**2.2 Budgeted expenses and performance for Outcome 2**

|  |
| --- |
| **Outcome 2: Individual Health Benefits**Ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in healthcare services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance. |

#### Programs Contributing to Outcome 2

Program 2.1: Medical Benefits

Program 2.2: Hearing Services

Program 2.3: Pharmaceutical Benefits

Program 2.4: Private Health Insurance

Program 2.5: Dental Services

Program 2.6: Health Benefit Compliance

Program 2.7: Assistance through Aids and Appliances

#### Linked programs

| Other Commonwealth entities that contribute to Outcome 2 |
| --- |
| Australian Taxation Office (ATO) |
| Program 1.12: Private Health Insurance RebateThe ATO contributes to the administration ofthe Government’s Private Health Insurance Rebate program. The ATO also works with the Department of Health and Aged Care to deliver the Multi‑Agency Data Integration Project (2.4). |
| Department of Social Services (DSS) |
| Program 1.1: Support for FamiliesProgram 1.3: Support for SeniorsProgram 1.4: Financial Support for People with DisabilityProgram 1.5: Financial Support for CarersProgram 1.6: Working Age PaymentsProgram 1.7: Student PaymentsDSS contributes to providing access to cost-effective medicines, medical, dental, and hearing services by determining income support recipient eligibility for Pensioner Concession Cards, Health Care Cards and Commonwealth Seniors Health Cards, which attract concessions under this Outcome (2.1, 2.2, 2.3, 2.5 and 2.6). |

|  |
| --- |
| Other Commonwealth entities that contribute to Outcome 2 |
| Department of the Treasury (Treasury) |
| Program 1.4: Commonwealth-State Financial RelationsTreasury provides financial assistance through National Partnership payments to state and territory governments as part of the Federal Financial Relations Framework[[1]](#footnote-1), which includes funding for the Federation Funding Agreement on Public Dental Services for Adults (2.5). |
| Department of Veterans’ Affairs (DVA) |
| **Program 2.1: General Medical Consultations and Services** Program 2.3: Veterans’ Pharmaceuticals BenefitsProgram 2.5: Veterans’ Counselling and Other Health ServicesProgram 2.6: Military Rehabilitation and Compensation Acts – Health and Other Care ServicesDVA provides access to general and specialist medical and dental services for its clients (2.1, 2.5 and 2.6).DVA’s Repatriation Pharmaceutical Benefits Scheme provides clients access to a comprehensive range of pharmaceuticals and wound dressings for the treatment of their health care needs (2.3). |
| Hearing Australia |
| Program 2.2: Hearing ServicesHearing Australia is funded by the Department of Health and Aged Care to deliver:* the Community Service Obligations component of the Hearing Services Program (2.2).
* hearing research and development projects through the National Acoustic Laboratories (2.2).
 |
| National Health Funding Body (NHFB)[[2]](#footnote-2) |
| Program 1.1: National Health Funding Pool AdministrationThe Department of Health and Aged Care has lead responsibility for the integrity of health benefits claims and associated compliance activities. The NHFB Administrator and the NHFB work with the Commonwealth, states and territories on data matching and the identification of potential duplicate payments through other Commonwealth funded programs to ensure the same public hospital service is not funded twice (2.6). |
| Professional Services Review (PSR)[[3]](#footnote-3) |
| Program 1.1: Safeguarding the Integrity of the Medicare Program and Pharmaceutical Benefits SchemeThe PSR contributes to the integrity of the Medicare program, the Pharmaceutical Benefits Scheme and the Child Dental Benefits Schedule by investigating health practitioners suspected of inappropriate practice on request from the Chief Executive Medicare and determining any sanctions to be applied (2.1, 2.5 and 2.6). |

|  |
| --- |
| Other Commonwealth entities that contribute to Outcome 2 |
| Services Australia |
| Program 1.2: Customer Service DeliveryProgram 1.3: Technology and TransformationServices Australia administers payments to eligible recipients under the following programs:* Medicare services and benefit payments, and related Medicare Benefits Schedule items (2.1)
* external breast prostheses reimbursements (2.1)
* ex-gratia payments for the Disaster Health Care Assistance Scheme (2.1)
* Hearing Services Program payments for voucher services and devices (2.2)
* the Pharmaceutical Benefits Scheme (2.3)
* Lifetime Health Cover mail out and the private health insurance rebate (2.4)
* the Child Dental Benefits Schedule (2.5)
* payment of claims from stoma associations for stoma-related products (2.7).
 |

*Budgeted expenses for Outcome 2*

This table shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by Administered and Departmental funding sources.

Table 2.2.1: Budgeted expenses for Outcome 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Program 2.1: Medical Benefits** |  |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 152,323 | 121,637 | 107,566 | 106,344 | 107,287 |
| Special account |  |   |  |  |  |
| Medicare Guarantee Fund - medical benefits | 28,061,033 | 30,246,742 | 32,111,112 | 34,001,470 | 35,862,416 |
| accrual adjustment  | 31,652 | 44,556 | 23,519 | 6,551 | 5,616 |
| **Total for Program 2.1** | **28,245,008** | **30,412,935** | **32,242,197** | **34,114,365** | **35,975,319** |
| **Program 2.2: Hearing Services** |  |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 594,398 | 615,994 | 634,540 | 651,979 | 653,270 |
| **Total for Program 2.2** | **594,398** | **615,994** | **634,540** | **651,979** | **653,270** |
| **Program 2.3: Pharmaceutical Benefits**  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 1,039,699 | 954,373 | 809,313 | 926,951 | 946,568 |
| Special account |  |   |  |  |  |
| Medicare Guarantee Fund*-* pharmaceutical benefits | 17,603,658 | 17,274,302 | 17,310,279 | 17,370,798 | 17,367,488 |
| accrual adjustment  | 89,575 | (10,616) | 1,275 | 2,179 | 4,809 |
| **Total for Program 2.3** | **18,732,932** | **18,218,059** | **18,120,867** | **18,299,928** | **18,318,865** |
| **Program 2.4: Private Health Insurance** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 13,214 | 10,049 | 6,455 | 6,741 | 6,528 |
| Special appropriations |  |   |  |  |  |
| *Private Health Insurance Act 2007* - incentive payments and rebate | 6,726,890 | 6,885,541 | 7,102,698 | 7,285,346 | 7,443,284 |
| **Total for Program 2.4** | **6,740,104** | **6,895,590** | **7,109,153** | **7,292,087** | **7,449,812** |
| **Program 2.5: Dental Services (b)** |  |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Special appropriations |  |   |  |  |  |
| *Dental Benefits Act 2008* | 343,701 | 349,728 | 357,692 | 359,227 | 359,936 |
| **Total for Program 2.5** | **343,701** | **349,728** | **357,692** | **359,227** | **359,936** |

Table 2.2.1: Budgeted expenses for Outcome 2 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Program 2.6: Health Benefit Compliance** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 17,325 | 17,858 | 16,645 | 16,645 | 16,645 |
| **Total for Program 2.6** | **17,325** | **17,858** | **16,645** | **16,645** | **16,645** |
| **Program 2.7: Assistance through Aids and Appliances** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 1,842 | 2,012 | 1,762 | 1,762 | 1,762 |
| Special appropriations |  |   |  |  |  |
| *National Health Act 1953* -aids and appliances | 508,388 | 494,816 | 502,831 | 511,293 | 511,188 |
| **Total for Program 2.7** | **510,230** | **496,828** | **504,593** | **513,055** | **512,950** |
| **Outcome 2 totals by appropriation type** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (a) | 1,818,801 | 1,721,923 | 1,576,281 | 1,710,422 | 1,732,060 |
| Special appropriations | 7,578,979 | 7,730,085 | 7,963,221 | 8,155,866 | 8,314,408 |
| Special account | 45,664,691 | 47,521,044 | 49,421,391 | 51,372,268 | 53,229,904 |
| accrual adjustment  | 121,227 | 33,940 | 24,794 | 8,730 | 10,425 |
| Departmental expenses |  |   |  |  |  |
| Departmental appropriation (c) | 215,280 | 234,393 | 214,349 | 211,128 | 209,259 |
| Expenses not requiring appropriation in the Budget year (d) | 12,504 | 8,286 | 6,759 | 6,759 | 6,759 |
| **Total expenses for Outcome 2** | **55,411,482** | **57,249,672** | **59,206,795** | **61,465,173** | **63,502,815** |
|  |  |  |  |  |  |
|   | **2022–23** | **2023–24** |  |  |  |
| **Average staffing level (number)** | 986 | 1,033 |  |  |  |

Table has been prepared inclusive of 2022­–23 Additional Estimates figures.

(a) Appropriation Bill (No. 1) 2023–24.

(b) Budget estimates for this program exclude National Partnership payments to state and territory governments by Treasury as part of the Federal Financial Relations framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper 3 or Program 1.9 of Treasury's Portfolio Budget Statements.

(c) Departmental appropriation combines 'Ordinary annual services Appropriation Bill (No. 1)' and 'Revenue from independent sources (s74)'.

(d) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

#### Performance measures for Outcome 2

Tables 2.2.2 – 2.1.8 details the performance measures for each program associated with Outcome 2. It also provides the related key activities as expressed in the current corporate plan where further detail is provided about the delivery of the activities related to the program, the context in which these activities are delivered and how the performance of these activities will be measured. Where relevant, details of the 2023–24 Budget measures that have created new programs or materially changed existing programs are provided.

Table 2.2.2: Performance measures for Program 2.1

|  |
| --- |
| **Outcome 2: Individual Health Benefits** |
| Ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in healthcare services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance. |
| Program Objective – Program 2.1: Medical Benefits |
| Deliver a modern, sustainable Medicare program that supports all Australians to access high quality and cost-effective professional services. Work with consumers, health professionals, private health insurers, and states and territories to continue strengthening Medicare.  |
| Key Activities |
| * Supporting access to a contemporary and sustainable Medicare Benefits Schedule (MBS).
* Implementing recommendations of the MBS Review to ensure MBS items are aligned with contemporary clinical evidence and best practice.
* Continuing the continuous MBS Review mechanism to ensure the MBS reflects contemporary and evidence-based care.
* Supporting patient access to radiation oncology services by providing targeted financial contributions to the capital cost of radiation oncology linear accelerators.
* Implementing reforms to primary care bulk billing incentives to increase patient rebates for bulk billed services, encouraging primary care providers to bulk bill more of their patients.
* Assessing applications for, and providing targeted financial assistance to, Australians who require life saving medical treatment not available in Australia, and patients who incur ill health or injury as a result of a specific act of international terrorism.
* Supporting access to COVID-19 pathology testing through MBS items and targeted programs.
 |

|  |
| --- |
| Performance Measures |
| **Percentage of Australians accessing Medicare Benefits Schedule services.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| >90% | >90% | >90% | >90% | >90% |
| 2022–23Expected Performance Result |
| 94.2% |
| **Percentage of Government agreed Medicare Benefits Schedule Taskforce recommendations that have been implemented.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 80% | 80% | 80% | 90% | 90% |
| 2022–23Expected Performance Result |
| Data not yet available[[4]](#footnote-4) |
| Material changes to Program 2.1 resulting from the following measures:* *Strengthening Medicare.*
 |

Table 2.2.3: Performance measures for Program 2.2

|  |
| --- |
| Program Objective – Program 2.2: Hearing Services |
| Provide hearing services, including devices, to eligible people to help manage their hearing loss and improve engagement with the community. Continue support for hearing research, with a focus on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss. |
| Key Activities |
| * Supporting access to high quality hearing services through delivery of the voucher component of the Hearing Services Program (HSP).
* Administering the Community Service Obligations component of the HSP and providing specialist services to children and other eligible groups through Hearing Australia.
* Supporting hearing research and development projects through the National Acoustics Laboratories.
* Continuing to support the establishment of three The Shepherd Centres, one in NSW and two in Tasmania, to provide better care for Australian children with hearing loss.
 |
| Performance Measures |
| 1. **Number of active vouchered clients**[[5]](#footnote-5) **who receive hearing services.**
2. **Number of active Community Service Obligations clients who receive hearing services.**
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| a. 843,000b. 77,000 | 852,995 72,690 | 870,56573,467 | 888,49774,2454 | 906,79975,022 |
| 2022–23Expected Performance Result |
| a. 835,779b. 71,910 |
| Material changes to Program 2.2 resulting from the following measures:There are no material changes to Program 2.2 resulting from measures. |

Table 2.2.4: Performance measures for Program 2.3

|  |
| --- |
| Program Objective – Program 2.3: Pharmaceutical Benefits |
| Provide all eligible Australians with reliable, timely, and affordable access to high quality, cost‑effective, innovative, clinically effective medicines, and sustainable pharmaceutical services by subsidising the cost of medicines through the Pharmaceutical Benefits Scheme (PBS) and the Life Saving Drugs Program (LSDP). |
| Key Activities |
| * Provide all eligible Australians with reliable, timely, and affordable access to high quality, clinically effective, cost‑effective medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC), by listing new medicines on the Pharmaceutical Benefits Scheme (PBS), and implementing reforms recommended by the PBAC to increase the maximum dispensing quantities of certain PBS listed medicines.
* Providing access to new and existing medicines for patients with life threatening conditions, assessing patient applications, administering medicine orders within agreed timeframes, and supporting the LSDP Expert Panel to assess new medicines for LSDP listing and review existing LSDP medicines.
* Facilitating equitable access to essential PBS medicines for all Australians, including people living in remote and First Nations communities, through making PBS listed medicines more affordable by implementing the PBAC’s recommendations to increase the maximum dispensing quantities of certain medicines.
* Ensuring patients have access to medicines and professional pharmacy services that support the safe and quality use of medicines through the Seventh Community Pharmacy Agreement, and expanding the range of funded pharmacy programs, including administration of vaccines, to recognise the full scope of practice of pharmacists.
* Supporting and monitoring pharmaceutical wholesalers participating in the Community Service Obligation Funding Pool to ensure all eligible Australians have timely access to PBS medicines, including delivering subsidised PBS units to community pharmacies within agreed timeframes, in a way that supports Australians to access medicines through a reliable domestic supply chain.
* Ensuring continuity of medicines supply through the Minimum Stockholding Requirements designed to help protect Australian patients, pharmacists, and prescribers from the impact of global medicines shortages.
* Monitoring the number and location of PBS suppliers to ensure suppliers are being approved in appropriate locations.
* Supporting the Health Technology Assessment (HTA) Policy and Methods Review to ensure HTA approaches keep pace with advances in health technology and minimise barriers to access.
* Undertaking post market health technology assessment and ongoing reviews of PBS listed medicines to ensure they are clinically safe and cost-effective for patients.
 |

|  |
| --- |
| Performance Measures |
| **Percentage of new medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) that are listed on the Pharmaceutical Benefits Scheme within 6 months of in‑principle agreement to listing arrangements.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| ≥80% | ≥80% | ≥80% | ≥80% | ≥80% |
| 2022–23Expected Performance Result |
| ≥80% |

|  |
| --- |
| **Processing time of applications for access to the Life Saving Drugs Program following receipt of a complete application.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours. | 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours. | 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours. | 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours. | 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours |
| 2022–23Expected Performance Result |
| 90% within 8 calendar days.100% within 30 calendar days.100% of urgent applications within 48 hours. |
| Material changes to Program 2.3 resulting from the following measures:* *Reducing Patient Cost and Improving Services through Community Pharmacies.*
 |

Table 2.2.5: Performance measures for Program 2.4

|  |
| --- |
| Program Objective – Program 2.4: Private Health Insurance |
| Promote affordable, quality private health insurance (PHI) and greater choice for consumers. |
| Key Activities |
| * Supporting a viable, sustainable and cost effective PHI sector, including through the PHI rebate and reforms to the Prostheses List which will reduce the cost of medical devices for privately insured consumers.
* Working with private health insurers, private hospitals, and private healthcare providers to ensure choice to consumers across a range of cost-effective PHI products and healthcare services.
 |
| Performance Measures |
| Percentage of applications to the Minister from private health insurers to change premiums charged under a complying health insurance product that are assessed within approved timeframes.[[6]](#footnote-6) |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 100% | 100% | 100% | 100% | 100% |
| 2022–23Expected Performance Result |
| 100% |
| Material changes to Program 2.4 resulting from the following measures:There are no material changes to Program 2.4 resulting from measures. |

Table 2.2.6: Performance measures for Program 2.5

|  |
| --- |
| Program Objective – Program 2.5: Dental Services |
| Support eligible children to access essential dental health services through the Child Dental Benefits Schedule (CDBS). |
| Key Activities |
| * Working with Services Australia to support access to dental health services for eligible children through the CDBS.
* Finalising the Fifth Review of the *Dental Benefits Act 2008.*
 |
| Performance Measures |
| **The percentage of eligible children[[7]](#footnote-7) accessing essential dental health services through the Child Dental Benefits Schedule.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 41.8% | 42.7% | 43.6% | 44.5% | 45.4% |
| 2022–23Expected Performance Result |
| 37.2% |
| Material changes to Program 2.5 resulting from the following measures:There are no material changes to Program 2.5 resulting from measures. |

Table 2.2.7: Performance measures for Program 2.6

|  |
| --- |
| Program Objective – Program 2.6: Health Benefit Compliance |
| Support the integrity of health benefit claims through prevention, early identification and treatment of incorrect claiming, inappropriate practice and fraud. |
| Key Activities |
| Identifying threats to the integrity of health payment programs through effective use of external information sources and advanced data analytics.Designing, developing and implementing compliance treatments, such as audit, practitioner reviews, and investigations, to address integrity threats.Continuing to consult closely with professional bodies and stakeholder groups to better understand and address causes of non-compliance.Recovering debts to the Commonwealth from inaccurate and fraudulent claiming by practitioners under health programs. |
| Performance Measures |
| **Percentage of completed audits, practitioner reviews and investigations that find non‑compliance.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| >80% | >80% | >80% | >80% | >80% |
| 2022–23Expected Performance Result |
| >85% |
| Material changes to Program 2.6 resulting from the following measures:There are no material changes to Program 2.6 resulting from measures. |

Table 2.2.8: Performance measures for Program 2.7

|  |
| --- |
| Program Objective – Program 2.7: Assistance through Aids and Appliances |
| Improve health outcomes for the Australian community through the provision of targeted assistance for aids and appliances. |
| Key Activities |
| Managing the National Diabetes Services Scheme to ensure the provision of timely, reliable and affordable access to products and services to help people living with diabetes effectively manage their condition.Managing the Insulin Pump Program to support access to fully subsidised insulin pumps for eligible low income families who have children (under 21 years of age) withtype 1 diabetes.Supporting access to clinically appropriate dressings to improve quality of life for people with epidermolysis bullosa.Assisting people with stomas by ensuring access to stoma related products.Providing access to fully subsidised bowel management medicines for people with paraplegia and quadriplegia, who are members of participating paraplegic and quadriplegic associations. |
| Performance Measures |
| **Average Net Promoter Score for National Diabetes Services Scheme programs.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| >70 | >70 | >70 | >70 | >70 |
| 2022–23Expected Performance Result |
| >70 |
| Material changes to Program 2.7 resulting from the following measures:There are no material changes to Program 2.7 resulting from measures. |

1. For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3. [↑](#footnote-ref-1)
2. Refer to the NHFB chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-2)
3. Refer to the PSR chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-3)
4. Expected performance result not yet available. Final data will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-4)
5. Active clients refers to the number of current voucher holders under the Hearing Services Program that have accessed one or more program services during the year. [↑](#footnote-ref-5)
6. Application form and timeframes are available at: www.health.gov.au/news/phi-circulars/phi-6621-2022-private-health-insurance-premium-round-applications [↑](#footnote-ref-6)
7. From 1 January 2022, to be eligible for the CDBS a child must be between zero and 17 years of age, must be eligible for Medicare, and the child or parent/guardian must be receiving a relevant Australian Government Payment, such as Family Tax Benefit Part A. From 1 January 2014 to 31 December 2021, the age of eligibility was between 2 and 17 years of age. [↑](#footnote-ref-7)