

Modernising MBS Assignment of Benefit

Next steps for bulk billed services

May 2026



This image was created with the assistance of DALL E3



Australian Government
Department of Health, Disability and Ageing

www.health.gov.au

Project Milestones

1

August – October 2025
Regulatory and Legislative framework approved

2

October – December 2025
Software requirements published

3

January – June 2026
Education and communication

4

May 2026 –
Enduring assignment regulations and solution

Key Dates:

- Bulk billed *episodic* assignment of benefit will commence on **1 July 2026**.
- Bulk billed *enduring* assignment of benefit will commence **in 2027, subject to final regulations**.
- In **October 2025** Services Australia provided information to support vendors to update their products.
- Providers can engage with their software vendors to encourage certification from Services Australia, if needed.

Current vs New requirements

| Current process | Future process |
|--|--|
| 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. An enduring assignment is 'sign once – multiple uses' for a single organisation |
| 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 must sign approved form | Patient signature/action is required (Identification and their intent) |
| 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). |

OFFICIAL



Making an assignment agreement

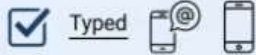
- **A provider must:**
 - Offer an agreement with required information (i.e. as per regulations)
 - Provide the agreement in writing (electronically or paper) to the assignor
 - Retain a copy of the completed/signed agreement for 2 years
- **An assignor must:**
 - Confirm whether they are also the patient (Yes/No)
 - ‘Sign’ the agreement to indicate consent
- **An electronic signature must:**
 - Reliably identify the signer and indicate their approval

ELECTRONIC SIGNATURE OPTIONS FOR AoB

Balancing accessibility and reliability under the *Electronic Transactions Act 1999* (ETA)

CATEGORY A

Simple Digital Consent (Click-to-Sign)



Mechanism:

- Checkbox 'I Agree'
- Typed name
- Unique SMS/email link.

Best For: High-volume episodic care, remote follow-up.

ETA Consideration: Highly accessible. Reliability depends on the surrounding process (e.g., linking to a verified phone number or secure patient portal).

CATEGORY B

Captured Digital Signatures (Stylus/Tablet)



Mechanism:

Stylus/finger signature on a practice tablet or reception kiosk screen.

Best For: In-clinic appointments.

ETA Consideration: Replicates wet-ink familiarity. Creates a clear visual record directly linked to the patient's physical presence.

CATEGORY C

Advanced / Remote Signature Platforms



Mechanism:

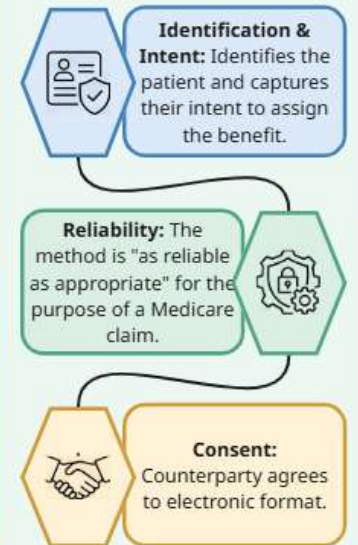
- Third-party software
- Digital certificates
- Secure logins
- Rigorous audit trails.

Best For: Complex agreements, high-risk remote abandonment follow-up.

ETA Consideration: Extremely high built-in reliability and tamper-detection. Higher costs and digital friction.

THE ETA FRAMEWORK (LEGAL BASELINE)

Technology-agnostic (ETA does not prescribe specific software). A signature is valid if the process meets three criteria:



STRATEGIC TAKEAWAY

PROCESS OVER PRODUCT: Do not assume complex software is legally required. A simple method—checking a box or typing a name at a kiosk—can be fully valid under the ETA, provided the practice applies it reliably to identify the patient and capture their consent.



Regulatory amendments for Bulk Billing

Health Insurance Regulation 2018 – key changes

- Support amendments to assignment of benefit legislation made in 2024.
- Separates requirements for claiming from assignment of benefit – no changes to claims
- Specify new ‘data sets’ for assignment of benefit agreements. This is essentially referring to the information fields used to make the correct form.
- Includes wording for ‘determinable’ services – for additional pathology or imaging after the initial specimen or scan.
- Specify a ‘basic service description’ for episodic pre-assignment agreements

Data sets for episodic bulk billed assignments

| | Pathology (excluding Group 9) | Diagnostic Imaging | All other MBS services (including Group P9) |
|-------------------|---|---|---|
| Pre-assignment | <ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Date of specimen collection • Statement of assignor’s agreement* • Description of the service | <ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Date of imaging procedure • Statement of assignor’s agreement (R type services)# • Description of the service | <ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Details of the professional • Date of service • Basic service description |
| Post – assignment | <ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Date of specimen collection • Details of the professional (per Section 54 of the HIR) • MBS item/s | <ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Date of imaging procedure • Details of the professional • MBS item/s | <ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Details of the professional • Date of service • MBS item/s |

* statement captures pathologist determinable services

statement captures DI services as per Section 16B of the HIA i.e. services deemed required by rendering professional

OFFICIAL



Basic Service Description for pre-assignment agreements

- Provides meaningful information to patients and affords some flexibility for episodic pre-assignment agreements
- The Basic Service Description is the *minimum* amount of information required to describe a service for a pre-assignment agreement
- If the rendered service is outside the scope of the basic service description, a new assignment agreement with correct information is required
- Basic Service Descriptions are published as CSV and XML files on MBS Online and updated quarterly in line with updates to the GMST
- [Refer: MBS Online - January 2026 Downloads](#)

Basic Service Description - Mapping

- MBS items have been mapped to a category or 'Basic Service Description'
- Basic Service Descriptions are determined by service characteristics: provider type, time-timing and compliance considerations (examples below)

| Basic Service Description | Criteria |
|---------------------------|---|
| Short | Level A items (up to 5 minutes), items described as 'straightforward' or 'brief' |
| Standard | Level B items (6-20 or 25 minutes), attendance items up to 20 minutes |
| Long | Level C, D and E items, attendances items over 20 minutes |
| Procedure | Category 3: therapeutic procedures items, general surgery items |
| Care Planning | Multidisciplinary case conferencing, care planning for chronic conditions, eating disorders and mental health, and health assessments |
| Other | Emergency attendance items and items to which other categories do not apply |
| Allied Health | All allied health services – excluding Nurse Practitioners items |



Regulations – current priorities

Multiple services per assignment

- Maintenance of current provision for post-assignment
- Complements the capability of the new regs for pre-assignment – this means multiple future scheduled services if details are known (service, date, provider, etc)

Clarifications for pathology – better alignment with ‘patient episode’ regulations

Basic Service Description – already published as xml but needs a legal instrument

Enduring Assignment Agreements

- Termination of agreements
- Post service notifications
- Balancing privacy, patient agency, convenience and fraud risk is complex



Next Steps

Communication and education

What have we heard?

- Patients are concerned that the changes mean bulk billing is not available
- In-practice solutions are likely to be favoured over booking systems, at least initially
- Reassurance will come from practice staff and providers

How are we responding?

- A range of materials will be developed to support patients, providers and practices.
- The researching of this issue points to practice-based information being of greatest use. A toolkit and resources for practices are part of resources already being developed



Practice Managers Checklist

- Have you considered how pre- and/or post-assignment will integrate within your workflows?
- Have you considered whether you'll use Services Australia's or other compliant agreement templates?
- Have you contacted your software provider? Are they currently undertaking, or preparing for, integration testing with Services Australia?
- Have you developed a strategy to communicate with your patients about the upcoming modernised Assignment of Benefit process?



Helpful Links

[Health Insurance Legislation Amendment \(Assignment of Medicare Benefits\) Bill 2024](#)

[Health Insurance Regulations 2018 \(Part 3 Division 5\)](#)

[Health Insurance Amendment \(Assignment of Medicare Benefits and Other Measures\) Regulations 2025](#)

[Improving the Assignment of Benefit Process – Department of Health and Aged Care Website](#)

Contact us:

assignmentofbenefit@health.gov.au

OFFICIAL