



Budget 2024-25

This information is accurate as of 14 May 2024.

Strengthening Medicare

This measure contains a number of elements to strengthen Medicare.

Health Delivery Modernisation

The Health Delivery Modernisation program is designed to address and contribute to the government's intent to build a stronger Medicare.

Services Australia will get \$33.2 million in 2024–25 to sustain the Health Delivery Modernisation Program. This includes:

- enhancing MyMedicare
- explore the expansion of the healthcare identifier service
- improving healthcare provider authentication
- improving the visibility of held Medicare payments.

Enhancements to MyMedicare will allow general practices to have better integration between the MyMedicare system and their practice management systems. This will make it easier for general practices to manage their patient's MyMedicare registration. Consumers will also have additional digital tools to register in MyMedicare.

Services Australia will also:

- examine use of the healthcare identifier service across the care sector to identify improvements and support greater use
- enhance authentication within the Provider Digital Access system.

This will also improve the visibility of held Medicare payments by introducing:

- new notifications and online tasks for claimants and dependants
- mandatory data fields and notifications for Medicare Online Accounts for customers.

Improve integrity of the Medicare Benefits Scheme

Services Australia will get \$6.5 million through to 2027–28 to improve Medicare Benefit Scheme (MBS) integrity by:

- introducing claiming restrictions for specific surgical items
- removing the ability for health care providers to submit bulk billed claims more than 12 months after the date of service.

System blocks for specific surgical items

From 1 September 2025, system claiming restrictions for specific spinal and neurosurgery items will be introduced. This will reduce incorrect payments.

Limiting claims more than 12 months after the date of service

From 1 November 2025, providers won't be able to submit bulk billed claims through any claiming channel more than 12 months after the date of service. This is a change from the

current rules, which allow for bulk bill claims to be submitted up to 24 months after the date of service. In exceptional circumstances, some bulk billed services may be paid if submitted after 12 months.

Patients will continue to be able to submit claims themselves with no restriction. There are no changes to services which aren't bulk billed.

Wraparound primary care for frequent hospital users

Services Australia will get \$16 million through to 2027–28 to reduce unplanned hospital attendances for patients who meet both the following:

- have complex, chronic conditions
- frequently present at hospital.

These patients will be connected to an identified practice and provider through MyMedicare. They'll get regular, comprehensive, multidisciplinary wraparound primary care tailored to their individual needs.

This will provide payments to practices in addition to MBS subsidies. It will encourage comprehensive, multidisciplinary wraparound primary care.

This will be delivered in a staged approach from 1 July 2024, beginning with 9 Primary Health Networks. It will increase to 31 Primary Health Networks by 1 July 2026.

The Agency will establish the required system and business capabilities to:

- support the new incentive
- onboard Primary Health Networks to MyMedicare.

Reforming pathology application charging arrangements.

Services Australia will get \$3 million through to 2025–26 to support this element.

This repeals the *Health Insurance (Pathology) (Fees) Act 1991* (Pathology Fees Act), stopping Australian Government charging for several categories of pathology applications from 1 July 2025.

Approved applications allow pathology providers to claim Medicare benefits for the provision of pathology services.

The repeal of the Pathology Fees Act will remove fees imposed on the pathology sector for 3 categories of applications prescribed in the *Health Insurance Act 1973* (HI Act), for the approval of:

- an approved pathology authority (APA)
- approved pathology practitioner (APP)
- accredited pathology laboratory (APL).

Approved applications allow for pathology providers to be identified in the Services Australia billing system as approved providers.

This will result in system and operational changes for Services Australia. The steps in the application process to process payments from pathology providers for APA, APP and APL fees will end.

This measure is led by the Department of Health and Aged Care.

This measure is subject to legislation passing.

Who this measure affects

This affects health care providers including medical practitioners, billing agents, hospitals and private insurers.

When this starts and finishes

This measure starts on 1 July 2024 and is ongoing.