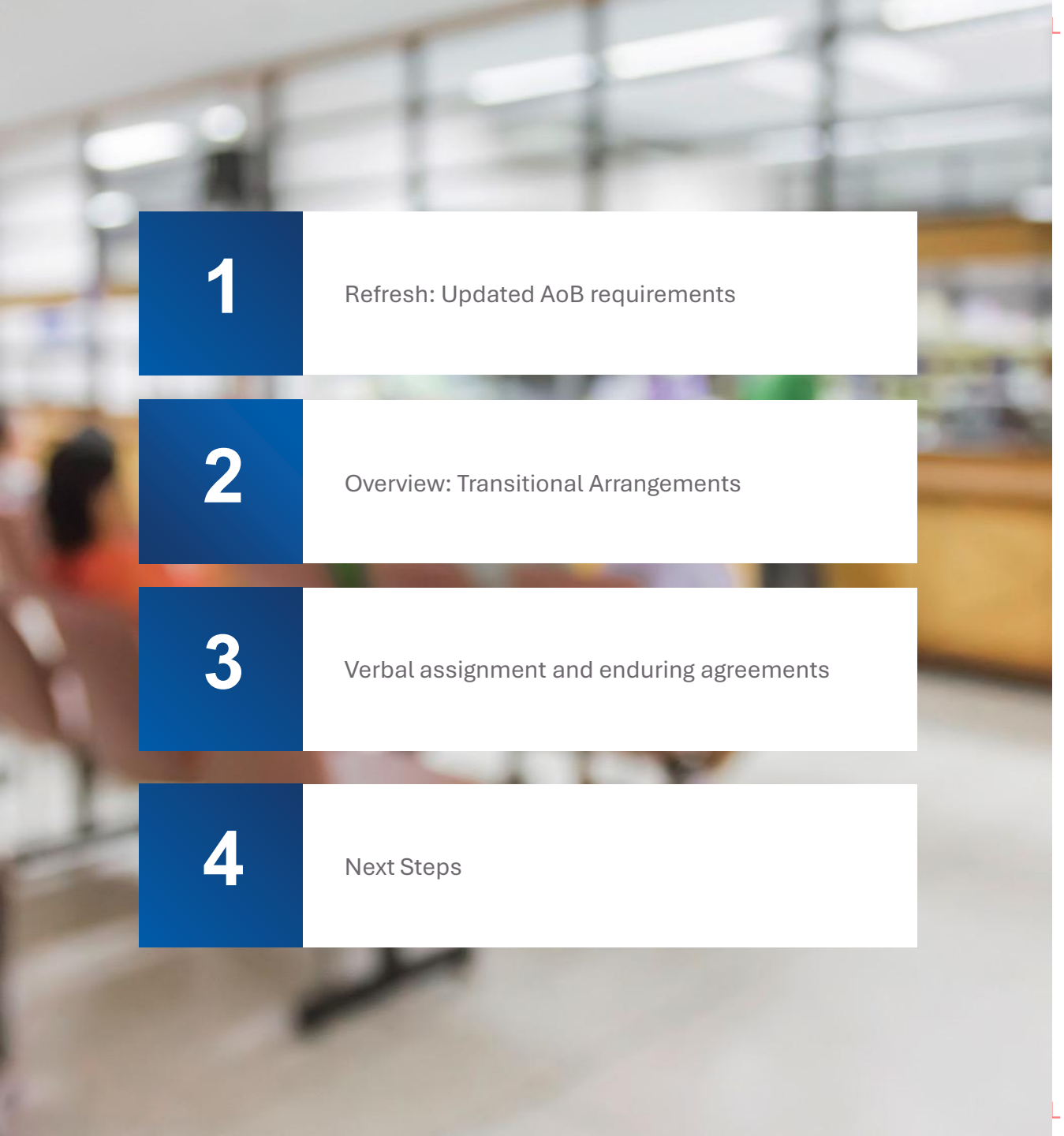
Modernising MBS Assignment of Benefit

Bulk Billed Episodic and Enduring Agreement Transitional Arrangements

September 2026



1. Refresh: Updated AoB requirements
2. Overview: Transitional Arrangements
3. Verbal assignment and enduring agreements
4. Next Steps

Agenda and Objectives

Modernising ‘assignment of benefit’ will simplify bulk billing administration and support more consistent, contemporary Medicare claiming processes under the *Health Insurance Amendment (Assignment of Benefit) Act 2024.*

The Australian Government and Department of Health, Disability and Ageing have listened to concerns raised by stakeholders about the amended Medicare assignment of benefit legislative requirements that took effect on 1 July 2026.

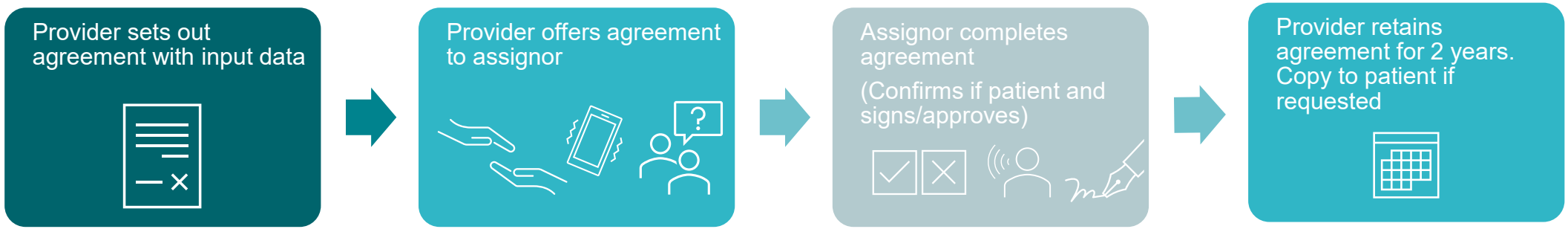
While there will be greater flexibility in how health providers can obtain patient consent for bulk billed services, the department recognises this is a significant change for many.

Previous and current requirements

Previous Requirements	From 1 July 2026 (Current Requirements)
Patients can assign Medicare benefits only after a service has been delivered	Patients can assign Medicare benefits before or after a service has been delivered. *This is a choice* For GP, enduring assignment is 'sign once – multiple uses' agreement
An 'approved form' must be completed, i.e. a form approved by the Minister or their Delegate which contains particulars outlined in Regulation	Key information set out in regulations must be provided to inform a patient's decision.
Patient/Assignor must sign approved form	Patient signature/action is required (verbal is enabled during transition)
Provider must sign approved form	No provider signature required
Patient must receive a copy of completed agreement	Patient only receives a copy completed agreement if requested.
Provider not required to retain a copy of completed agreement	Provider must retain a copy of completed patient agreement for 2 years. Same for notifications.
Patient's Medicare record captures relevant claims	Same, but using an enduring assignment agreement can require a post-service notification (subject to regulations).

Making an assignment agreement

- **A provider must:**
  - Offer an agreement with all required information
  - Provide the agreement to the assignor
  - Retain a copy of the completed/signed agreement for 2 years
- **An assignor must:**
  - Confirm whether they are also the patient (Yes/No)
  - Sign or agree to indicate consent



12-month transition and enduring agreements

12 months

Regulatory amendments support a 12-month transition period, including **verbal assignment** for all bulk billed patients

Continue readiness

Providers and software vendors already preparing, including digital solutions, should continue.

During the transition, the Department will explore regulatory and legislative options to further reduce administrative burden on GP practices and patients while maintaining Medicare integrity.

Enduring assignment option for GPs

Regulatory amendments have been made to enable enduring assignment earlier than previous advice, for GP bulk billed services.

Eligible patients

Patients registered with MyMedicare, residents of aged care homes, and patients of ACCHOs and AMSs may make an enduring assignment directly or through a person acting on their behalf.

Verbal Assignment

Verbal assignment of benefit is enabled for all bulk billed patients, in all settings, during the 12-month transition period.

Why verbal assignment has been temporarily enabled

1

Provider readiness

Providers need additional time to update workflows, train staff and adapt to amended requirements.

2

Patient ability

Some patients may have limited physical or cognitive capacity to complete new assignment steps.

3

Technical barriers

Systems, connectivity or integration issues may limit uptake of new assignment options.

Record keeping still applies: verbal assignment does not remove the requirement to retain completed agreements for 2 years.

Verbal Assignment – Common Questions

Practical questions providers are asking

Focus on how to make, record, share and implement verbal agreements.

Q1 How do I make an agreement?

Provide the required agreement information, obtain the patient/assignor's verbal agreement, then document the agreement record.

Q2 Can I write it in clinical notes?

Technically yes, if you can meet other requirements. Note the agreement requires all the information to be shown to the assignor.

We think other options are better.

Q3 Do I have to send the agreement to the patient/assignor?

Not unless asked.

Q4 How will it be implemented?

The department has prioritised regulatory change. The amendments were approved on 6 August 2026 and registered on 10 August 2026.

Enduring agreement pathways

1 MyMedicare

Patient registered with MyMedicare; receives services from a participating GPs at a practice.

Medical Practitioners registered at the MyMedicare practice with a provider number for that location; excluding specialists, consultant physicians, nurse practitioners.

Covers specified professional services (items, groups, subgroups).

Other agreements must relate to the same practice location.

2 ACCHO / AMS

Patient of an Aboriginal Community Controlled Health Organisation or Aboriginal Medical Service.

Agreement is entered into with an authorised agent of the ACCHO/AMS. Must include the relevant provider-number.

Covers services provided by any professional employed by the ACCHO/AMS and delivered at or from any ACCHO/AMS practice or clinic.

Other agreements can be made with ACCHO/AMS locations.

3 Residential aged care

Resident of a residential care home within the meaning of the Aged Care Act 2024.

Medical Practitioners; excluding specialists, consultant physicians, nurse practitioners.

Covers services rendered at the residential aged care home and/or a practice or clinic where the practitioner holds an approved provider number.

MyMedicare notification requirement

- Practitioner must notify the assignor within 24 hours after a Medicare claim is submitted.
- Notifications must contain: practitioner name, patient name, date service was rendered, and Medicare benefit.

When do enduring agreements end?

Reason	MyMedicare	ACCHO / AMS	Residential aged care
Patient is ineligible	MyMedicare registration ceases	Patient is no longer a patient of the relevant ACCHO/AMS	Patient no longer resides in the residential care home
Provider is ineligible	Practitioner leaves the practice, ceases registration to MyMedicare	Ceases registration/relationship with ACCHO/AMS	Ceases practicing
Replaced with other agreement	Patient makes an ACCHO/AMS enduring agreement	Patient registers for a MyMedicare enduring agreement	—
Patient age	Patient turns 14 and a new agreement is required		
Decision by parties including the patient	Any party terminates		

Note: Temporary hospital admission does not end a residential care agreement.

Enduring agreement terminating notification requirement – all pathways

- If a professional intends to terminate an enduring agreement entered into with a person (the assignor), the professional must, at least 2 days before terminating the agreement, give the assignor notification of the intention to terminate the agreement.

Enduring Agreements – Common Questions

Practical questions providers are asking

Q1 Why is my practitioner group not included for enduring assignment?

Current provisions are a combination of legal, policy and technical capability. Consideration of other provider groups will be subject to ongoing review.

Q2 For ACCHOs, who authorises the agent to act on their behalf?

It is the provider with the Medicare provider number allocated to the agent at the agreement location – probably a practice principal.

Q3 Why are post-service notifications required for MyMedicare patients?

To inform patients that a service has been claimed on their behalf. The requirement will help mitigate fictitious claims.

Q4 Why can't I have ACCHO and MyMedicare enduring agreements at the same time?

MyMedicare enduring agreements are designed to link to a patient's main primary healthcare team.

Differences for ACCHOs were informed by stakeholders, to address unique challenges, remoteness and hub-and-spoke services.

Enduring Agreements – Common Questions

Practical questions providers are asking

Focus on how to make, record, share and implement verbal agreements.

Q5 Why can't we have all our providers on the one agreement?

Assignment's must be made to an eligible professional. Employed/salaried providers can use an organisational representative (more common in ACCHO/AMS sector).

Q6 How do I bulk bill all the services in an enduring agreement?

The description does not need to list every Medicare item number individually. Services can be described as MBS Categories, Groups, Subgroups, items, or a combination of these.

Q7 What if I want to pick and choose when I bulk bill services in scope of an enduring agreement?

List the services and groups you'd like to offer to bulk bill. Note that these will always need to be bulk billed to the patient with that agreement.

Q8 Can I make an enduring agreement for a child over 14 years of age without their consent?

Generally, no. When a responsible person enters into an enduring agreement for a patient aged 14 or over, the patient must provide agree to this including for assignor notifications (if relevant). Exceptions are for incapacitated child patients, same as adults.

Assignment of benefits resources for practices and patients

Information resources and in-practice materials

Online updates (current priority)

- Ongoing revisions of FAQ
- Toolkit with simplified and practical advice
  - Posters, infographic and 1-2 page plain language guidance

Key messages from market testing

- Patients/assignors are most responsive to information given in a service setting

Why the delay?

- Late changes to implementation and regulations required revision of materials

Assignment of benefit templates and forms

Now available for download Department website: Update to Assignment of Medicare Benefit requirements

Episodic pre-assignment

- All MBS services template
- Diagnostic imaging template

Enduring agreements

- MyMedicare patients
- RAC home patients
- ACCHO and AMS patients

Services Australia forms

Post-assignment forms:

- DB4E bulk bill voucher
- DB020 Webclaim form

Provider guidance

Optional

Department templates are optional; providers may develop their own agreements.

Compliant

Own agreements must meet Division 7A requirements, including S65C and S65CA.

Assurance + Systems

Department cannot approve provider templates. Seek legal advice; check vendor conformance and software capability.

Next steps

1

Provider resources and toolkit

Provide clear resources for patients, providers, practices, hospitals, insurers and software vendors.

2

FAQs and guidance

FAQs regularly updated on the 12-month transition, verbal assignment and regulatory amendments.

3

Investigate options for administrative simplification

The department is continuing its investigation of legal options for simpler bulk billing. Advice and options will be provided to the government later this calendar year.

4

Support sector readiness

Encourage providers and vendors already preparing digital solutions to continue implementation work.

Helpful Links

Health Insurance Legislation Amendment (Assignment of Medicare Benefits) Bill 2024

Health Insurance Regulations 2018 (Part 3 Division 7A)

Improving the Assignment of Benefit Process – Department of Health, Disability and Ageing Website

Update to assignment of Medicare benefit requirements – Department of Health, Disability and Ageing Website

Assignment of Medicare Benefits for Bulk Billing – Frequently Asked Questions

Contact us:

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