

20 December 2022

s22

A/g Assistant Director
 Private Health Insurance Division
 Department of Health

s47E(d) @health.gov.au

Dear s22

Description of services for the extension of work order

The Department of Health and Aged Care ('DOHAC' or 'the Department') has engaged Deloitte for Expert Services for assessment of 2023 premium applications.

The Department has requested further assistance on the following for the period 31 December 2022 to 30 June 2023:

- a) advice on resubmissions to the 2023 premium round process.
- b) advice on amendments to the premium round application form to improve information gathered for assessment in future premium round assessments and potential changes to future premium round processes.
- c) an update to previous work on the assessment of comparability of PHI products for consumers.

This letter describes the services we can provide for the three areas mentioned above.

All work discussed below, assumes rates specified under the Panel Head Agreement between the Commonwealth of Australia as represented by the Department of Finance and Deloitte Touche Tohmatsu for the provision of Management Advisory Services (MAS) dated 12 July 2021.

Given the work with the Department to date on the premium round, we have proposed more discounted rates for our more senior resources.

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited ("DTTL"), its global network of member firms, and their related entities (collectively, the "Deloitte organisation"). DTTL (also referred to as "Deloitte Global") and each of its member firms and related entities are legally separate and independent entities, which cannot obligate or bind each other in respect of third parties. DTTL and each DTTL member firm and related entity is liable only for its own acts and omissions, and not those of each other. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more.

Deloitte is a leading global provider of audit and assurance, consulting, financial advisory, risk advisory, tax and related services. Our global network of member firms and related entities in more than 150 countries and territories (collectively, the "Deloitte organisation" serves four out of five Fortune Global 500® companies. Learn how Deloitte's approximately 312,000 people make an impact that matters at www.deloitte.com.

Liability limited by a scheme approved under Professional Standards Legislation.

Member of Deloitte Asia Pacific Limited and the Deloitte organisation.

22 December 2022

s22

A/g Assistant Director
 Private Health Insurance Division
 Department of Health

s47E(d) @health.gov.au

Dear s22

Description of services for the extension of work order

The Department of Health and Aged Care ('DOHAC' or 'the Department') has engaged Deloitte for Expert Services for assessment of 2023 premium applications.

The Department has requested further assistance on the following for the period 31 December 2022 to 30 June 2023:

- a) advice on resubmissions to the 2023 premium round process.
- b) advice on amendments to the premium round application form to improve information gathered for assessment in future premium round assessments and potential changes to future premium round processes.
- c) an update to previous work on the assessment of comparability of PHI products for consumers.

This letter describes the services we can provide for the three areas mentioned above.

All work discussed below, assumes rates specified under the Panel Head Agreement between the Commonwealth of Australia as represented by the Department of Finance and Deloitte Touche Tohmatsu for the provision of Management Advisory Services (MAS) dated 12 July 2021.

Given the work with the Department to date on the premium round, we have proposed more discounted rates for our more senior resources.

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited ("DTTL"), its global network of member firms, and their related entities (collectively, the "Deloitte organisation"). DTTL (also referred to as "Deloitte Global") and each of its member firms and related entities are legally separate and independent entities, which cannot obligate or bind each other in respect of third parties. DTTL and each DTTL member firm and related entity is liable only for its own acts and omissions, and not those of each other. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more.

Deloitte is a leading global provider of audit and assurance, consulting, financial advisory, risk advisory, tax and related services. Our global network of member firms and related entities in more than 150 countries and territories (collectively, the "Deloitte organisation" serves four out of five Fortune Global 500® companies. Learn how Deloitte's approximately 312,000 people make an impact that matters at www.deloitte.com.

Liability limited by a scheme approved under Professional Standards Legislation.

Member of Deloitte Asia Pacific Limited and the Deloitte organisation.



Expenditure Information Template

- This document is to be sent to your [Finance Business Partner](#) (FBP) for Expenditure related information to assist with completing an Approval in Principle, Commitment Approval, and Contract Registration in SAP.
- **NOTE:** this is **NOT** an Application for Beyond Forward Estimates Approval.
- For Beyond Forward Estimates Approval information, please click [here](#).

Finance Business Partner:	s22
Procurement Officer:	s22
Description of procurement <i>Procurement Officer to complete</i>	Private Health Industry Branch is planning to engage expert services for assessment of 2023 premium applications. Services will be required in two block periods in September 2022 and November/December 2022 for a total of six weeks.
Estimated value of the procurement (including GST) <i>Procurement Officer to complete</i>	s47E(d)
Source of Funds <i>Procurement Officer to complete (FBP to confirm)</i>	Departmental
Managing Division <i>Procurement Officer to complete (FBP to confirm)</i>	MBD
Are Funds available? <i>Procurement Officer to complete (FBP to confirm)</i>	FBP advised that 2022-23 moderation bid process hasn't been finalised, and the Medical Benefit Division's preliminary indicative allocation is less than expected staffing costs.
Does GST Apply? <i>Procurement Officer to complete (if unsure please discuss with your FBP)</i>	Yes
Cost Centre Code <i>Procurement Officer to complete (FBP to confirm)</i> Useful Numbers and Cost Centres	s47E(d)
Internal Order (if applicable) <i>Procurement Officer to complete (FBP to confirm)</i>	No
Material Code <i>Procurement Officer to complete (FBP to confirm)</i>	s47E(d)
General Ledger (GL) Account Code <i>Procurement Officer to complete (FBP to confirm)</i> Commonly used General Ledger Codes	5200001200 – Contract for services
Estimated start date or purchase date <i>Procurement Officer to complete</i>	2 September 2022
Estimated end date: <i>Procurement Officer to complete</i>	16 December 2022
Financial Year/s <i>Procurement Officer to complete</i>	2022-23
Is Beyond Forward Estimates Approval required?	No



<p>Is an Invoice Plan applicable? <i>Applies to regular monthly payments over the contract period. Please discuss with your FBP.</i></p>	<p>No</p>
---	-----------

Once completed and returned by your FBP, attach this form to the Procurement Plan / Approval in Principle record in SAP as evidence of FBP consultation and funds availability.

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE

Schedule 6 – Order for Service

1. Introduction

1.1. This Order is issued in accordance with clause 11.3 of the Head Agreement.

<u>Order for Services</u>	
<i>Service Provider Information</i>	
Service Provider	Deloitte Touche Tohmatsu
Australian Business Number	74 490 121 060
Service Provider Representative	Contact: s47F Position: Partner Email: s47 @deloitte.com.a Phone: s47F
Service Provider Address for Notices	Contact: s47F Position: Partner Address: Grosvenor Place, 226 George Street, Sydney NSW 2000 AUSTRALIA Email: s47 @deloitte.com.a
<i>Agency Information</i>	
Agency	Department of Health and Aged Care
Australian Business Number	83 605 426 759
<i>Agency Representative</i>	
Agency Representative	Name: s22 Position: Acting Assistant Director Email: s22 @health.gov.au Phone: (02) 6289-s22
Agency Address for Notices	Address: GPO Box 9848, CANBERRA, ACT, 2601 Email: s22 @health.gov.au
Agency Address for Invoices	Invoices must be submitted to s22 @health.gov.au and s47E(d) and must contain any other requirements for the invoice e.g. that the purchase order no. must be quoted in the invoice.
<i>Agency order information</i>	
Purchase Order Number	TBC

Cost Centre	s47E(d)
Agency contract manager name	s22
Agency File Reference	s47E(d)
Order Commencement Date and Term	
Order Commencement Date	Friday, 9 September 2022
Order Expiry Date	Friday, 30 December 2022
Proposed options to extend	Department of Health and Aged Care may extend the term of the Order for a further period (or periods) of up to Six months in total, which may be taken in whole or in part, and in any number or combination of time periods.
Statement of Work	
Service Area	Financial Management Advisory Services
Service Category	Actuarial
Service Sub-category	Actuarial
Detailed Statement of Work	<p>Expert services for assessment of 2023 premium applications.</p> <p>The 2023 premium round is expected to present significant complexities mainly due to:</p> <ul style="list-style-type: none"> • The need to take into account allowances for COVID-19 impacts; • Impacts of Government reforms including prostheses and changes to the age of dependants on a family policy; • Impacts of changes to APRA capital standards; • The range of approaches insurers will take in forecasting membership; and • Benefits in the context of significant COVID-19 related uncertainty. <p>The supplier will assist with assessing the 2023 premium application forms in the context of the sensitivities stated above and any other unforeseen issues that are raised in the premium application form responses, providing analysis as directed by the Department.</p>
Milestones	<p>For two weeks from contract start date</p> <p>Designing a reporting template to analyse data.</p> <p>15 November 2022 to 16 December 2022</p> <p>Assist with assessing the 2023 premium applications and provide a report to the Department based on the criteria set in the first period.</p>
Key Personal	No Key Personnel have been specified for this contract.
Subcontractors	Not Applicable

Location	This clause of the Head Agreement has not been varied.
Fees	Hourly rate as per response to RFQ.
Payment Terms	20 calendar days for all other invoices
Invoicing	<ul style="list-style-type: none"> • The Supplier must submit correctly rendered tax invoices to the Customer by Email: §47E(d) • A correctly rendered tax invoice is one which includes: <ul style="list-style-type: none"> (a) the Reference / Contract / Purchase Order number; (b) the name of the customer's contact officer; (c) the Australian Government Department of Health ABN (83605426759); (d) the title of the Services; (e) details the fees payable; (f) details expenses and costs payable, and attaches original receipts; (g) contains written certification in a form acceptable to the Customer that the Supplier has paid all remuneration, fees or other amounts payable to an employee, agent or Subcontractor performing Services under this Contract; and (h) meets the requirements of a tax invoice under the GST Act.
Travel	Not Applicable
Agency Material <i>Agency Material is defined in the clause 1.1.1 of the Head Agreement as any Material provided by an Agency to the Service Provider for the purposes of a Contract, or derived at any time from that Material.</i>	Not Applicable
Existing Material	Not Applicable
Contract Material	
Restrictions on use of Contract Material	
Restrictions on use of Service Provider's name, trade name or logo	
Additional requirements	
Confidential Information	Agency Confidential information Agency data, <i>Indefinitely</i>

	Any Personal Information held by the Agency, <i>Indefinitely</i> Security Classified Information, <i>Indefinitely</i> Commercially Sensitive Information, <i>Indefinitely</i>
Agency Data Storage Requirements	This clause of the Head Agreement has not been varied.
Security	This clause of the Head Agreement has not been varied.
Additional Requirements - security	This clause of the Head Agreement has not been varied.
Conditions/Restrictions for Personal Information	This clause of the Head Agreement has not been varied.
Additional or alternate Requirements - insurance	This clause of the Head Agreement has not been varied.
Commonwealth Procurement Connected Policy Requirements	
Black Economy Policy	Not Applicable
Indigenous Procurement Policy	Not Applicable
Australian Industry Participation Policy	Not Applicable
Variable Clauses of the Head Agreement	
Internal Working Papers	This clause of the Head Agreement has not been varied.
Intellectual Property	This clause of the Head Agreement has not been varied.
Key Personnel Requirements	This clause of the Head Agreement has not been varied.
Return of confidential information	This clause of the Head Agreement has not been varied.
Liability	This clause of the Head Agreement has not been varied.
Service Provider termination right	This clause of the Head Agreement has not been varied.

Termination for convenience costs in relation to Fees for Services calculated on a milestone basis	This clause of the Head Agreement has not been varied.
---	--

Signed for and on behalf of
Commonwealth of Australia as
represented by the Department of Health
and Aged Care 83 605 426 759

Brian Kelleher

Signature of authorised officer

*Assistant Secretary
Private Health Industry Branch*

Signed for and on behalf of Deloitte
Touche Tohmatsu,

S47F

*Signature of Service Provider's authorised
representative*

Partner

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE

Deloitte Actuaries & Consultants Limited
ACN 092 651 057
AFSL 244576
Grosvenor Place
225 George Street
Sydney, NSW, 2000
Australia

16/01/2023

Tel: +61 2 9322 7000
www.deloitte.com.au
www.deloitte.com.au

s22

The Australian Department of Health (ABN 83605426759)
GPO Box 9848
Canberra
ACT
2601

Purchase Order number is: s47E(d)

Dear s22

Thank you for engaging us to provide "2023 Premium round - Expert Services"

We have invoiced an amount of s47(1)(b) (incl. GST) for work performed to 20 December 2022, with the details of how this is broken down by employee in the table below. This covers all work relating to input on the submission templates, discussions prior to receipt of the first round of submissions, analyses of individual insurer submissions as well as industry analyses.

Please note that we have not charged for all of my partner time, in line with our proposal which said I would invest 3 days of effort.

We did not incur any out-of-pocket expenses.

Table 1: Budgeted hours, Incurred hours and Charged Hours by Resource – for the period up to and including 20 December 2022

Employee	Designation	Hourly rate (incl. GST)	Hours incurred	Hours charged	Total Fees (incl. GST)
s47F		s47(1)(b)			
Total					

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited ("DTTL"), its global network of member firms, and their related entities (collectively, the "Deloitte organisation"). DTTL (also referred to as "Deloitte Global") and each of its member firms and related entities are legally separate and independent entities, which cannot obligate or bind each other in respect of third parties. DTTL and each DTTL member firm and related entity is liable only for its own acts and omissions, and not those of each other. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more.

Deloitte is a leading global provider of audit and assurance, consulting, financial advisory, risk advisory, tax and related services. Our global network of member firms and related entities in more than 150 countries and territories (collectively, the "Deloitte organisation" serves four out of five Fortune Global 500[®] companies. Learn how Deloitte's approximately 312,000 people make an impact that matters at www.deloitte.com.

Deloitte Asia Pacific
Deloitte Asia Pacific Limited is a company limited by guarantee and a member firm of DTTL. Members of Deloitte Asia Pacific Limited and their related entities, each of which are separate and independent legal entities, provide services from more than 100 cities across the region, including Auckland, Bangkok, Beijing, Hanoi, Hong Kong, Jakarta, Kuala Lumpur, Manila, Melbourne, Osaka, Seoul, Shanghai, Singapore, Sydney, Taipei and Tokyo.

Deloitte Australia
The Australian partnership of Deloitte Touche Tohmatsu is a member of Deloitte Asia Pacific Limited and the Deloitte organisation. As one of Australia's leading professional services firms, Deloitte Touche Tohmatsu and its affiliates provide audit, tax, consulting, risk advisory, and financial advisory services through approximately 8000 people across the country. Focused on the creation of value and growth, and known as an employer of choice for innovative human resources programs, we are dedicated to helping our clients and our people excel. For more information, please visit our web site at https://www2.deloitte.com/au/en.html.

Liability limited by a scheme approved under Professional Standards Legislation.
Member of Deloitte Asia Pacific Limited and the Deloitte organisation.

©2021 Deloitte Actuaries & Consultants. Deloitte Touche Tohmatsu

The fees are within the agreed budget of s47(1)(b) (with GST). As we are still in the process of completing work under this engagement, we will issue further invoices as work is incurred.

Please feel free to contact me should you have any queries.

Yours sincerely

s47F



s47F

Partner, Consulting

PLEASE SEE ATTACHED INVOICE NUMBER 8003209970

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE

§22

DEPARTMENT OF HEALTH
GPO Box 9848
Canberra ACT 2601
Australia

TAX INVOICE

Invoice Number: 8003209970
Invoice Date: 9 January 2023
Payment Due by: 8 February 2023
Client Ref: PO: §47E(d)

IN ACCOUNT WITH DELOITTE TOUCHE TOHMATSU

Fees for professional services
Engagement Number: DOH00066-01

Fees

GST EXCLUSIVE AMOUNT

GST

GST Inclusive amount

GST applicable

AUD

Total

§47(1)(b)

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE

Payment Instructions

To pay by EFT:

DFC 1 Pty Ltd

§47G

Please include invoice number with EFT.

To pay by mail:

Accounts Receivable
Locked Bag 5119
Parramatta CBD BC
NSW 2124
Australia

Please include invoice copy with
payment.

Warning: Be cautious of emails or requests asking you to change payee account details as it could be a scam. Initiate a call to Deloitte on an existing trusted number to confirm these changes.

Submit remittance details by email to xxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxx.xx or by fax (02) 9255 8397.

Liability limited by a scheme approved under Professional Standards Legislation.



Australian Government

Department of Health and Aged Care

9 September 2022

s47F

Deloitte Consulting
225 George Street
Sydney, NSW, 2000
s47F@deloitte.com.au

Dear s47F,

Request for Quotation (Premium Round 2023) under Management Advisory Services Panel (SON3751667)

Thank you for your submission to our RFQ for procurement of services to assist the assessments of the upcoming private health insurance premium price change applications.

After careful evaluation, I am pleased to inform you that the submission submitted by your organisation has been selected.

An electronic copy of the proposed Contract is enclosed. Please review the Contract and when satisfied it accurately reflects your submission, sign and return an electronic copy to me. I will arrange for our delegate to countersign the Contract and return an electronic copy to you for your records.

If you would like feedback on your response or have any queries or concerns relating to the proposed Contract prior to signing, please contact s22, Acting Assistant Director, on 02 6289 s22 or s22@health.gov.au

Details of the Contract will be posted on the AusTender website after signing by both parties. Note that your organisation should not incur any expense before both parties have signed the Contract.

Yours sincerely

Brian Kelleher
Private Health Industry Branch
9 September 2022



Indigenous Procurement Policy (IPP) Checklist

The IPP includes a **mandatory set-aside** that gives Indigenous SMEs the chance to demonstrate value for money first, **before** the procuring officer makes a general approach to the market. This mandatory set-aside applies to all Remote Procurements and all other domestic procurements where the estimated value of the procurement is **up to \$200,000 (GST inclusive)**, excluding procurements to which paragraph [2.6](#) and [10.3](#) of the CPRs apply, procurements through a Whole-of-Government arrangement or departmental panel arrangement that is specified as an exclusive purchasing agreement, and procurements where the purchase is made using an exemption to [Appendix A](#) of the CPRs.

Non-corporate Commonwealth entities that are required to comply with the Commonwealth Procurement Rules **must** comply with the Indigenous Procurement Policy.

Section 1 - Application of the IPP Mandatory Set-aside

Is the procurement valued over \$7.5m (GST Incl.) and the majority of the value falls within one of the highlighted industry categories [here](#)? Yes No

If Yes your [Contact Procurement Advisory Services](#)

Is the procurement valued \$200,000 (GST incl.) or less? Yes No

Will the majority (by value) of the goods/services be delivered in a [Remote Area](#)? Yes No

If you answered “**NO**” to all of the questions above the IPP mandatory set-aside does not apply. Do not complete the remainder of this checklist.

If you answered “**YES**” to any of the questions above the IPP mandatory set-aside **may** apply – **complete [Section 2](#)**.

Section 2- Exemptions to the IPP Mandatory Set-aside

The procurement meets Commonwealth Procurement Rules (CPRs) condition/exemption:

[2.6](#): “necessary for the maintenance or restoration of international peace and security, to protect human health, for the protection of essential security interests, or to protect national treasures of artistic, historic or archaeological value”. Yes No

[10.3 \(Conditions for limited tender\)](#) Yes No

If yes, enter the condition number (e.g.: 10.3.d.iii): 10.3.x

[Appendix A – Exemptions from Division 2](#) Yes No

If yes, enter Appendix A Exemption number that applies:

The procurement will be undertaken using a [mandatory WoAG arrangement](#)? Yes No

If you answered “**YES**” to any of the questions in section 2 the IPP mandatory set-aside does not apply to the procurement.

If you answered “**NO**” to all of the questions in section 2 the IPP mandatory set-aside applies and you **must** search [Indigenous Business Direct](#) for a potential supplier and determine if they have the capacity to meet your requirement from a value for money perspective before approaching non-indigenous suppliers. The results of your search must be recorded in the Procurement Plan.

A search was conducted on 28 July 2022. “Actuarial” services returned insurance and finance brokerage services. No private health insurance actuarial services were found.

s22

From: s47F @deloitte.com.au>
Sent: Thursday, 25 August 2022 5:03 PM
To: s22
Cc: s47F ; KELLEHER, Brian
Subject: RE:Important information regarding the RFQ - Premium Round 2023 [SEC=OFFICIAL]

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

Hi s22

Thanks for checking.

I will have my laptop with me to ensure I can work with s47F to get our response to you if it is next week. We have most of the response written so I'm hoping it will be relatively straight forward to realign some of the detail with the new RFQ.

I'm at Thredbo next week and back on deck late Thursday. I'm not sure what internet quality I will encounter there but in case I need the extra day, could we make it due next Friday? Would that be possible? I am hoping we wont need to rely on that.

Regards

s47F

Regards

s47F

s47F
D: s47F | M: s47F
s47F @deloitte.com.au | www.deloitte.com.au

Please consider the environment before printing.

From: s22 @health.gov.au>
Sent: Thursday, 25 August 2022 12:56 PM
To: s47F @deloitte.com.au>
Cc: s47F @deloitte.com.au>; KELLEHER, Brian <Brian.Kelleher@health.gov.au>
Subject: [EXT]RE: Important information regarding the RFQ - Premium Round 2023 [SEC=OFFICIAL]

Hi s47F,

One more thing re the RFQ: would you be in a position to respond to the new RFQ when it's sent out (aiming for early next week at the latest) to respond within five days? I know you mentioned leave next week, so I just wanted to run this past you.

Thanks for sending the article through. It's difficult to know the full picture, i.e. could they be private patients with out of pockets, or uninsured people who want to go private and pay full-fee? Like many things in the health space once you start scratching the surface a whole new set of questions presents themselves.

Regards,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Part-time hours - Mo, Tu, Th, Fr.



Explore medical specialists costs across Australia with the [Medical Costs Finder](#)

From: s47F @deloitte.com.au>
Sent: Thursday, 25 August 2022 12:15 PM
To: s22 @health.gov.au>
Cc: s47F @deloitte.com.au>; KELLEHER, Brian <Brian.Kelleher@health.gov.au>
Subject: RE:Important information regarding the RFQ - Premium Round 2023 [SEC=OFFICIAL]

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

Hi s22

Thanks for confirming the panel.

We have mostly written our response so will just be a matter of referring back to the right panel when that comes through, and adjusting any timelines we have mentioned.

By the way, have you seen this article today:
<https://www.abc.net.au/news/2022-08-25/australians-using-super-retirement-savings-pay-health-costs/101368246>

Do we know what treatments people are funding from Super (I'm guessing the data is not linked or perhaps it gets captured when the request comes through)? Should there be tougher rules for withdrawal – what is the overall long term health system implication of allowing this? Just does not seem like a good outcome if we are asking people to sacrifice their long term retirement savings (when their health costs will be highest) in order to pay for health costs in their earlier age.

We'll keep an eye out for the new RFQ – thanks for letting us know.

Regards

s47F

s47F
D: s47F | M: s47F
s47F @deloitte.com.au | www.deloitte.com.au

Please consider the environment before printing.

From: s22 @health.gov.au>
Sent: Thursday, 25 August 2022 11:25 AM
To: s47F @deloitte.com.au>
Cc: s47F @deloitte.com.au>; KELLEHER, Brian <Brian.Kelleher@health.gov.au>
Subject: [EXT]Important information regarding the RFQ - Premium Round 2023 [SEC=OFFICIAL]

Hi s47F,

Thank you for your call on Tuesday.

The Procurement team have advised that I will need to reissue a new RQF, now that the Management Advisory Services Panel (SON SON3751667) is mandatory for use across Government. I was not advised or aware of this Panel until this week, and apologise for any inconvenience.

I will reissue a new RFQ as soon as possible. It will broadly be consistent with the original RFQ, but timelines may need to be adjusted to allow you sufficient time to respond to the new RFQ.

Please call me if you have any questions.

Regards,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Part-time hours - Mo, Tu, Th, Fr.



[Explore medical specialists costs across Australia with the Medical Costs Finder](#)

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

This e-mail and any attachments to it are confidential. You must not use, disclose or act on the e-mail if you are not the intended recipient. If you have received this e-mail in error, please let us know by contacting the sender and deleting the original e-mail. Liability limited by a scheme approved under Professional Standards Legislation. Deloitte refers to a Deloitte member firm, one of its related entities, or Deloitte Touche Tohmatsu Limited ("DTTL"). Each Deloitte member firm is a separate legal entity and a member of DTTL. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more. Nothing in this e-mail, nor any related attachments or communications or services, have any capacity to bind any other entity under the 'Deloitte' network of member firms (including those operating in Australia).

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

This e-mail and any attachments to it are confidential. You must not use, disclose or act on the e-mail if you are not the intended recipient. If you have received this e-mail in error, please let us know by contacting the sender and deleting the original e-mail. Liability limited by a scheme approved under Professional Standards Legislation. Deloitte refers to a Deloitte member firm, one of its related entities, or Deloitte Touche Tohmatsu Limited ("DTTL"). Each Deloitte member firm is a separate legal entity and a member of DTTL. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more. Nothing in this e-mail, nor any related attachments or communications or services, have any capacity to bind any other entity under the 'Deloitte' network of member firms (including those operating in Australia).



Procurement Risk Profile

This template must be used to determine the risk profile of your procurement in the **planning, and sourcing stage**.

Why assess procurement risk?

Procurement effort should be proportionate to the risk profile of the procurement. As the risk increases, the procurement process and documentation demands greater rigor and level of detail.

More information including examples of procurement risk can be accessed via [Risk in Procurement](#).

Risk Factor Ratings

The overall risk profile is the rating with the highest number. In case of a tie, select the highest rating.

This risk profile is completed by: s22, Private Health Industry Branch

➤ PLANNING

Step 1: Identify risks in the planning stage (preparing to approach the market for a quotation)

Source of Risk	Risk Rating (Low/Medium / High)	Is the risk acceptable? <i>(for medium and high risk only)</i>
Requirements <ul style="list-style-type: none"> Potential for the goods/services requirements not being identified accurately or sufficiently Potential for inadequate information provided to potential suppliers Potentially difficult to find replacement goods/services 	Low Low Low	Yes / No
Policy and Probity <ul style="list-style-type: none"> Potential for change in Government policies Potential for probity issues Failure to meet Procurement Connected Policies (including Child Safety, Modern Slavery, Workplace Gender Equality, Indigenous Procurement Policy etc.) 	Low Low Low	Yes / No
Market research <ul style="list-style-type: none"> Failure to identify appropriate potential suppliers 	Low	Yes / No
Timeframes <ul style="list-style-type: none"> Potential for impractical timeframes 	Low	Yes / No
Cost <ul style="list-style-type: none"> Potential for increase in procurement costs 	Low	Yes / No
OVERALL RISK RATING:		LOW

➤ SOURCING

Step 1: Identify risks in the sourcing stage (release of RFQ, evaluation/negotiation, contract and commitment approval)

Source of Risk	Risk Rating (Low/Medium/ High)	Is the risk acceptable? <i>(for medium and high risk only)</i>
Evaluation	Low	

<ul style="list-style-type: none"> Potential for insufficient number of quotations/proposals Failure to follow effective evaluation processes Failure to identify risks in the quotation / proposal Potential for selecting inappropriate supplier 	Low	Yes / No
	Low	
	Low	
Delivery <ul style="list-style-type: none"> Potential for delivery of goods/services that do not meet the requirements in the contract Potential for poor supplier performance Unauthorised increase in scope of work 	Low	Yes / No
Low		
Low		
Contract and Commitment <ul style="list-style-type: none"> Potential for insufficient funding available Failure to secure mandatory conditions of contract / supplier not willing to accept the contract terms Inadvertently creating a contract without the Delegate's prior approval Failure to have sufficiently skilled and experienced resources to effectively manage the contract. Contract does not contain the required reference to Procurement Connected Policies (including Child Safety, Modern Slavery, Workplace Gender Equality, Indigenous Procurement Policy etc.) 	Low	Yes / No
Low		
Low		
Low		
Low		
OVERALL RISK RATING:		LOW

Step 2: This step must be completed for individual medium or high risks assessed as unacceptable in Step 1 for the Planning and Sourcing stages.

The Risk <i>(What can happen?) A risk description may be written as either: Failure to..... OR..... An ineffective (XXX) leads to (XXX) resulting in (XXX).</i>	Consequence (Impact) <i>(What would be the consequence/impact on the department, division or project if it does happen?)</i>	Risk Treatment <i>(What remedies currently exist? What is being developed to reduce the chance of the risk happening or the impact if it does?)</i>
Planning		
XXX		
XXX		
XXX		
Sourcing		
XXX		
XXX		
XXX		

If the overall risk profile at Planning or Sourcing stage is **Medium or High**, the Delegate must be informed and a [Risk Register – Assessment and Treatment](#) must be completed.

NOTE: The completed Risk Profile must be attached with the Procurement Plan / Approval in Principle in SAP.



Procurement Plan Agreement and Approval to Approach the Market

To: Brian Kelleher, Assistant Secretary, Private Health Industry Branch, Medical Benefits Division

Subject: Procurement of expert services for assessment of 2023 premium applications

RECOMMENDATIONS:

NOTE the Finance Business Partner advised that 2022-23 moderation bid process hasn't been finalised, and the Medical Benefit Division's preliminary indicative allocation is less than expected staffing costs (Attachment A).	Noted / Please Discuss
APPROVE that procurement will proceed prior to finalisation of the moderation bid process.	Approved / Please Discuss
NOTE the Indigenous Procurement Policy mandatory set-aside does not apply to this procurement. No providers were identified (Attachment B).	Noted / Please Discuss
NOTE the overall Risk Profile of this procurement is Low (Attachment C).	Noted / Please Discuss
APPROVE the request document in accordance with the Procurement Plan (RFQ) (Attachment D).	Approved / Please Discuss
APPROVE the Value for Money assessment for this direct approach procurement (Attachment E).	Approved / Please Discuss
NOTE Procurement Advisory Services has reviewed and cleared that this procurement is able to proceed (Attachment F).	Noted / Please Discuss

BLKL

Brian Kelleher
Assistant Secretary
Private Health Industry Branch
Ph: (02) 6289 [REDACTED]
18 August 2022

Key Points:

- i. This Procurement Plan demonstrates the proposed procurement's alignment with the *Commonwealth Procurement Rules*.
- ii. This procurement will be conducted in accordance with the Department's Procurement Process.



Contact Officer:

s22	Acting Assistant Director	Private Health Industry Branch, Medical Benefits Division	02 6289 s22
-----	---------------------------	---	-------------

PROCUREMENT PLAN

Procurement of expert services for assessment of 2023 premium applications.

1. PROCUREMENT AIM AND JUSTIFICATION

The Department is seeking to procure actuarial services to assist with the additional complexity for the 2023 premium round. Like the 2022 premium round, the 2023 premium round is expected to present significantly increased complexities mainly due to:

- the need to take into account allowances for COVID-19 impacts;
- impacts of Government reforms including prostheses, and changes to the age of dependants on a family policy;
- impacts of changes to Australian Prudential Regulation Authority (APRA) capital standards; and
- the range of approaches insurers will take in forecasting membership and benefits in the context of significant COVID-19 related uncertainty.

Expert services will be required for two block periods in the 2022-23 financial year for up to a total of six weeks.

This procurement will assist the Department to deliver the Minister's requirement to understand the drivers of the premiums applied for. Engaging a supplier with existing knowledge of the private health industry and annual premium rounds will assist with achieving value for money.

By following the process embedded in the Department of Health Procurement Method Decision Tree, this procurement will be compliant with the requirements of the *Commonwealth Procurement Rules* (CPRs).

2. ESTIMATED PROCUREMENT TIMETABLE

Distribution of RFQ to potential supplier/s:	18 August 2022
Closing Date for Responses:	29 August 2022, Close of business
Contract Execution:	2 September 2022
Contract Start Date:	2 September 2022
Contract End Date:	16 December 2022
Extension Option:	A period up to 6 months (optional)



3. DETAILED ESTIMATE OF COSTS

The estimated expenditure for the initial contract term is s47E(d), s47G GST inclusive.

The total estimated expected maximum value of the proposed procurement (including GST (if applicable), options, extensions, renewals or other mechanisms that may be executed over the life of the contract) is s47E(d), s47G.

Approval to exercise any extension, option or renewal will be sought prior to extending the arrangement.

The expenditure is proposed as follows:

Financial Year	Amount
22-23 (initial contract term)	s47E(d), s47G
22-23 (Extension Option)	s47E(d), s47G
Total Estimated Expected Maximum Value	s47E(d), s47G

Any expenditure will be funded from:

Cost Centre Name: s47E(d)

Cost Centre Code: s47E(d)

4. INDIGENOUS PROCUREMENT POLICY

The Indigenous Procurement Policy checklist was completed and determined the mandatory set-aside applies to this procurement (**Attachment B**).

Indigenous Business Direct was searched on 28 July 2022, and no Indigenous Supplier(s) potentially available to provide the requirement were identified.

5. PROCUREMENT METHOD

The estimated expected maximum value of the proposed procurement is above the [relevant](#) procurement threshold (CPRs 9.7).

The Services will be procured through an existing panel arrangement (CPRs 9.12-9.13) – Panel Name/SON ID: SON3385995 – Research, Evaluation and Data (READ) Panel.

The following supplier will be approached (direct approach):

Supplier Name	Reason
Deloitte Touche Tohmatsu	<p><i>From our previous procurement processes (for private health insurance premium round services 2021 and 2022, and a post-premium round review of private health insurance products) there is only one consultant that is:</i></p> <ul style="list-style-type: none"> <i>qualified to do the work (based on experience with recent premium round application work), and</i> <i>well placed to offer value for money based on high degree of understanding of the processes and arrangements for undertaking the assessment and the demonstrated expertise, capability and systems.</i>



	<p><i>Deloitte has provided services to Health in the past of this specific nature, including the 2021 and 2022 premium applications and are well placed to provide insights and expertise from last year's application round to assess the upcoming round. Deloitte also recently completed work on reviewing private health insurance products on the market. Deloitte are equipped to begin work immediately with no on-boarding or process learning time required and have the previous models and templates available.</i></p>
--	---

If a suitable response is not received, this Procurement Plan will be reassessed and an alternative process may be considered.

6. STAKEHOLDER CONSULTATION

The Division's Finance Business Partner was consulted on whether the funds are available (Attachment A). Funding has been raised and discussed with the acting First Assistant Secretary of Medical Benefits Division and the Deputy Secretary of the Health Resourcing Group in the context of the recent moderation bid process. The Private Health Policy and Financing Branch have been advised of their support for funding.

The Procurement Advisory Services confirmed that the procurement is cleared to proceed (Attachment D).

Ten days as the minimum timeframe for responses, however for some approaches this may be shortened. If all selected suppliers are provided a brief description of the type of services sought and confirm they are interested in receiving an RFQ (Attachment D), have the relevant capabilities and capacity to respond and agree to respond within a shorter timeframe e.g. 5 days, then delegate approval for a shortened timeframe can be sought as part of the planning stage.

RISK ENGAGEMENT

A Risk Profile has been completed (Attachment C) and the overall risk rating is Low. Risks will continue to be monitored throughout the process and reported to the Delegate as appropriate.

7. DOCUMENT DISTRIBUTION AND RECEIPT

Documentation will be handled in line with the requirements of the panel arrangement.

8. EVALUATION

The Evaluation Team will review responses to determine the best value for money outcome for the Commonwealth in accordance with the Value for Money Assessment template (Attachment E).

The Evaluation Team possess the necessary mix of technical/subject matter skills to effectively assess the submission. An evaluation report will be provided to the Delegate.

The proposed Evaluation Team is as follows:

Name	Position Title	Branch/Division	Role
[REDACTED]	Director	Private Health Industry Branch, Medical Benefits Division	Chairperson
[REDACTED]	Acting Assistant Director	Private Health Industry Branch, Medical Benefits Division	Team Member
[REDACTED]	Departmental Officer	Private Health Industry Branch, Medical Benefits Division	Team Member



9. CONTACT OFFICER

Date Completed	Contact Name	Position Title	Division/Branch	Contact Phone
18 August 2022	§22	Acting Assistant Director	Private Health Industry Branch, Medical Benefits Division	02 6289 §22

Attachments:

- A. Expenditure Information
- B. Indigenous Procurement Policy checklist
- C. Risk Profile
- D. Request for Quotation
- E. Value for Money Assessment
- F. Procurement Advisory Services endorsement

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE



Value for Money Assessment

This document describes the evaluation process used to determine value for money for procurements where **one supplier has been approached for a quotation, or an unsolicited proposal has been received.**

The findings and recommendations of the evaluation are recorded below.

Background

On 29 August 2022, the Department approached Deloitte Touche Tohmatsu LLC (Deloitte) by email for expert services for assessment of 2023 premium applications, using Management Advisory Services Panel, SON3751667. A quotation was received on 2 September 2022.

The process followed for this procurement has complied with the *Commonwealth Procurement Rules* and with the agency's internal requirements.

Evaluation Team

The evaluation team consisted of:

- [REDACTED], Director
- [REDACTED], Acting Assistant Director
- [REDACTED], Acting Assistant Director

The evaluation team acknowledged that there were no conflicts of interest for this evaluation.

Evaluation Scale	
<i>Use the ratings below in the assessment of the quotation.</i>	
Very Good	The Offer satisfies the Selection Criterion to a very high standard and presents minimal or no risk to the Commonwealth and its claims are fully supported by the information provided.
Good	The Offer satisfies the Selection Criterion to a high standard and/or presents limited risk to the Commonwealth. The Respondent's claims, in the view of the Evaluation Committee (EC), are supported by the information provided.
Satisfactory	The Offer satisfies the Selection Criterion to a satisfactory degree and/or presents an acceptable level of risk to the Commonwealth. In the view of the EC, there are some minor deficiencies and shortcomings in the information provided.
Poor	The Offer barely satisfies the Selection Criterion and/or presents some degree of unacceptable risk to the Commonwealth. In the view of the EC, there are major deficiencies in the information provided.
Unsatisfactory	The Offer does not satisfy the Selection Criterion and/or presents an unacceptable level of risk to the Commonwealth.

Findings of the Evaluation

The quotation received was compliant and fully evaluated.

Evaluation Assessment	
Criteria	Supplier: Deloitte
Suitability of the proposed approach and methodology	<p>Good.</p> <p>Based on past experience in this process, Deloitte propose to meet early to determine the type of analysis and output required by the Department, with a focus on refining previous years' analysis and output rather than starting from scratch.</p> <p>Deloitte also propose to compare health insurers within peer groups informed by the spread of premium increases. This will make for more useful comparisons.</p> <p>Analysis and output to be informed by the Department.</p>
Suitability of the proposed team (including range of skills and experience of personnel and team balance)	<p>Good.</p> <p>The experience and qualifications of the team was noted. However, only three of the team members (s47F, s47F and s47F) have worked on premium round applications before. s47F is relatively junior. s47F and s47F note their time allocated to the project is only 10 days out of 42 days.</p> <p>The remainder of the team have not had prior experience with premium round applications, but have demonstrated some relevant experience such as:</p> <ul style="list-style-type: none"> • Work on development of the pandemic monitoring framework for the Department to monitor health insurer commitments to not profit from the pandemic; • Health insurer audits; and • Valuations and capital reviews for health insurers. <p>The evaluation team notes that the Deloitte team will work under the guidance of s47F and s47F, drawing on their experience.</p>
Demonstrated experience in delivering similar services	<p>Very Good.</p> <p>Deloitte (specifically s47F and s47F) have previously worked on the 2019, 2021 and 2022 premium round application process.</p> <p>Deloitte notes that these premium rounds were complicated by the following factors:</p> <ul style="list-style-type: none"> • 2018 private health insurance reforms (which Deloitte also worked on); • COVID-19 impacts; and • Age-based discounts and dependents reforms being incorporated into the calculation of premium change.

	<p>The evaluation team notes that Deloitte’s responsiveness to issues that arose during the 2022 premium round application process was timely and to a high standard.</p> <p>Deloitte (s47F and s47F) also completed a report for the Department in June 2022 titled, <i>Private Health Insurance Product Landscape Analyses</i>. This involved detailed analysis of all private health insurance products over a number of years. The content of the report was well received by the Department.</p>
Total costs to be incurred by the Commonwealth.	s47E(d), s47G including GST.
Overall i.e. Value for Money	Good.

Additional Comments

In addition to above, the evaluation team notes that:

- Deloitte does not hold any appointed actuary roles with any private health insurer in Australia;
- Deloitte have record keeping requirements suitable for sensitive and confidential information;
- No other person at Deloitte will have access to the data from the premium round application process except for the team members identified in the quotation; and
- Deloitte is certified to ISO/IEC 27001:2013 standard for their Information Security Management System.

Recommendation

The evaluation team unanimously recommends:

- the Department proceed to commitment approval and contract with Deloitte for a total value of s47E(d), s47G GST inclusive to provide expert services for assessment of 2023 premium applications. This decision is based on the evaluation assessment that the offer from Deloitte provides a value for money outcome.

Approval to proceed

The delegate must provide email approval of the recommendation to enter into contract negotiation / commitment approval and contract with Deloitte.

The contract **must not** be signed until the delegate has approved the commitment approval in SAP.

Procurement Information for Delegates

Background

The Public Governance, Performance and Accountability Act 2013 (PGPA Act) is the cornerstone legislation of the Commonwealth Resource Management Framework.

The Commonwealth Procurement Rules (CPR's) are the keystone of the government's policy framework. The rules enable entities to design procurement processes that are robust and transparent while permitting innovative solutions that reflect the scale, scope and risk of the desired outcome.

Procurement encompasses the whole process of procuring goods and services. It begins when a need has been identified and a decision has been made on the procurement requirement.

Achieving value for money is the core rule of the CPR's. Officials responsible for procurement must be satisfied, after reasonable enquires, that the procurement achieves a value for money outcome.

Officials are required to undertake procurement and contracting activities in an efficient, effective, economical and ethical manner that achieves value for money in a whole-of-process way.

Health's Accountable Authority Instruction's (AAI) and applicable Finance Business Rules (FBR's) must be followed in all instances of procurement within the Department.

Procurement Thresholds

The procurement thresholds (including GST) are:

- for non-corporate Commonwealth entities, other than for procurements of construction services, the procurement threshold is \$80,000;
- for Prescribed Corporate Commonwealth Entities, other than for procurements of construction services, the procurement threshold is \$400,000; or
- for procurements of construction services by relevant entities, the procurement threshold is \$7.5 million.

Procurements valued over the thresholds must be conducted through either an:

- Open Tender;
- Panel (either Whole of Government, Health or other agency); or
- Limited Tender (only when Division 2 and/or Appendix A of the CPR's can be satisfied).

The Procurement Method Decision Tree will help determine the appropriate method for your procurement.

A procurement must not be divided into separate parts solely for the purpose of avoiding a relevant procurement threshold. When the maximum value of a procurement over its entire duration cannot be estimated, the procurement must be treated as being valued above the relevant procurement threshold.

Relevant Links and Contacts

[PGPA Act](#) | [CPR's](#) | [AAI's](#) | [FBR's](#) | [Procurement Intranet](#) | **Procurement Advisory Services (PAS) Section**

Contact PAS via phone on 02 6289 s47E(d) or email s47E(d) [@health.gov.au](mailto:pas@health.gov.au)

Attachment A - Key Considerations for Delegates

Before exercising a delegation to approve the commitment of funds - PGPA Act Section 23 (3) - or enter into an arrangement - PGPA Act Section 23 (1), Delegates need to assure themselves that the procurement is compliant and documented:

Checklist Item (To be completed by Procuring Official)	Checked
Approval documentation clearly identifies what is being procured, total cost and length of contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do I have the correct delegation to approve the requested expenditure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there sufficient budget available to commit expenditure for this procurement (Financial Business Partner confirmation) including expenditure beyond the current financial year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the process undertaken compliant with PGPA, CPR's, AAI's and FBR's	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, has the procurement process considered and applied a Whole of Government Panel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable, does the Indigenous Procurement Policy apply to the procurement, and if a suitable supplier cannot be identified has this been clearly documented. If your Planned procurement is estimated to be above \$7.5 million you must consult §47E(d) @health.gov.au to ensure compliance to the policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Identified an existing panel arrangement to provide the goods or services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If a limited tender was undertaken, can the Limited Tender satisfy a condition for limited tender from CPR (10.3) or CPR Appendix A (over the relevant threshold)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Have any probity issues (perceived or real) been considered, documented and mitigated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For all Covered Procurements (over \$80,000 and covered by Div. 1 and 2 of the CPR's) you must ensure you comply with the requirements under the Government Procurement Judicial Review Act, 2018 . Seek advice from PAS if you are unsure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If approval for PGPA Act Section 60 (indemnities/contingent liabilities) is required has it been documented and approval obtained, prior to Section 23 (3) approval	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Risk (WHS and procurement) has been considered and where necessary have put in steps to mitigate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The correct contract to procure the goods or services (for example Commonwealth Contracting Suite, panel Official/Work Order or ICT source contract) is being used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If required, has legal advice been obtained (for example review of changes to contractual terms and conditions)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Has correctly assessed any applied requests to keep certain information within the resultant contract confidential	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Has Procurement Advisory Services (PAS) reviewed and endorsed the procurement process and associated documents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Stored all relevant procurement documentation in TRIM	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Request for Quotation under the Deed of Standing Offer for Research, Evaluation and Data (READ) Panel dated December 2016 (the Deed)

The Department seeks a quotation from Suppliers pursuant to clause 3.2 of the Deed.

The Department requires provision of the Services described below, within the timeframe and in accordance with the specifications detailed below.

If the Supplier is able to provide the Services in accordance with the Department's requirements, please forward a quotation which details:

- a. the Services the Supplier is able to provide;
- b. the fees to provide the Services (which must be based on the fee schedule specified in Schedule 3 of the Deed, unless more favourable rates are proposed);
- c. the names and roles of Personnel proposed to deliver the Services, including the part of the Services each person will undertake;
- d. any information the Supplier wishes to have designated as Additional Supplier Confidential Information in any subsequent Official Order for the Services (should the Supplier's quotation be accepted). Such a request will be dealt with in accordance with the clauses of the Deed;
- e. any Existing Material the Supplier would utilise if engaged to provide the Services; and
- f. the name and contact details for the Supplier's contact officer for the purposes of this quotation.

Services required by the Department

The Department seeks quotations for the Services detailed at **Attachment A**. The timeframe for the provision of the Services is as follows:

- 2 September 2022 – 15 September 2022
 - to assist with reviewing sector feedback from stakeholder consultations and designing a reporting template to analyse the data.
- 15 November 2022 – 16 December 2022
 - to assist with assessing the 2023 premium applications and provide a report to the Department based on the criteria set in the first period.

Address and timeframe for lodgement of quotations

Please forward a quotation to the address below:

s47 @health.gov.au

Responses are to be received by close of business Monday, 29 August 2022.

Department Contact Officer

All queries in relation to this request for quotation should be directed to the following Department contact officer:

Name: s22
 Telephone: 02 6289 s22
 Email address: s22 @health.gov.au

Attachment A

STATEMENT OF REQUIREMENT

A1 Background

Like the 2022 premium round, the 2023 premium round is expected to present significant complexities mainly due to:

- The need to take into account allowances for COVID-19 impacts;
- Impacts of Government reforms including prostheses and changes to the age of dependants on a family policy;
- Impacts of changes to APRA capital standards; and
- The range of approaches insurers will take in forecasting membership and benefits in the context of significant COVID-19 related uncertainty.

Expert services will be required for two block periods in the 2022-23 Financial year.

A2 Contract Services/outcomes required

- The successful supplier will assist with preparing and assessing the 2023 premium application forms in the context of the sensitivities stated above and any other unforeseen issues that are raised in the premium application form responses, providing analysis as directed by the Department.

A3 Timeframe for completion of the Contract Services

Dates	Activity
2 September 2022 to 15 September 2022	Assist with reviewing sector feedback from stakeholder consultations and designing a reporting template to analyse the data.
15 November 2022 to 16 December 2022	Assist with assessing the 2023 premium applications and provide a report to the Department based on the criteria set in the first period.

A4 Special skills/knowledge needed

- Prior experience with premium round data and Government process related to premium round.
- Capability to provide confidentiality assurance, working with protected commercial in confidence level data.
- Demonstrated ability to provide value adding analysis of private health insurance matters in the context of wider issues impacting the private health sector, now and into the future.

A5 Applicable service levels and standards

Not applicable.

A6 Resources/materials to be provided by the department

Personnel will be required to log into SecureDoc (APRA's secure document exchange) to access the premium round application forms.

A7 Reporting requirements

- Delivery of analysis as directed by the Department as per section A2.
- Any significant issues identified to be reported as necessary.
- Daily updates on any additional costs due to the engagement of Partner or Director resources. Health must be informed in advance of any variation in cost.

A8 Evaluation Criteria

- Prior experience with premium round data and Government process related to premium round.
- Ability to begin work immediately at the commencement of the engagement with little to no on-boarding time required.

- Respond to the Department's direction under limited supervision.
- Capability to provide confidentiality assurance, working with protected commercial in confidence level data.
- Demonstrated ability to provide value adding analysis of private health insurance matters in the context of wider issues impacting the private health sector, now and into the future.

A9 Fees, expenses and costs

Fees to be based on time and materials.

Using the table below, please outline the cost per resource.

Role	Name	Daily Rate (GST inc)	Hourly Rate (GST inc)	% Time on project
Partner or equivalent				
Director or equivalent				
Consultant or equivalent				
Senior Analyst or equivalent				

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE



Request for Quotation under the Deed of Standing Offer for Research, Evaluation and Data (READ) Panel dated December 2016 (the Deed)

The Department seeks a quotation from Suppliers pursuant to clause 3.2 of the Deed.

The Department requires provision of the Services described below, within the timeframe and in accordance with the specifications detailed below.

If the Supplier is able to provide the Services in accordance with the Department's requirements, please forward a quotation which details:

- a. the Services the Supplier is able to provide;
- b. the fees to provide the Services (which must be based on the fee schedule specified in Schedule 3 of the Deed, unless more favourable rates are proposed);
- c. the names and roles of Personnel proposed to deliver the Services, including the part of the Services each person will undertake;
- d. any information the Supplier wishes to have designated as Additional Supplier Confidential Information in any subsequent Official Order for the Services (should the Supplier's quotation be accepted). Such a request will be dealt with in accordance with the clauses of the Deed;
- e. any Existing Material the Supplier would utilise if engaged to provide the Services; and
- f. the name and contact details for the Supplier's contact officer for the purposes of this quotation.

Services required by the Department

The Department seeks quotations for the Services detailed at **Attachment A**. The timeframe for the provision of the Services is as follows:

- 2 September 2022 – 15 September 2022
 - to assist with reviewing sector feedback from stakeholder consultations and designing a reporting template to analyse the data.
- 15 November 2022 – 16 December 2022
 - to assist with assessing the 2023 premium applications and provide a report to the Department based on the criteria set in the first period.

Address and timeframe for lodgement of quotations

Please forward a quotation to the address below:

s47 @health.gov.au

Responses are to be received by close of business Monday, 29 August 2022.

Department Contact Officer

All queries in relation to this request for quotation should be directed to the following Department contact officer:

Name: s22
 Telephone: 02 6289 s22
 Email address: s22 @health.gov.au

Attachment A

STATEMENT OF REQUIREMENT**A1 Background**

Like the 2022 premium round, the 2023 premium round is expected to present significant complexities mainly due to:

- The need to take into account allowances for COVID-19 impacts;
- Impacts of Government reforms including prostheses and changes to the age of dependants on a family policy;
- Impacts of changes to APRA capital standards; and
- The range of approaches insurers will take in forecasting membership and benefits in the context of significant COVID-19 related uncertainty.

Expert services will be required for two block periods in the 2022-23 Financial year.

A2 Contract Services/outcomes required

- The successful supplier will assist with preparing and assessing the 2023 premium application forms in the context of the sensitivities stated above and any other unforeseen issues that are raised in the premium application form responses, providing analysis as directed by the Department.

A3 Timeframe for completion of the Contract Services

Dates	Activity
2 September 2022 to 15 September 2022	Assist with reviewing sector feedback from stakeholder consultations and designing a reporting template to analyse the data.
15 November 2022 to 16 December 2022	Assist with assessing the 2023 premium applications and provide a report to the Department based on the criteria set in the first period.

A4 Special skills/knowledge needed

- Prior experience with premium round data and Government process related to premium round.
- Capability to provide confidentiality assurance, working with protected commercial in confidence level data.
- Demonstrated ability to provide value adding analysis of private health insurance matters in the context of wider issues impacting the private health sector, now and into the future.

A5 Applicable service levels and standards

Not applicable.

A6 Resources/materials to be provided by the department

Personnel will be required to log into SecureDoc (APRA's secure document exchange) to access the premium round application forms.

A7 Reporting requirements

- Delivery of analysis as directed by the Department as per section A2.
- Any significant issues identified to be reported as necessary.
- Daily updates on any additional costs due to the engagement of Partner or Director resources. Health must be informed in advance of any variation in cost.

A8 Evaluation Criteria

- Prior experience with premium round data and Government process related to premium round.
- Ability to begin work immediately at the commencement of the engagement with little to no on-boarding time required.

- Respond to the Department’s direction under limited supervision.
- Capability to provide confidentiality assurance, working with protected commercial in confidence level data.
- Demonstrated ability to provide value adding analysis of private health insurance matters in the context of wider issues impacting the private health sector, now and into the future.

A9 Fees, expenses and costs

Fees to be based on time and materials.

Using the table below, please outline the cost per resource.

Role	Name	Daily Rate (Gst inc)	Hourly Rate (GST inc)	% Time on project
Partner or equivalent				
Director or equivalent				
Consultant or equivalent				
Senior Analyst or equivalent				

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
 FREEDOM OF INFORMATION ACT 1982 BY
 THE DEPARTMENT OF HEALTH AND AGED CARE



Indigenous Procurement Policy (IPP) Checklist

The Department of Health must comply with the [Indigenous Procurement Policy](#). The IPP includes two policy elements in the form of:

1. a **mandatory set-aside** has been established (MSA) that gives Indigenous SMEs the chance to demonstrate value for money, before the procuring officer makes a general approach to the market. At Health, this mandatory set-aside applies to all remote procurements and all other domestic procurements where the estimated value of the procurement **at, or under \$200,000 (GST inclusive)**, excluding procurements to which paragraphs [2.6](#) and [10.3](#) of the CPRs apply, procurements through a Whole-of-Government arrangement, and procurements where the purchase is made using an exemption to [Appendix A](#) of the CPRs.
2. **mandatory minimum requirements (MMR)** that include Indigenous participation targets mandated in high value contracts wholly delivered in Australia valued above \$7.5 million in [specified industry categories](#).

Section 1 - Mandatory Set-aside (MSA)

Q1. Is your procurement being conducted under any of the following circumstances:

- [Mandatory Whole of Government Arrangement](#)
Management Advisory Services Panel SON SON3751667

Yes No

If you answered "YES" to Q1 and provided required details, the MSA does not apply. Proceed to **Section 2**.

Q2. Is the procurement valued at, or under \$200,000 (GST inclusive)?

As a Supply Nation Member, our Department has [committed](#) on a best endeavours basis to identify and/or create business opportunities for Supply Nation certified Indigenous suppliers. Hence, the mandated threshold for procurements valued at, or under \$200,000 (this valuation should also include any possible extension options). Please search for Indigenous suppliers on [Supply Nation](#).

Yes No

Q3. Will the majority (by value) of the goods/services be delivered in [remote areas](#)?

Yes No

If you answered "NO" to both Q2 and Q3, the Mandatory Set-aside does not apply. Proceed to **Section 2**.
If you answered "YES" to either Q2 or Q3, the Mandatory Set-aside applies and you must conduct a search for a suitable Indigenous supplier on [Supply Nation](#) and document the outcomes of that search in your [Procurement Plan](#). Proceed to **Section 2**.

Section 2 – Mandatory Minimum Requirements (MMR)

Is the procurement valued over \$7.5m (GST inclusive) and the majority of the value falls within one of the highlighted industry categories [here](#)?

Yes No

If "YES" MMR clauses are required in your Approach to Market and contract documentation. Please contact [Procurement Advisory Services](#).

Updated September 2021

s22

From: s47E(d)
Sent: Friday, 26 August 2022 12:25 PM
To: s22
Subject: RE: Seeking urgent review prior to seeking delegate endorsement: Management Advisory Services Panel Request for Quote - 41.docx [SEC=OFFICIAL] CCEMS:07360001531

Importance: High

Hi s22,

Draft RFQ is endorsed. Please ensure you seek approval for the changed procurement method/panel approach documentation.

Kind regards,

s22
Snr Adviser

Procurement Advisory Services

Financial Management Division | Corporate Operations Group
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s47E(d) @health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia

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

To ensure prompt responses, please address any replies to this inbox and not to personal inboxes.

THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH AND AGED CARE

----- Original Message -----

From: s22 @health.gov.au>;
Received: Fri Aug 26 2022 11:27:17 GMT+1000 (Australian Eastern Standard Time)
To: s47E(d) @health.gov.au>; s47E(d) @health.gov.au>;
Subject: Seeking urgent review prior to seeking delegate endorsement: Management Advisory Services Panel Request for Quote - 41.docx [SEC=OFFICIAL]

Hi,

Further to my emails this week (see attached), I've prepared a new RFQ under the Management Advisory Services Panel (SON3751667_ using the template on the Department of Finance website.

Note the Procurement Plan has already been approved, only the RFQ needs to be amended.

May I please seek PAS endorsement to continue.

Regards,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22@health.gov.au
Part-time hours - Mo, Tu, Th, Fr.



Explore medical specialists costs across Australia with the [Medical Costs Finder](#)

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 BY
THE DEPARTMENT OF HEALTH AND AGED CARE

s22

From: s47E(d)
Sent: Tuesday, 2 August 2022 12:49 PM
To: s22
Subject: RE: FW: Procurement plan documents & RFQ CCEMS:07360001469 [SEC=OFFICIAL]
Attachments: Premium Round 2023 - Procurement Plan - PAS02082022AR.docx

Categories: Red Category

Hi s22,

PAS has reviewed the procurement plan, please see minor suggested changes in the attached.

Does PAS endorsement require finance's confirmation that funds are available? No, it is not dependent upon confirmation however PAS check completeness of process, funding availability being one of the items requiring confirmation prior to a market approach.

Once changes actioned, cleared to proceed.

Kind regards,

s22

Snr Adviser

Procurement Advisory Services

Financial Management Division | Corporate Operations Group
 Australian Government Department of Health and Aged Care
 T: 02 6289 s22 | E: s47E(d) @health.gov.au
 GPO Box 9848, Canberra ACT 2601, Australia

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

To ensure prompt responses, please address any replies to this inbox and not to personal inboxes.

THIS DOCUMENT HAS BEEN RELEASED UNDER THE FREEDOM OF INFORMATION ACT 1982 BY THE DEPARTMENT OF HEALTH AND AGED CARE

----- Original Message -----

From: s22 @health.gov.au>;
Received: Tue Aug 02 2022 10:56:21 GMT+1000 (Australian Eastern Standard Time)
To: s47E(d) @health.gov.au>; s47E(d) @health.gov.au>; s47E(d) @health.gov.au>; s47E(d) @health.gov.au>;
Subject: FW: Procurement plan documents & RFQ CCEMS:07360001469 [SEC=OFFICIAL]

Sorry,

One follow up question. Does PAS endorsement require finance's confirmation that funds are available?

Thanks,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Part-time hours - Mo, Tu, Th, Fr.



Explore medical specialists costs across Australia with the [Medical Costs Finder](#)

From: s22
Sent: Tuesday, 2 August 2022 10:40 AM
To: s47E(d) @health.gov.au
Cc: s22 @Health.gov.au
Subject: RE: Procurement plan documents & RFQ CCEMS:07360001469 [SEC=OFFICIAL]

Thank you.

My apologies the Procurement Plan dropped off the email! Please see attached.

I have also updated the RFQ based on your comments, and all templates updated for the new department logo (templates consistent with those on the intranet).

Please let me know if you require anything further.

Note I am still awaiting on the final name of a person for the evaluation team.

Thanks,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Part-time hours - Mo, Tu, Th, Fr.



Explore medical specialists costs across Australia with the [Medical Costs Finder](#)

From: s47E(d) @health.gov.au
Sent: Monday, 1 August 2022 5:02 PM
To: s22 @health.gov.au
Cc: s22 @Health.gov.au
Subject: RE: Procurement plan documents & RFQ [SEC=OFFICIAL] CCEMS:07360001469

Hi s22,

PAS has reviewed the draft documents. One comment within the attached RFQ for your consideration and action.

No Procurement plan was provided, please complete and forward to PAS for final review and endorsement.

We suggest you ensure you use the most recent templates for your procurements - available within the PAS [Procurement Process](#).

Kind regards,

s22

Snr Adviser

Procurement Advisory Services

Financial Management Division | Corporate Operations Group
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s47E(d) @health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia

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

To ensure prompt responses, please address any replies to this inbox and not to personal inboxes.

----- Original Message -----

From: s22 @health.gov.au >;
Received: Mon Aug 01 2022 15:09:03 GMT+1000 (Australian Eastern Standard Time)
To: s47E(d) @health.gov.au >; s47E(d) @health.gov.au >; s47E(d) @health.gov.au >;
s47E(d) @health.gov.au >;
Cc: s22 @health.gov.au >;
Subject: Procurement plan documents & RFQ [SEC=OFFICIAL]

Hi,

We are preparing procurement documents to directly approach a consultant for their services. The budget is s47E(d), s47G.

Attached is the draft procurement plan and associated documents.

Just wondering if you are happy to look through and let me know if this is suitable, or if there is anything I am missing?

Also, does PAS "endorse" procurement plans before progressing to the delegate?

Thanks,

s22

Acting Assistant Director | Private Health Policy and Financing | Private Health Industry Branch
Medical Benefits Division
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Part-time hours - Mo, Tu, Th, Fr.

 [Explore medical specialists costs across Australia with the Medical Costs Finder](#)

Commitment Approval Minute

Brian Kelleher,
Assistant Secretary, Private Health Industry Branch
Medical Benefits Division

COMMITMENT APPROVAL TO ENGAGE DELOITTE TOUCHE TOHMATSU (DELOITTE) FOR EXPERT ACTUARIAL SERVICES FOR ASSESSMENT OF 2023 PREMIUM APPLICATIONS

This Minute recommends that you:

- **APPROVE** the draft official order with Deloitte for the provision of the provision of expert services for assessment of 2023 premium applications, using Management Advisory Services Panel, SON3751667 (**Attachment A**);
- **APPROVE** expenditure for a total of up to §47E(d), §47G (GST Inclusive) under Section 23(3) of the *Public Governance, Performance and Accountability Act*;
- **APPROVE** the Letter of Offer to Deloitte (**Attachment B**)
- **APPROVE** the Value for Money Assessment (**Attachment C**)
- **NOTE** the Letter of Offer and the draft Official Order will be sent to Deloitte for signature upon your approval of this minute.
- **CONFIRM** the information provided in this commitment approval has fully addressed the Delegate's Checklist before exercising a delegation to approve the commitment of funds - PGPA Act Section 23 (3) - or enter into an arrangement - PGPA Act Section 23 (1). Delegates need to assure themselves that the procurement is compliant and documented (**Attachment D**) and
- **NOTE** the commitment approval will work-flow to you via SAP ESS for online approval.

1. BACKGROUND/CONTEXT

Like the 2022 premium round, the 2023 premium round is expected to present significant complexities mainly due to:

- The need to take into account allowances for COVID-19 impacts;
- Impacts of Government reforms including prostheses and changes to the age of dependants on a family policy;
- Impacts of changes to APRA capital standards; and
- The range of approaches insurers will take in forecasting membership and benefits in the context of significant COVID-19 related uncertainty.

The Department expects to receive substantive information from private health insurers from the 2023 premium round applications. A review of this information will provide insights into the premiums charged - and the changes in premiums sought - for private health insurance products.

VALUE FOR MONEY ASSESSMENT

Deloitte was approached directly to provide a quote.

From previous procurement processes (for private health insurance premium round services), Deloitte was determined to be the only consultant that is:

- qualified to do the work (based on experience with recent premium round application work),
- does not have a conflict of interest (i.e. is not providing actuarial services to any of the health insurers for premium round applications),
- has experience on health insurance product tiers (because this consulting firm helped to develop the health insurance product tiers and also provided the Department with a report into private health insurance products in early 2022).

Additionally, Deloitte has experience on three previous private health insurance premium round submissions. Importantly, Deloitte does not hold any appointed actuary roles with any private health insurer in Australia.

The quote received from Deloitte was evaluated in line with the evaluation process used to determine value for money for procurements where one supplier has been approached for a quotation. Deloitte was rated as Good to Very Good on all criteria (**Attachment C**), and the quote was within budget for the review.

2. TIMEFRAME

Services will be provided for a period from execution until 30 December 2022. There is an option to extend the review for six months.

The departmental funding allocated to this review is available only for the current financial year and cannot be rolled-over.

3. CONTRACTUAL ARRANGEMENT

The appropriate form of contract has been prepared (**Attachment A**) based on the standing offer official order template.

This is a desktop-based review. No travel is required and any costs incurred for travel will not be reimbursed. Meetings with the Department will be conducted virtually.

Contract Manager

The nominated Contract Manager for this arrangement will be the Acting Assistant Director of Private Health Policy and Financing Section, Private Health Industry Branch.

4. COMPLIANCE WITH COMMONWEALTH PROCUREMENT RULES

This approach through an existing standing offer arrangement falls under Division 1, Section 9.12 and 9.13 of the Commonwealth Procurement Rules (CPRs).

The estimated expected maximum value of the proposed procurement is above the relevant procurement threshold (CPRs 9.7). The Services are procured through an existing panel arrangement (CPRs 9.12-9.13) – Management Advisory Services Panel, SON3751667.

5. INDIGENOUS PROCUREMENT POLICY - MANDATORY SET-ASIDE (MSA)

The IPP Mandatory Set-aside does not apply to this procurement (**Attachment E**).

6. EXPENDITURE APPROVAL AND FUNDS AVAILABILITY

The anticipated cost to the Department for the services is §47E(d), §47G (GST incl) approval is sought for up to §47E(d), §47G (GST incl) consistent with your initial approval for this approach to market, given the potential for an extended assessment period and more detailed analysis being required to support the Minister's decision. This is within your delegation limit under the Accountable Authority Financial Delegations Schedule 1, Table 1, Item 3 (Branch Head) to approve proposals to commit relevant money up to §47E(d), §47G.

Note that currently, the 2022-23 moderation bid process hasn't been finalised, and the Finance Business Partner advised that the Medical Benefit Division's preliminary indicative allocation is less than expected staffing costs.

Forward Commitment

Beyond Forward Estimates Approval is the approval of funds beyond the forward estimates period (current financial year plus four financial years out). It is a requirement under instruction from the Secretary (s16 PGPA Act- Schedule Instruction 1), the Department's Financial Delegations and Finance Business Rules.

As the duration of the expenditure proposal does not extend beyond the forward estimates period, a Beyond Forward Estimates approval has not been completed. In addition, this commitment approval does not contain any contingent liabilities.

7. GENERAL

Risk Management

The risk profile developed as part of the Procurement Plan has been reviewed. The risk profile remains Low. There are no conflict of interest issues that have been raised throughout the process.

Any significant risks and mitigations identified will be advised to the delegate.

Internal Reporting Requirements

Under the Department's Procurement Processing and Management policy, contracts must be registered within two business days of execution.

External Reporting Requirements

The contract will be reported on the Department's website in accordance with the Senate Order requirements of July 2001 (Murray Motion). As the contract is valued over \$10,000 it will be reported on AusTender within 42 days of entering into the contract, in line with the Commonwealth Procurement Rules (Division 1, Item 7, Reporting arrangements).

Documentation

The documentation is held on TRIM File s47E(d). All relevant documentation leading up to the contract has been filed in accordance with Corporate Business Rule 2: Information Management and Record Keeping.

8. COMPLIANCE WITH FINANCIAL AND PROCUREMENT POLICIES

This procurement was conducted in accordance with the Department's financial and procurement policy framework (Delegate's Checklist).

9. DELEGATE APPROVALS

It is recommended that you:

APPROVE the draft official order with Deloitte for the provision of the provision of expert services for assessment of 2022 premium applications, using Management Advisory Services Panel, SON3751667 (Attachment A)	APPROVED / NOT APPROVED
APPROVE expenditure for a total of up to s47E(d), s47G (GST Inclusive) under Section 23(3) of the <i>Public Governance, Performance and Accountability Act</i> ;	APPROVED / NOT APPROVED
APPROVE the Letter of Offer to Deloitte (Attachment B)	APPROVED / NOT APPROVED
APPROVE the Value for Money Assessment (Attachment C); and	APPROVED / NOT APPROVED
NOTE the Letter of Offer and the draft Official Order will be sent to Deloitte for signature upon your approval of this minute.	NOTED PLEASE DISCUSS

<p>CONFIRM the information provided in this commitment approval has fully addressed the Delegate's Checklist before exercising a delegation to approve the commitment of funds - PGPA Act Section 23 (3) - or enter into an arrangement - PGPA Act Section 23 (1). Delegates need to assure themselves that the procurement is compliant and documented (Attachment D) and</p>	<p>CONFIRMED / PLEASE DISCUSS</p>
<p>NOTE the commitment approval will work-flow to you via SAP ESS for online approval</p>	<p>NOTED / PLEASE DISCUSS</p>

Prepared by:

Approved by:

Approved by email

B L L L .

.....
 s22
 Acting Assistant Director, Private Health Policy and Financing
 Private Health Industry Branch

.....
 Brian Kelleher,
 Assistant Secretary
 Private Health Industry Branch

9 September 2022

9 September 2022

Attachments:

- A. Draft official order with Deloitte
- B. Letter of Offer to Deloitte
- C. Value for Money Assessment
- D. Delegate's Checklist
- E. IPP Checklist

THIS DOCUMENT HAS BEEN RELEASED UNDER THE
 FREEDOM OF INFORMATION ACT 1982 BY
 THE DEPARTMENT OF HEALTH AND AGED CARE

s22

From: s47F @deloitte.com.au>
Sent: Thursday, 27 October 2022 12:46 PM
To: s22, s47F
Cc: s22
Subject: RE:2023 Premium Round - Confidentiality and conflict deed [SEC=OFFICIAL]
Attachments: Confidentiality and conflict deed - Organisation agreement s47F.pdf; Confidentiality Deed Poll s47F 27102022.pdf; Confidentiality and conflict deed - Organisation agreement - s47F.pdf; Confidentiality and conflict deed - Organisation agreement - s47F signed 26.10.2022.pdf; Confidentiality and conflict deed - Organisation agreement s47F.pdf

Categories: Red Category

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

Hi s22

1. Attached, please find signed confidentiality deeds of those who will be supporting with the 2023 Premium Round applications.
2. Could you also arrange our access to the secure sharepoint. Below are the email addresses of our staff.

s47F @deloitte.com.au
s47F @deloitte.com.au
s47F @deloitte.com.au
s47F @deloitte.com.au
s47F @deloitte.com.au

Do let me know if you need any other information. I will be away from tomorrow and return on Wednesday 2/11 so s47F would be best point of call in that time period.

s47F

s47F
D: s47F | M: s47F
I work part time and am unavailable on a Friday.

From: s22 @health.gov.au>
Sent: Monday, 24 October 2022 4:00 PM
To: s47F @deloitte.com.au>; s47F @deloitte.com.au>
Cc: s22 @Health.gov.au>; KELLEHER, Brian <Brian.Kelleher@health.gov.au>
Subject: [EXT]2023 Premium Round - Confidentiality and conflict deed [SEC=OFFICIAL]

Hi s47F and s47F,

In preparation for the analysis of 2023 premium round applications, I will require all team members who will have access to the health insurer applications and who will be working on the project to sign and return the attached Confidentiality and Conflict Deed.