respondents provided further comments about these issues. From many of the comments, there was a strong desire for all insurers to have access to PHIAC's advice to the Minister regarding rate increases so that they can gain a better understanding as some insurers have been privy to this, others not.

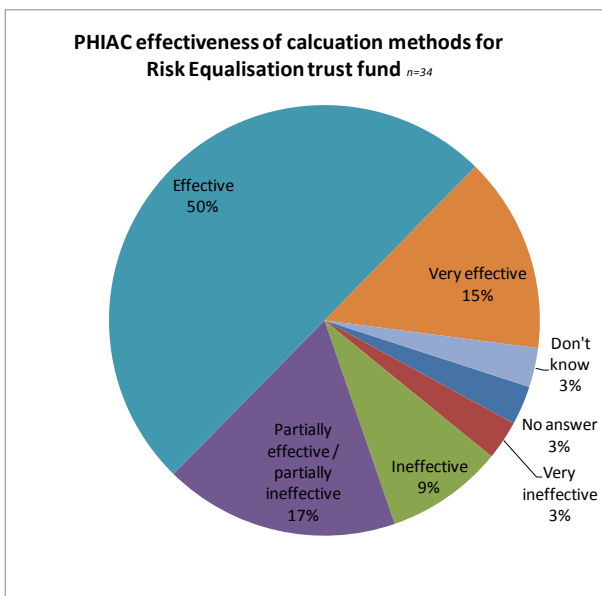
Risk Equalisation

The vast majority of respondents (91%) agreed that PHIAC effectively administers the Risk Equalisation Trust Fund.



Similarly 88% of respondents agreed that PHIAC's calculations for the Risk Equalisation Trust Fund levy were accurate (41% strongly agreeing overall).

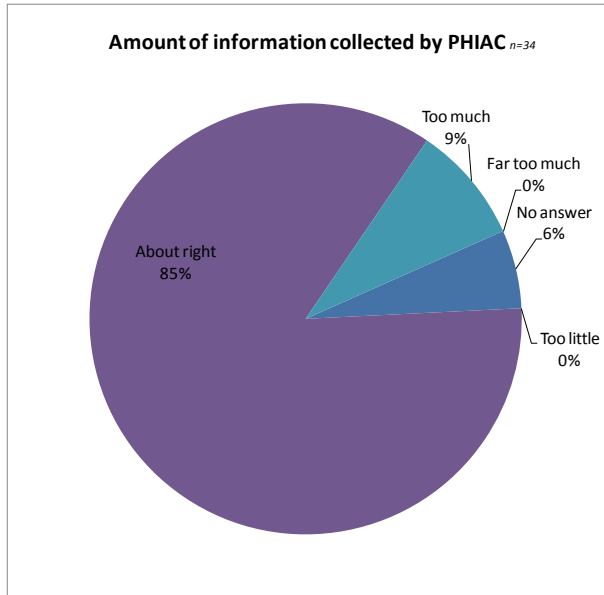
When asked how effective the current method of calculation for the Risk Equalisation Trust Fund was, just under two thirds (65%) said that PHIAC was effective.



Statistical collections

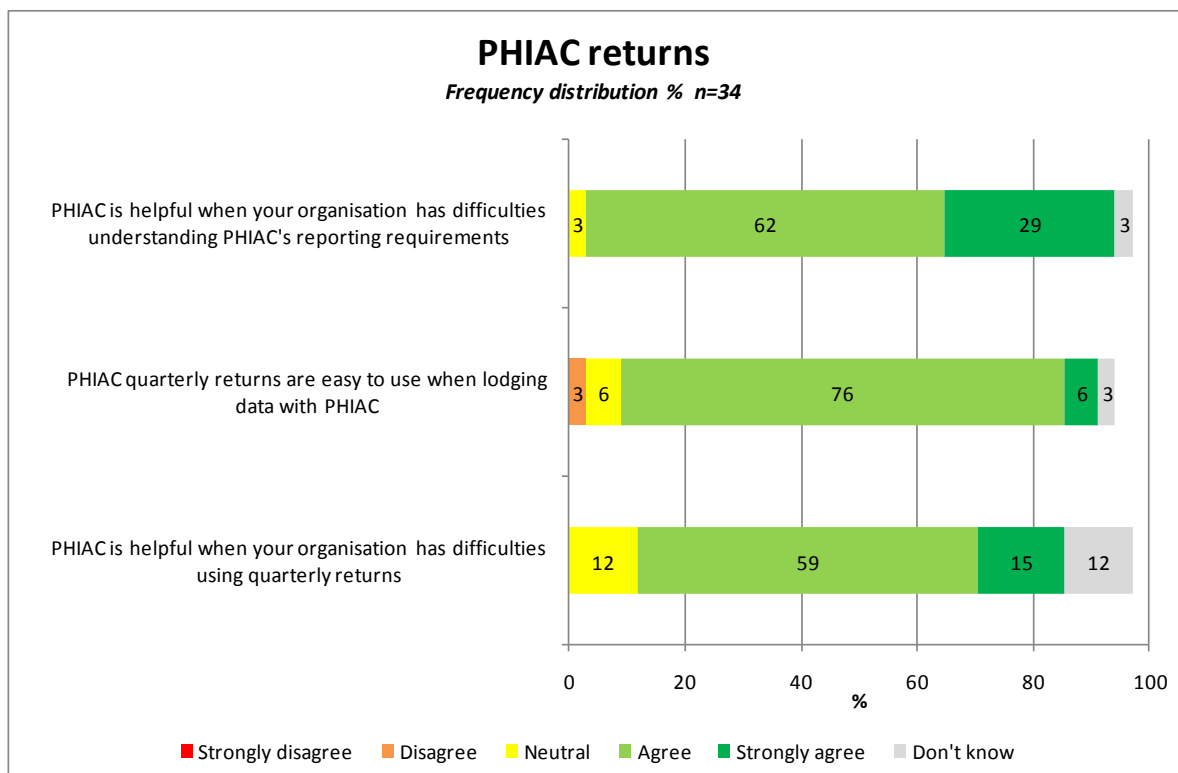
Amount of information

The majority of insurers (85%) agreed that the amount of statistical information that PHIAC collects in order to supervise their insurer was about right.



Providing/collecting information

Most insurers (91%) agree that PHIAC is helpful when they do not understand reporting requirements. Notably 29% strongly agree with this statement. A high proportion of insurers (82%) also agree that quarterly returns are easy to use when lodging data with PHIAC.



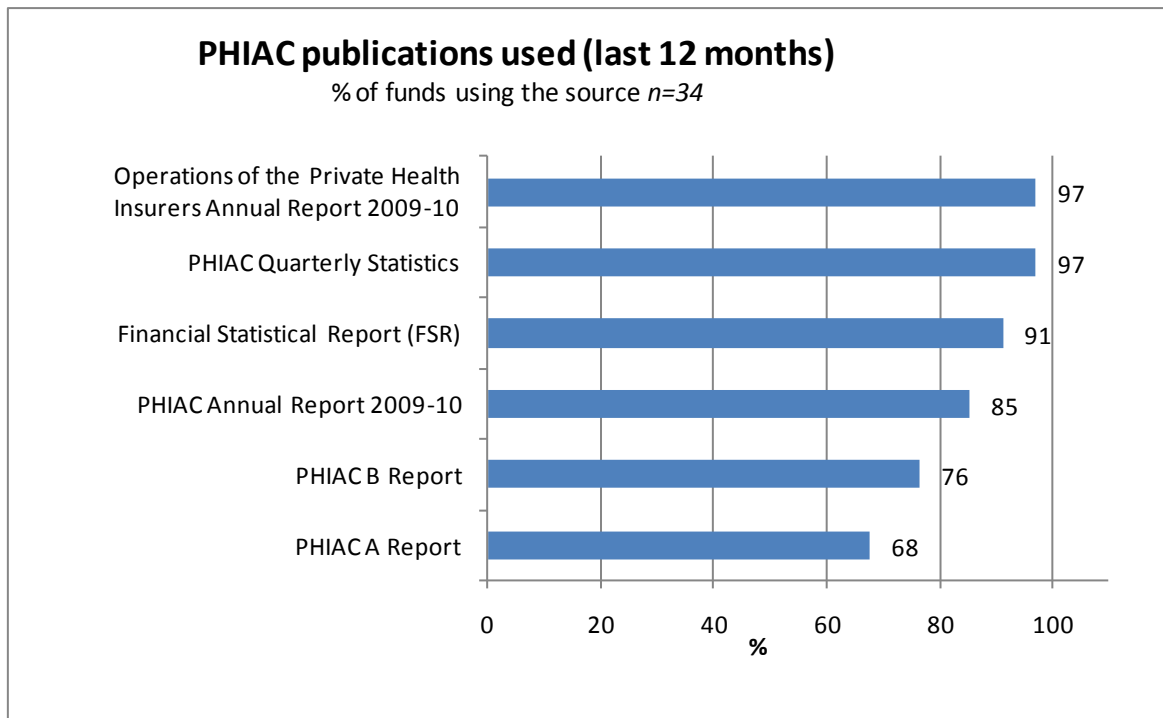
Respondent comments about PHIAC returns

Eight comments were provided by respondents, all from not for profit insurers. Respondents indicated that the electronic lodgement format with the use of PDF declarations is a step forward and is simple to use, and that PHIAC quarterly returns might be improved to include a number of cross checks and required data input cells.

Statistical publications

Respondents were asked to indicate the various PHIAC publications their organisation had used in the last 12 months.

PHIAC quarterly statistics and the Operations of the Private Health Insurers Annual Report 2009-10 were the most commonly used publications (both 97%).



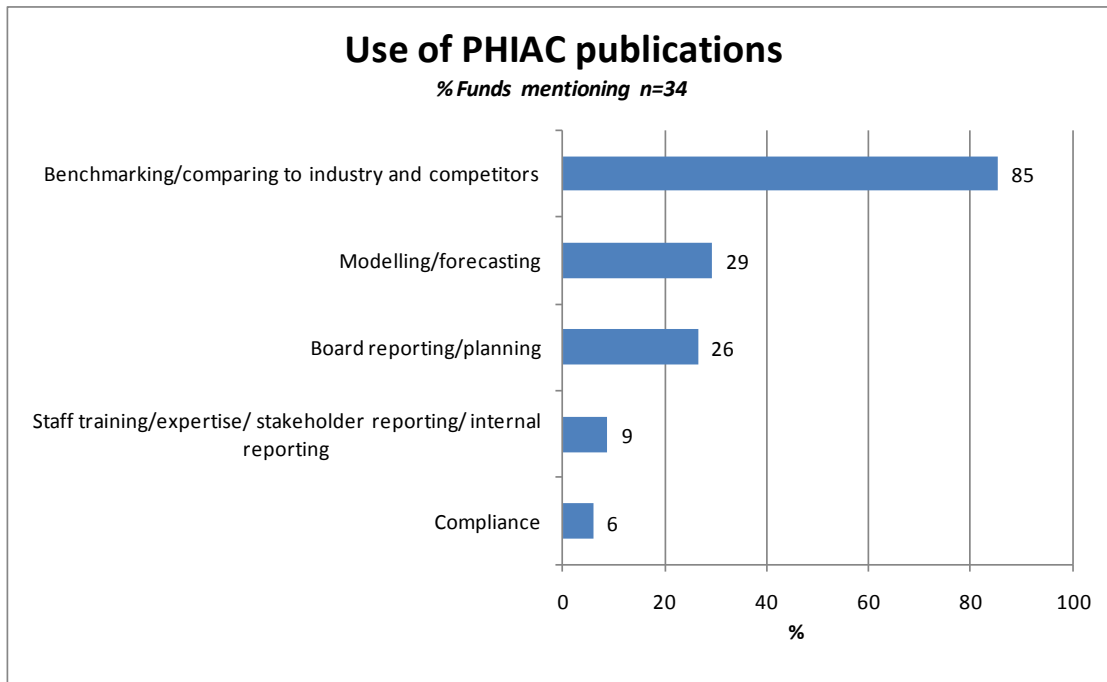
On average, respondents rated the reliability of PHIAC publications as reliable, with 91% indicating they were reliable or very reliable.

Locating PHIAC publications was reported by 62% of insurers as easy with 32% indicating that this was sometimes easy and sometimes hard.

A large majority of insurers (94%) said that the amount of statistical information provided by PHIAC was about right.

How PHIAC publications are used

Respondents were asked how they used PHIAC publications. The main themes are presented in the chart below:



Nearly all insurers (85%) use PHIAC data for industry benchmarking and competitor analysis.

Respondent comments about PHIAC publications

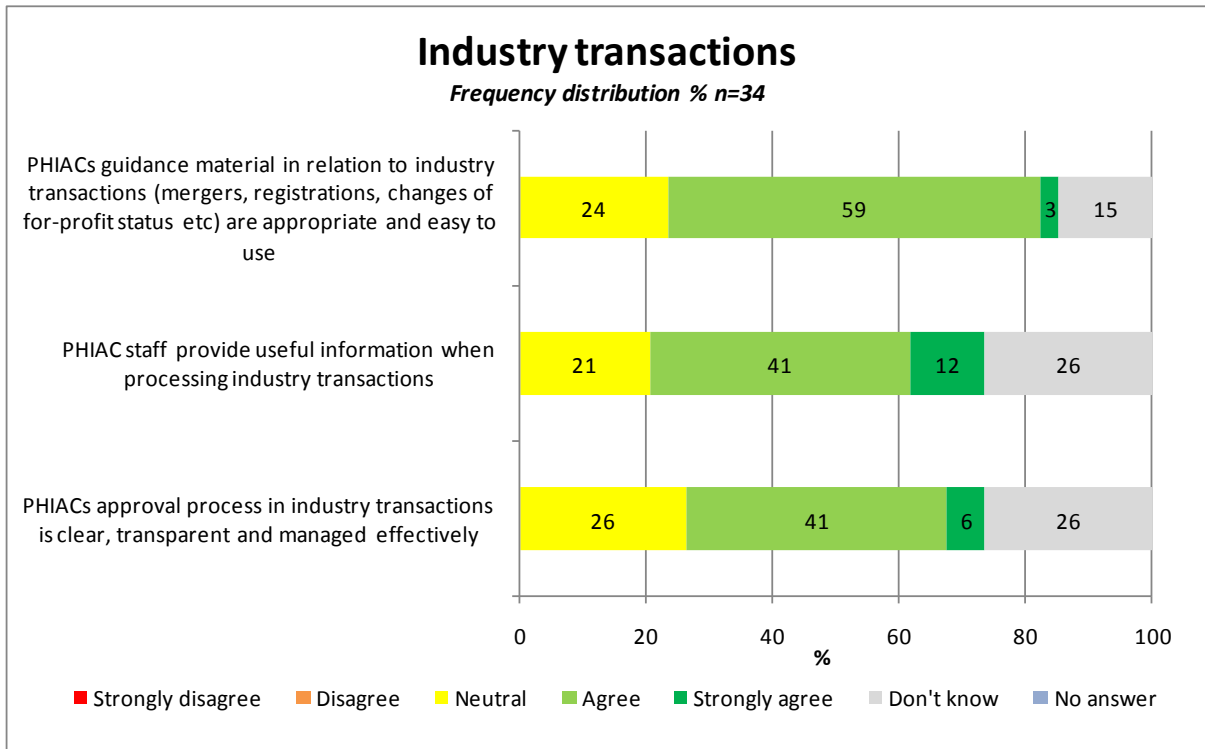
Insurers offered comments about the how publications could be changed to be more useful to their organisation. Many comments indicated that the current information is very useful, although some insurers indicated that it would be helpful if the statistics based publications could be turned around quicker.

Peak body feedback about PHIAC publications

Peak body representative that used PHIAC data and publications (including the website) were generally pleased with the content and accuracy. Broad themes of comments included that the PHIAC Annual report and statistics are very good and very useful, and that although some publications are hard to find on their website but the content is good and easy to use.

Industry transactions

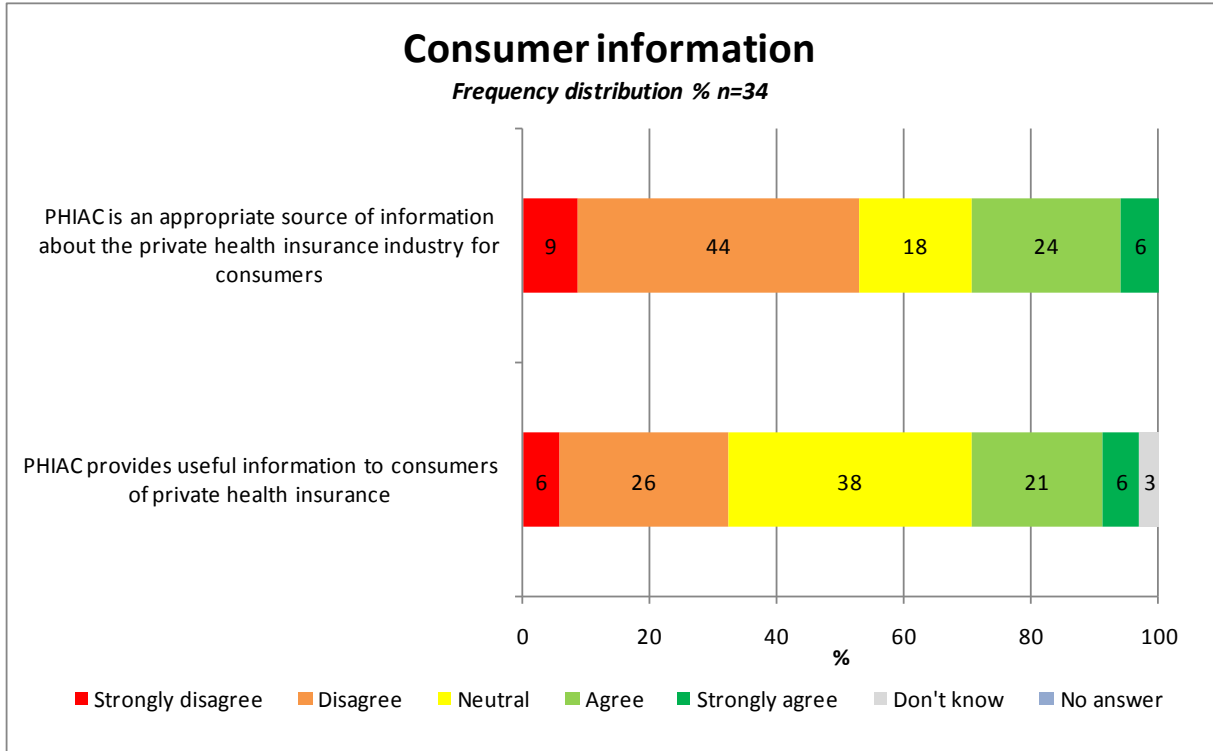
Sixty two percent (62%) of insurers agreed that PHIAC guidance material in relation to transactions (mergers, registrations, changes of for-profit status etc) was appropriate and easy to use.



There was a fairly large proportion of neutral and don't know responses for this series of questions which perhaps indicates some insurers having less involvement, exposure or relevance to them on these issues.

Consumer information

More insurers disagree (53%) that PHIAC is an appropriate source of information about private health insurance for consumers than those that agree (30%). This measure has the highest level of disagreement of all measures in the survey.



Thirty eight percent (38%) of insurers provided a neutral response to the statement that PHIAC provides useful information to consumers of private health insurance. Again, a greater proportion of insurers disagreed with this statement (32%) than agreed (27%).

Respondent comments about PHIAC providing information for consumers

Almost all comments offered the suggestion that PHIAC was not an appropriate source of consumer information and that this role should remain the responsibility of the Private Health Insurance Ombudsman (PHIO) and that PHIAC should remain focussed on regulation.

Peak body feedback about PHIAC providing information for consumers

Several peak bodies also suggested that PHIAC should focus more on regulatory issues rather than consumer advice, as this was perceived the role of the PHIO, although from a consumer perspective PHIAC should continue to inform consumers of their role as a regulator and where they may be able to assist. Having links to consumer help on the PHIO website is good – but PHIAC should avoid duplication with PHIO.

Peak bodies - general comment

Peak body input has been included in the report in relevant areas. It is worth noting that most peak bodies had little regular involvement with PHIAC. This was made known to ASR at the time of the interview. However, most respondents had some view on the role that PHIAC performed. Any issues or problems were generally from what respective peak body representatives had learned or been told by their constituents over time. This section will not repeat peak body comments provided, however it is worth noting that overall the peak body representatives believed that PHIAC:

- Were accessible and helpful
- Perform an important role well
- Provided good guidance materials and assistance when required
- Have increased their expertise – e.g. actuarial
- Produce useful publications
- Should leave the bulk of the provision of consumer information to the PHIO
- Should maintain focus on industry cost drivers and appropriate representation to the Minister for Health and Ageing
- Should pay greater consideration to the regulatory burden of smaller insurers – e.g. data collection and provision but also the cost of duplication of actuarial services.

Conclusions

1. Overall the results of this survey were positive for PHIAC. Private health insurers and peak bodies appreciated the effort PHIAC made in conducting this research. PHIAC has been noted as helpful and accessible. This is also reflected in the high ratings PHIAC received for their principles of Confidentiality, Responsibility and No surprises – though some extra work is required for Transparency, Fairness and Timeliness.
2. PHIAC's strengths are that it understands the industry and organisations, effectively enforces its prudential requirements and many insurers believe that PHIAC has had a positive impact on their industry. There was a high degree of confidence in PHIAC's management of the Risk Equalisation Trust Fund, publications and guidance material. PHIAC also rated highly in various areas of the consultation process.
3. Areas scoring lowest which may benefit from attention are better communicating its role as a useful source of consumer information, risk identification within individual insurers and demonstrating value of PHIAC's role in the premium round.

Attachment: Participating Insurers

Below is a list of participating health insurers.

Respondent Title	Insurer
Chief Executive Officer	ACA Health Benefits Fund
Chief Financial Officer	Australian Health Management Group Pty Ltd
Group Executive Health	Australian Unity Health Ltd
Managing Director	BUPA Australia Pty Ltd
Chief Executive Officer	CBHS Health Fund Ltd
Chief Executive Officer	Cessnock District Health Benefits Fund Ltd
CEO/Director	CUA Health Ltd
Chief Executive Officer	Defence Health Ltd
Chief Executive Officer	GMHBA Ltd
Chief Executive Officer	Grand United Corporate Health Ltd
Managing Director	HBF Health Ltd
General Manager	Health Care Insurance Ltd
CEO/Director	Health Insurance Fund of Australia Limited
Chief Executive Officer	Health Partners Ltd
Managing Director	Healthguard Health Benefit Fund Ltd
Chief Executive Officer	Latrobe Health Services Ltd
Chief Executive Officer	Lysaght Peoplecare Ltd
Chief Financial Officer	Medibank Private Ltd
Chief Executive Officer	Mildura District Hospital Fund Ltd
Chief Executive Officer	National Health Benefits Australia Pty Ltd
Acting Managing Director	Navy Health Ltd
Chief Financial Officer	NIB Health Funds Ltd
Chief Executive Officer	Phoenix Health Fund Ltd
Acting Chief Executive Officer	Police Health Ltd
Chief Executive Officer	Queensland Country Health Fund Limited
Chief Executive Officer	Queensland Teachers' Union Health Fund Ltd
Chief Executive Officer	Railway & Transport Health Fund Ltd
Chief Executive Officer	Reserve Bank Health Society Ltd
Managing Director	St Luke's Medical & Hospital Benefits Association Ltd
Acting Chief Executive Officer	Teachers Federation Health Ltd
Chief Executive Officer	The Doctors' Health Fund Ltd
CEO/Director	The Hospitals Contribution Fund of Australia Ltd
Chief Executive Officer	Transport Health Pty Ltd
Managing Director	Westfund Ltd

Attachment: Discussion guide – Peak Bodies

Below is the discussion guide used in the Peak Body interviews.

PHIAC stakeholder survey 2011: Peak body questions

The following questions are general / overview questions. The interviewer will probe on each of the items to understand in detail the organisation's individual issues, concerns or suggestions.

- What does PHIAC do well and should continue doing?
- What does PHIAC need to improve?
- What should it do more of?
- What should it do less of?

When thinking of these questions, keep in mind the following topics or issues – or direct your comments around these topics:

- PHI regulatory framework
- PHIAC staff and their interactions with you / your organisation
- PHIAC website
- PHIAC publications / statistical collections
- PHIAC's profile and presence in the industry, including advocacy
- The principles that PHIAC works with (no surprises, transparency, confidentiality, timeliness, fairness and responsibility).

Attachment: questionnaire used in web surveys

Below is the online survey questionnaire.