Australian Government
Services Australia

Stakeholder Consultative Group
Meeting Agenda

DATE: Wednesday 22 July 2026	**START:** 10:30am AEST	**FINISH:** 12:30pm AEST
VENUE: In-Person (Brisbane) and Virtual via Microsoft Teams		
CHAIR: Tony Piazza, General Manager Medical Benefits and Veterans, Services Australia	**CONTACT:** SCG.Secretariat@servicesaustralia.gov.au	

AGENDA ITEM	TIME	TOPIC	PRESENTER
1.	10:30 – 10:35 am	Chair welcome	Tony Piazza
2.	10:35 – 10:45 am	Vulnerability Strategic Commitment	Ros Hincks
3.	10:45 – 10:55 am	The Australian Immunisation Register – Enhancements and what's coming	Sylvia Neves
4.	10:55 – 11:05 am	Medicare Card Redesign update	Ann-Clare Fitzgerald
5.	11:05 – 11:15 am	Medicare key insights snapshot	Ann-Clare Fitzgerald
6.	11:15 – 11:20 am	Action Items arising from last meeting (18 March 2026)	Tony Piazza
7.	11:20 – 11:25 am	Services Australia – Strategic scan emerging priorities	Tony Piazza
8.	11:25 – 11:45 am	**Services Australia update** • Medical Benefits and Veterans • Care and Support • Capability & Partnered Programs • Health Service Delivery	Tony Piazza Peta Martyn Lisa Carmody Sharna Bucher
9.	11:45 – 12:25 pm	**Services Australia led discussion** • 2026-27 Budget Measures **Member-led discussion** • Reflections on matters raised during the meeting, discuss any other key issues, provide feedback to the agency, and/or discuss future meeting topics	Services Australia All Members
10.	12:25 – 12:30 pm	Other Business	All
11.	12:30 pm	Meeting close	Tony Piazza

BACKGROUND

The Stakeholder Consultative Group (SCG) is a forum to facilitate and support free discussion between health sector peak industry stakeholders and Services Australia (the agency) on significant business and emerging operational matters. It is also an opportunity to provide input on the implementation of government measures and encourages open discussion and exchange of views on issues of mutual interest.

The SCG is not a decision-making forum, but is designed to provide:

- advice on key issues impacting health care and aged care service delivery relating to the agency, and
- feedback to the agency regarding Australian Government health care and aged care programs including, but not limited to, opportunities for red tape reduction.

FORUM INFORMATION AND RESOURCES

- Attachment A – Forward Work Program
- Attachment B – Program Design Group Organisation Chart

Note: This meeting will be recorded and transcribed using Copilot for business purposes only. The recording, transcript and related Copilot-generated outputs may be used as part of the official record of the meeting. By accepting the invitation and attending the meeting, you are providing consent. If you do not consent to recording and transcription but have a business need to attend and participate in this meeting, contact the meeting organiser to discuss available options. Do not disclose personal information about customers and third parties without their consent during this meeting. The recording and transcription will be switched off during discussions of personal, non-work related or sensitive matters. Further information is available on the agency's Automation and AI Transparency Statement (QC 80473).

Item 2
Vulnerability Strategic Commitment

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Meeting date:	22 July 2026	**Agenda Item**	2
Title:	Vulnerability Strategic Commitment		

Objective of the discussion:

Services Australia has a new Vulnerability Strategic Commitment which sets out how the agency will continue to support people experiencing complex circumstances.

The objective of this discussion is to present an overview of the commitment, the key objectives and progress made so far.

Impacts:

This session is for information sharing on the newly launched Vulnerability Strategic Commitment.

Program/project/initiative:

Our Vulnerability Strategic Commitment (our commitment) is enduring and sets out how we will continue supporting people experiencing complex circumstances.

We recognise the diverse needs within our community and that people from marginalised groups may face increased barriers to accessing our services

We will operationalise our commitment through tangible, measurable action subject to regular review.

Previous and future engagement with SCG:

The SCG forum was consulted during development of the new Vulnerability Strategic Commitment.

Next steps of program/project/initiative:

The Tailored Programs Branch will review and formally report internally on our commitment on an annual basis to ensure it remains relevant to the customers and communities we serve.

The Vulnerability Commitment is available on the Services Australia website and will be updated with our actions, progress and improvements made to date.

Communication from members can be sent to the Secretariat via SCG.SECRETARIAT@servicesaustralia.gov.au mailbox.

Relevant government commitments or funded measures:

Not applicable

Attachment:

Item 2A:	Vulnerability Strategic Commitment presentation

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Presenter(s) – Services Australia	
Name/Branch/Division	Ros Hincks, Assistant Director, Tailored Programs Branch, Communities Division (Presenter)
Name/Branch/Division	Anita Bogdanovski, NM, Tailored Programs Branch, Communities Division (Attendee)

Australian Government

Services Australia

Vulnerability Strategic Commitment

Tailored Programs Branch
Communities Division
Program Design Group

Vulnerability Strategic Commitment

Delivering accessible support to people experiencing complex and unique circumstances.

Our engagements

Who we spoke to

Primary engagements:

Advocacy groups

- Civil Society Advisory Group
- National Multicultural Advisory Group
- Disability Peak Bodies Forum
- Stakeholder Consultative Group

What we heard

A snapshot:

Language

Avoid language that labels individuals as *vulnerable* or *at-risk*, as this can imply that disadvantage stems from personal characteristics rather than external circumstances.

Understanding

Vulnerability often arises from external factors – including government policy settings, social and economic structures, and systemic barriers - that contribute to poverty, food insecurity, inadequate housing and poor health.

Outcomes

Measurable outcomes and stronger links between strategic commitments and practical actions.

Tailored support

Working with customers to tailor support, rather than making assumptions

Tell us once

Reduce the burden on individuals to repeatedly disclose challenging and complex circumstances.

Our objectives are to:

Promote a strengths-based, empowering approach that recognises the unique circumstances and strengths of customers and to actively work to address barriers to accessing support.

Ensure people are supported, safe and empowered in their interactions with our services.

Equip staff to identify peoples' individual circumstances and connect them with appropriate services and support.

Australian Government

Services Australia

Vulnerability Strategic Commitment

February 2026

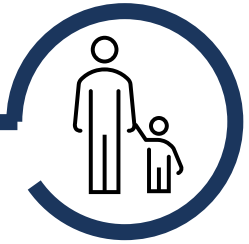
Our Progress

TRAINING

Uplifted our staff vulnerability training program to strengthen their capability in servicing customers experiencing complex circumstances.

CHILD SAFETY

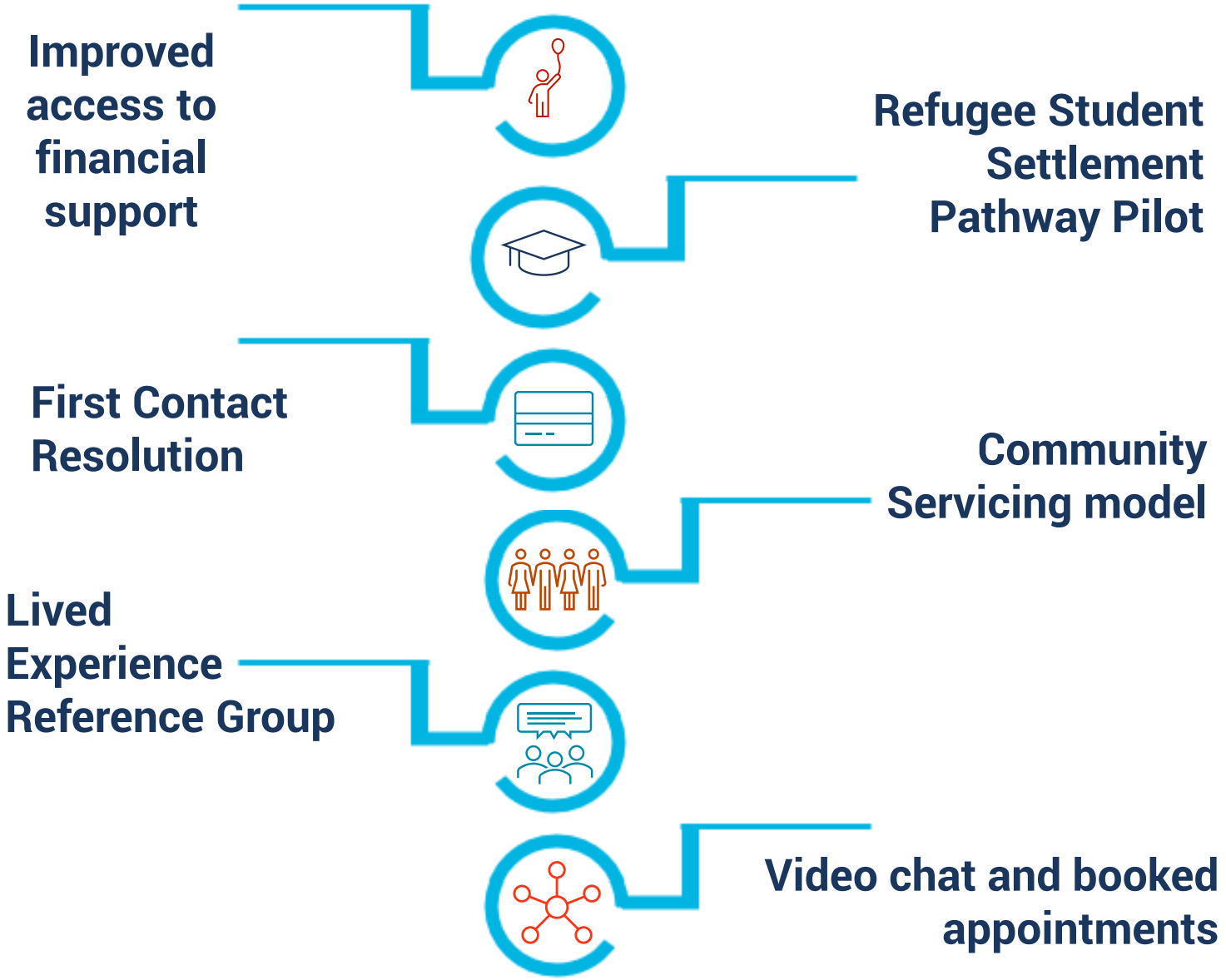
Strengthened our Child Safe framework, training and procedures to ensure our interactions with children are safe.



LEGAL ADVOCATES CHANNEL

Expanded our legal Advocates Channel to provide direct and timely support for vulnerable or at-risk customers.

Our Actions


Improved access to financial support
Refugee Student Settlement Pathway Pilot
First Contact Resolution
Community Servicing model
Lived Experience Reference Group
Video chat and booked appointments

Thank you and Questions

Item 3
The Australian Immunisation Register – Enhancements and what's coming

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Meeting date:	22 July 2026	**Agenda Item**	3
Title:	The Australian Immunisation Register – Enhancements and what's coming		

Objective of the discussion:

Increase awareness of Australian Immunisation Register (AIR) budget initiatives, including recent changes, upcoming enhancements, and their expected impacts for providers, customers and government.

Seek feedback from members on whether the proposed changes are clear, practical and appropriately targeted, and identify any stakeholder, implementation or communication considerations ahead of rollout.

Provide an opportunity for members to ask questions and support early engagement.

Impacts:

Design and delivery: Due and overdue rule changes and SMS reminders must be clear, accurate and easy for providers and customers to understand and act on.

Stakeholder impacts: Effective communication, implementation support and transition arrangements will be critical to minimise confusion and support timely uptake, noting childhood vaccination coverage has remained below the 95% aspirational target over the last 3 years.

Coverage context: Vaccination coverage for one-, two- and five-year-olds remains below 95% aspirational target (91.54%, 90% and 93.17% respectively) limiting protection against highly infectious diseases. Coverage for Aboriginal and Torres Strait Islander five-year-olds is approaching this target (currently at 94.33%) which is a positive result.

Government and policy: These changes support funded budget measures and align with the National Immunisation Strategy 2025 – 2030, strengthening vaccination monitoring, follow up and timely participation.

Program/project/initiative:

AIR context: The AIR records vaccinations given in Australia and overseas historically. It supports vaccination monitoring, program delivery, policy and eligibility assessments.

Purpose and success: This initiative strengthens AIR through improved reminder capability, enhanced due and overdue rules, and more timely and accurate immunisation information. Success will be demonstrated by clearer vaccination information, increased support for timely vaccination, and effective implementation with minimal disruption to providers and customers.

Who benefits:

- **Customers:** timely reminders and improved support to stay up to date with recommended vaccinations.
- **Health and Aged Care sector**: improved immunisation information and follow-up processes.
- **Government:** stronger monitoring and better data to inform policy, program delivery and public health responses.

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Previous and future engagement with SCG:
This is the first time this initiative has been presented to the Stakeholder Consultative Group (SCG). The session will provide an overview of recent and upcoming AIR changes and to seek early feedback on implementation, communication and stakeholder impacts. Further updates may be provided to SCG if required, particularly on implementation progress, upcoming enhancements or stakeholder feedback.

Next steps of program/project/initiative:
April 2026: AIR due and overdue rules were introduced for influenza. **June 2026:** Introduce AIR due and overdue rules for Respiratory Syncytial Virus (RSV) to support vaccination for older Australians, and update adult pneumococcal rules for CAPVAXIVE, including revised age settings for eligible cohorts. **March 2027:** Introduce automated SMS reminders through AIR for overdue childhood vaccinations for parents and carers of children under 5, to complement existing reminder letters and support timely vaccination uptake. **Ongoing:** Services Australia will continue delivery in partnership with the Department of Health, Disability and Ageing and other stakeholders. Members are invited to provide feedback on implementation, communication and stakeholder impacts during the meeting or through the SCG Secretariat. A further update may be provided to SCG if required.

Relevant government commitments or funded measures:
This work supports the budget measure **Improving access and uptake of medicines and vaccines**. It includes enhancements to AIR, such as due and overdue rule changes and SMS reminder capability and supports broader government immunisation policy by improving vaccination follow-up, strengthening vaccination monitoring and providing more timely immunisation information for providers, customers and government.

Attachment:	
Item 3A:	SCG_JUL2026_AIR_V0.1

Presenter(s) – Services Australia	
Name/Branch/Division	Sylvia Neves, National Manager, Partnered Programs and Design Branch, Capability and Partnered Programs Division
Name/Branch/Division	Lisa Carmody, General Manager, Capability and Partnered Programs Division

Australian Government

Services Australia

The Australian Immunisation Register (AIR):

Enhancements and what's coming

22 July 2026

CAPABILITY & PARTNERED PROGRAMS | REGISTERS AND CUSTOMER SUPPORT PROGRAMS

AIR enhancements and what's coming

This is a new item being presented to the Stakeholder Consultative Group (SCG) to provide an overview of recent and upcoming AIR enhancements and to seek early feedback on implementation, communication and stakeholder impacts. Further updates can be provided to SCG if required, particularly on implementation progress, upcoming enhancements or stakeholder feedback.

- The AIR records vaccinations given in Australia and overseas historically. It supports vaccination monitoring, program delivery, policy and eligibility assessments.
- **Childhood vaccination coverage has remained below the 95% aspirational target over the last 3 years limiting protection against highly infectious diseases.**
- **Coverage for Aboriginal and Torres Strait Islander five-year-olds is approaching this target (currently at 94.33%) which is a positive result.**

Strengthening the AIR

To strengthen vaccination monitoring, follow-up and timely participation and address a continuing decline in childhood vaccination rates, the agency is supporting enhancements under the budget measure '**Improving access and uptake of medicines and vaccines**' which aligns with the *National Immunisation Strategy 2025 – 2030*. These enhancements include:

Improved due and overdue rules

Promotion of vaccination through SMS

April 2026
AIR due and overdue rules were introduced for influenza.

June 2026
Introduce AIR due and overdue rules for Respiratory Syncytial Virus (RSV) to support vaccination for older Australians, and update adult pneumococcal rules for CAPVAXIVE, including revised age settings for eligible cohorts.

March 2027
Introduce automated SMS reminders through AIR for overdue childhood vaccinations for parents and carers of children under 5, to complement existing reminder letters and support timely vaccination uptake.

Who benefits?

Customers
- timely reminders and improved support to stay up to date with recommended vaccinations

Health and Aged Care sector
- improved immunisation information and follow-up

Government
- stronger monitoring and better data to inform policy, program delivery and public health responses

The agency will continue delivery in partnership with the Department of Health, Disability and Ageing and other stakeholders.

Q&A/discussion

Item 4
Medicare Card Redesign update

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Meeting date:	22 July 2026	**Agenda Item**	4
Title:	Medicare Card Redesign		

Objective of the discussion:

The objective of the discussion is to provide the Stakeholder Consultative Group with an update on the Medicare Card Redesign and seek advice on issues affecting customers, healthcare professionals, peak bodies, and vulnerable cohorts. The discussion will focus on the proposed transition from embossed Medicare cards to thermal printed cards, the ongoing use of carbon claim forms, digital Medicare card readiness, accessibility considerations, and how best to support customers and providers through the change.

Members will be asked to provide advice on:

- why carbon claim forms are still being ordered, particularly by healthcare professionals lodging digital-only claims
- current barriers to a digital-by-default Medicare card offering
- accessibility considerations for vulnerable cohorts

Impacts:

The current Medicare card format presents business continuity, customer experience, operational, and reputation risks. Medicare cards have relied on embossing for 42 years, however embossing technology is approaching end-of-life, and the agency is one of the last remaining clients of the card producer using this service.

The current embossed format limits customer name lengths and the number of people printed on one card. This results in customers accepting shortened names or being issued a separate card, which can prevent them from viewing their dependant's Medicare claim history. There are also system limitations, and a state-based numbering system that is projected to be exhausted in NSW and the ACT by June 2029.

External engagement will test the impacts of thermal printing, accessibility implications, reliance on carbon form processes, and security and integrity concerns.

Initiative:

The Medicare Card Redesign will modernise the Medicare card to reduce risk associated with outdated production methods and improve the customer experience.

The initiative will be delivered in two phases. Phase 1 will transition the card from embossing to thermal printing and update the look and feel of the card. Phase 2 will address broader limitations of the current card, replace the state-based numbering system, and provide customers with a digital-only Medicare card option.

The expected end state is a Medicare card with improved legibility and durability, more flexible formatting, and better alignment with contemporary service delivery and industry standards.

The work benefits customers, healthcare professionals, government, and the agency by improving usability, reducing manual workarounds, supporting more reliable card production, and helping maintain trust in the Medicare card as a widely used identity credential.

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Previous and future engagement with SCG:	
The Medicare Card Redesign was previously presented to the Stakeholder Consultative Group on 22 October 2025. An overview of why the Medicare card needed to be redesigned, customer pain points, and options under consideration was provided, and advice was sought on transitioning away from carbon slip claim forms and imprinters. Members are encouraged to participate in upcoming engagement opportunities through the expression of interest process.	
Next steps of initiative:	
The next step is to progress external engagement through three research streams to inform the updated format and design of the Medicare card. These are customer intercept testing, provider engagement, and peak body engagement, including organisations representing vulnerable cohorts. An invitation will be circulated to all SCG members shortly, inviting expressions of interest to participate in the research workshop.	
Relevant government commitments or funded measures:	
N/A	
Attachment:	
Item 4A:	Medicare Card Redesign
Presenter(s) – Services Australia	
Name/Branch/Division	Ann-Clare Fitzgerald, A/g National Manager, Medicare Branch, Medical Benefits and Veterans Division
Name/Branch/Division	Lisa Whitchurch, Director, Medicare Branch, Medical Benefits and Veterans Division

Australian Government

Services Australia

Medicare Card Redesign
Overview and progress update

22 July 2026

Medical Benefits and Veterans Division | Medicare Branch

Stakeholder Consultative Group (SCG) Meeting | 22 October 2025

MEDICARE CARD REDESIGN

PRESENTED AT SCG

Why redesign the Medicare card and what is being considered

Why redesign

Embossing technology is outdated; thermal printing provides the practical path for a new card format.

Customer pain points

Thermal printing can support longer names and more individuals on a physical card.

Options under consideration

Adding a document number for security, investigating the use of digital cards, and extending green card life beyond five years.

INSIGHTS SOUGHT

Stakeholder advice was requested

Transition advice

How to phase out carbon slip claim forms and imprinters; only 671 of 514,168 providers still order carbon forms.

Digital acceptance

How to support clinics when patients present with a digital-only Medicare card.

Outreach effectiveness

How to maximise community and provider awareness of the digital-only option.

FEEDBACK PROVIDED

Stakeholder response themes to carry forward
(Pharmaceutical Society of Australia)

Pharmacist readiness

Pharmacists report little ongoing reliance on carbon slips or imprinters, so broad resistance is unlikely.

Support to transition

Some GP-based diabetes educator settings may still prefer embossed cards and need transition support.

Normalise digital cards

A permanent digital option needs an educative, supportive rollout across all healthcare settings.

Equip the front line

Provide patient-facing resources so clinical care is not delayed by avoidable administration.

TAKEAWAY

The transition appears manageable, and successful adoption is supported by clear recognition of new design and formats, and practical resources for health professionals.

MEDICARE CARD REDESIGN

Modernising the Medicare card to reduce risk associated with outdated production methods and improve the customer experience

OUTCOME
A Medicare card with improved legibility and durability, more flexible formatting, and better aligned to industry standards.

CURRENT STATE
Legacy physical format

42 YEARS
Embossed production model
Designed for carbon slip claim forms and imprinter machines; increasingly unsupported by digital claiming.

LIMITATIONS
Customer workarounds
Cards are constrained by five-person family groups and short name fields, forcing shortened names and separate cards.

WHY CHANGE
Risk is now operational

JUNE 2029
Numbering pressure
NSW/ACT state-based card numbers are projected to be exhausted by June 2029, necessitating a new number system.

SERVICE QUALITY
Reliability and trust
Ageing technology and manual workarounds increase delivery and reputation risks.

FUTURE STATE
Modern card capability

PHASE 1
Thermal printed card
Durable and environmentally friendly card production, extended expiry for green cards, updated back-of-card information, and an accessibility feature.

PHASE 2
Flexible, digital-ready credential
Longer names, increased number of individuals per card, national numbers, customer choice for card issue, and improved security.

External engagement will assess thermal printing impacts, test accessibility implications, understand carbon-form reliance, and consider security and integrity concerns.

NEXT STEPS Implementation and communication strategies to be finalised following consultation and agreement to proceed with the recommendations.

MEDICARE CARD REDESIGN

Three research streams will inform the updated format and design of the Medicare card

- Customer research tests the user experience.
- Provider and peak body engagement tests operational, accessibility, and equity risks.

STREAM 1 · CUSTOMERS

Intercept testing

Voluntary 5-to-15-minute interviews at a service centre using a sample new card design.

Purpose

Validate the thermal card design and digital Medicare card experience.

Seeking to understand

- Clarity, readability, trust, and accessibility.
- Acceptance of the new card and digital-card barriers.

Next Analyse qualitative insights to establish design principles.

STREAM 2 · PROVIDERS

Provider engagement

PXD* and Health Service Delivery led provider engagement, with Medicare Engagement Officers capturing practice insights.

Purpose

Identify workflow impacts, operational risks, and communication needs for the transition.

Seeking to understand

- Why paper, imprint, or manual processes are still used.
- Digital card acceptance and support needed for change.

Next Shape provider communications, transition support, and digital uplift.

STREAM 3 · PEAK BODIES

Peak bodies engagement

PXD* engagement with peak bodies and organisations representing vulnerable cohorts.

Purpose

Surface accessibility, equity, and trust risks affecting vulnerable customers.

Seeking to understand

- Access, readability, or usability gaps for vulnerable groups.
- Mitigation strategies and communication considerations.

Next Commence implementation planning and risk mitigation.

OUTCOME A consolidated discovery pack; evidence, risks, and recommendations for implementation and communication.

**PXD – Program Experience Design*

MEDICARE CARD REDESIGN

Q&A

1

Carbon forms still in circulation

Why are carbon forms still being ordered, particularly for healthcare professionals lodging digital-only claims?

We analysed data from 30 of the highest carbon form ordering providers in 2025/26.

23 of the 30 providers lodge digital-only claims.

2

Digital-by-default card readiness

What are the current barriers for a digital-by-default Medicare card offering?

A digital Medicare card is available through the myGov app.

78% of Medicare customers are linked to myGov.

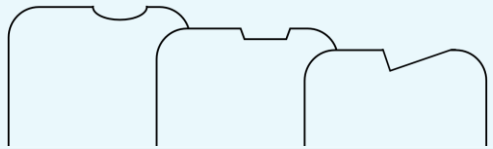
Over 2 million customers have a Medicare card in their myGov wallet.

3

Accessibility and vulnerable cohorts

What accessibility considerations are important for vulnerable cohorts?

A distinct notch feature* will be tested during user research.



Example only

We encourage you all to participate in the Expression of Interest

Item 5
Medicare key insights snapshot

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Meeting date:	22 July 2026	**Agenda Item**	5
Title:	Medicare key insights snapshot		

Objective of the discussion:

To raise awareness of the current Medicare landscape detailing customer demographics, entitlement eligibility, Medicare cards, Digital uptake and Claiming using data analytics.

Demographic and enrolment data

- The current customer count includes consumers who have a Medicare registration and an active entitlement to Medicare.
    - As at 30 June 2026, there are close to 29 million current customers.
    - 79% of these customers comprise Australian and NZ citizens, 20% permanent residents and the remainder are made up by applicants for permanent residence, diplomats, consulate staff and visitors.
    - 17% of our customers are aged 14 years or younger. 75% of our customers are between the ages of 15-75 and the remaining 8% are aged over 75. 78% of these customers who are over 14 years of age have registered for Medicare and are linked to myGov.
- Enrolments increased with the introduction of digital enrolments for expanded cohorts as part of the Health Delivery Modernisation project in June 2024. Since then, non-newborn enrolments have increased by close to 20%.
- Services Australia currently process 50,000 – 60,000 new enrolments every month.
- There are currently over 16.5 million active Medicare cards.

Claims data

- Almost 500 million services were claimed through Medicare in the 2025/2026 financial year, with 76% of those services Bulk Billed.
- Over this same period, 85% of all claimed services were made via the Medicare Online channel via practice Health Software. The size of this contribution underpins the importance of the Medical Software industry within the broader Australian health ecosystem.

Impacts:

This presentation will drive greater engagement with Medicare programs. Stakeholders will better understand the Medicare landscape.

Program/project/initiative:

N/A

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Previous and future engagement with SCG:	
This is the first Medicare key insights snapshot presented for the Stakeholder Consultative Group (SCG).	
Next steps of program/project/initiative:	
N/A	
Relevant government commitments or funded measures:	
N/A	
Attachment:	
Item 5A:	Medicare Key Insights Snapshot June-2026 v1.1
Presenter – Services Australia	
Name/Branch/Division	Ann-Clare Fitzgerald, Acting National Manager, Medicare Branch, Medicare Benefits and Veterans Division

Medicare Key Insights Snapshot

June 2026

Australian Population[1]
28,000,999

Customers enrolled[2]
34,986,616
5,350,318 date of death recorded
847,308 consumer end date recorded

Current Customers[3]
28,788,990

Australian/NZ Citizens
22,693,281

Migrants
5,682,912

Conditional Migrants[4]
333,185

Visitors[5]
74,962

Ministerial Orders[6]
4,650

Digital Transactions

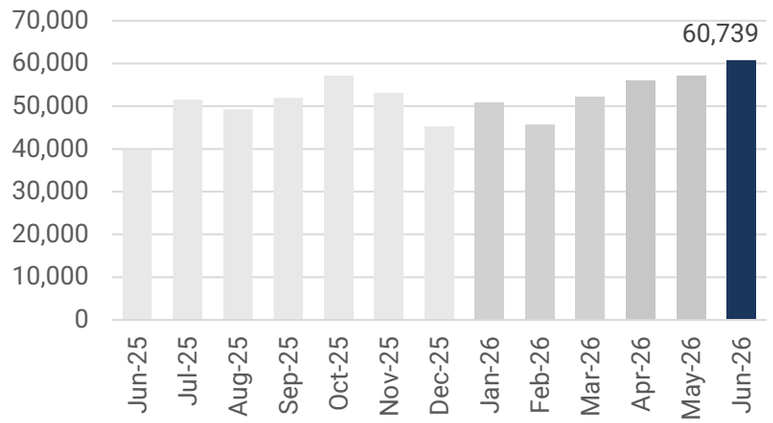
Customers
14 years and over linked to myGov

78% of current Medicare customers are linked to myGov

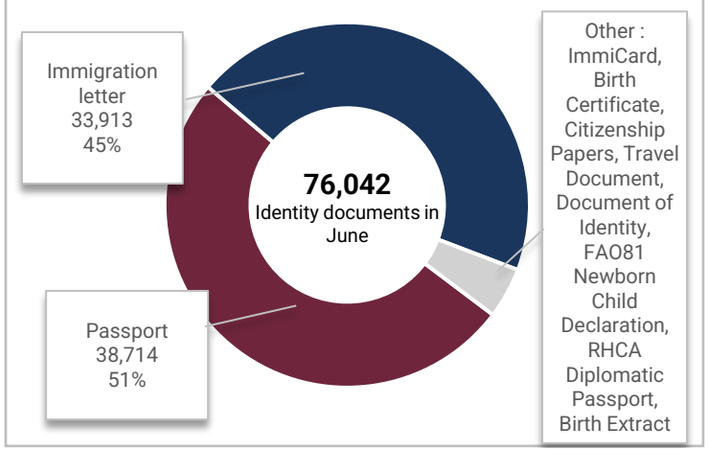
63,122 New Medicare online accounts linked for the month

Enrolments

Total new enrolments

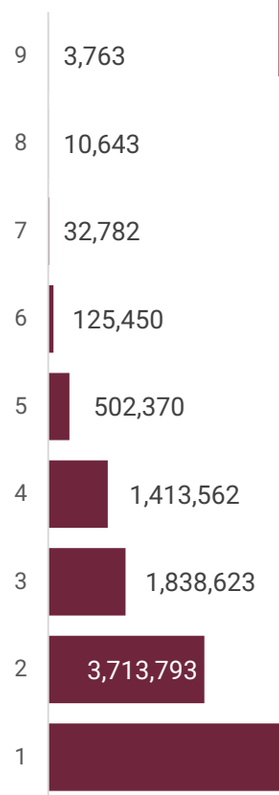


New enrolment documents for non-newborns



Cards

Active Cards with Multiple Customers



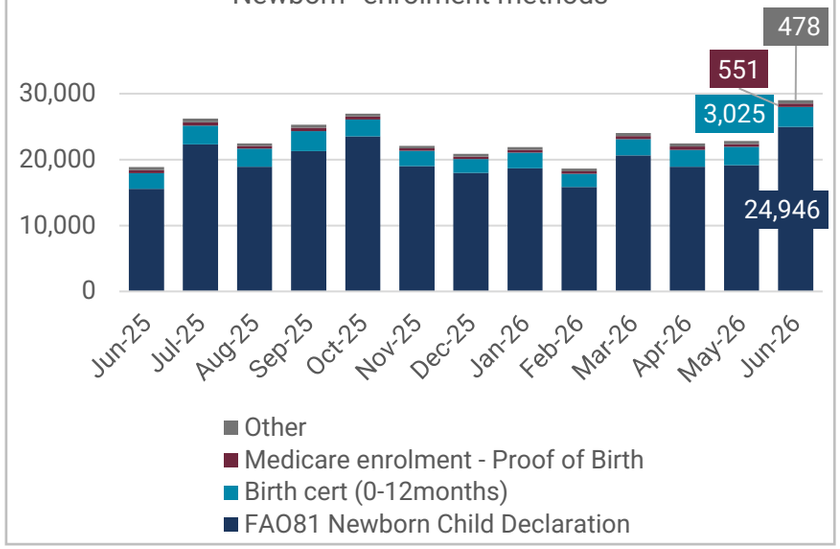
Active cards[8]
16,553,384

16,253,943
Green cards

237,875
Interim cards

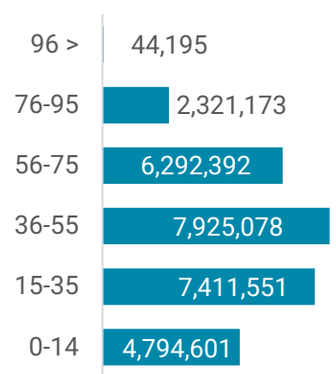
61,566
Visitor cards

Newborn[7] enrolment methods



Current Customers

Age of customers



Number of active cards customers are listed on

1 card	26,069,988
2 cards	1,738,140
3 cards	17,192
4 cards	157

Note: 963,513 customers have expired cards.

[1]**Population:** *Source:* abs.gov.au. Estimated Resident Population based on residence including Australian residents who live overseas for less than 12 months and overseas visitors who have been or are expected to be in Australia for 12 months or more. Foreign military, consular and diplomats are not included. As at 2/07/2026.

[2]**Enrolled in Medicare**: Customers with a current entitlement period. Includes customers with a consumer end date and a date of death recorded.

[3]**Current Customers:** Customers with a current entitlement period, do not have a date of death recorded, and have a consumer end date in the future.

[4]**Conditional Migrants:** Includes applicants for permanent residence and other provisional visa holders such as applicants for permanent protection, parent visas, skilled workers.

[5]**Visitors:** Customers eligible for Medicare under Reciprocal Health Care Agreements and Diplomats.

[6]**Ministerial Orders:** Provides a person or group of persons eligibility for Medicare who are otherwise not eligible under the Health Insurance Act. For example, people entering Australia under a humanitarian visa.

[7]**Newborn:** Infants up to 12 months of age. Includes infants who have returned to country and records with a date of death.

[8]**Active Medicare card:** Cards with an expiry date greater than the reporting period. This excludes Medicare cards that are not expired and have no current associated members.

Medicare Key Insights Snapshot

June 2026

Total services
487,934,961

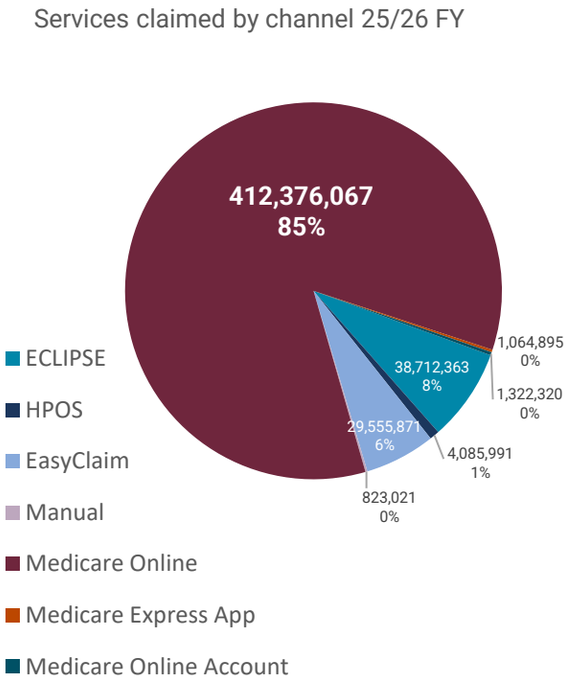
Bulk billed services
372,260,852

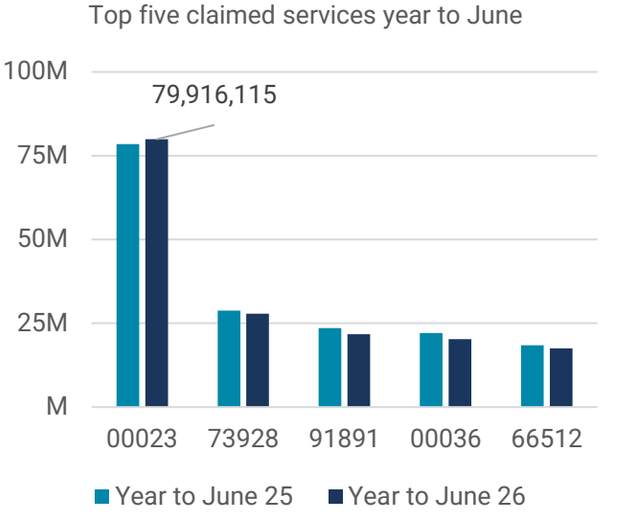
Patient claims services
76,922,887

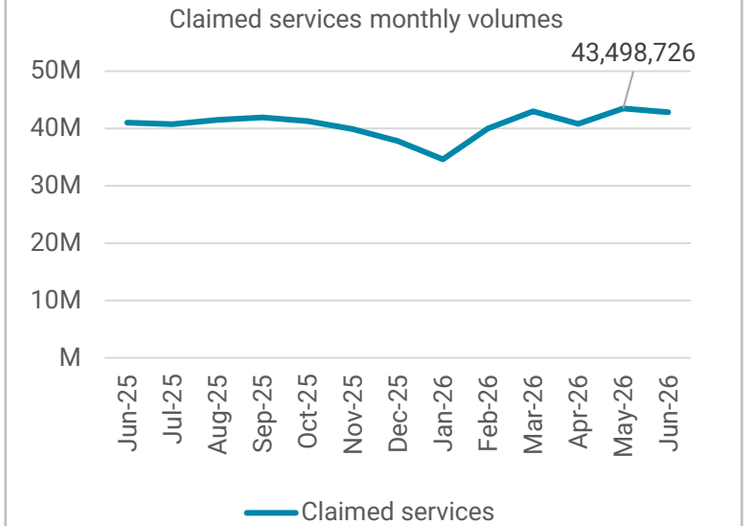
Simplified billing services
38,751,222

The claimed services counts above relate to the 2025 - 2026 financial year

Claims

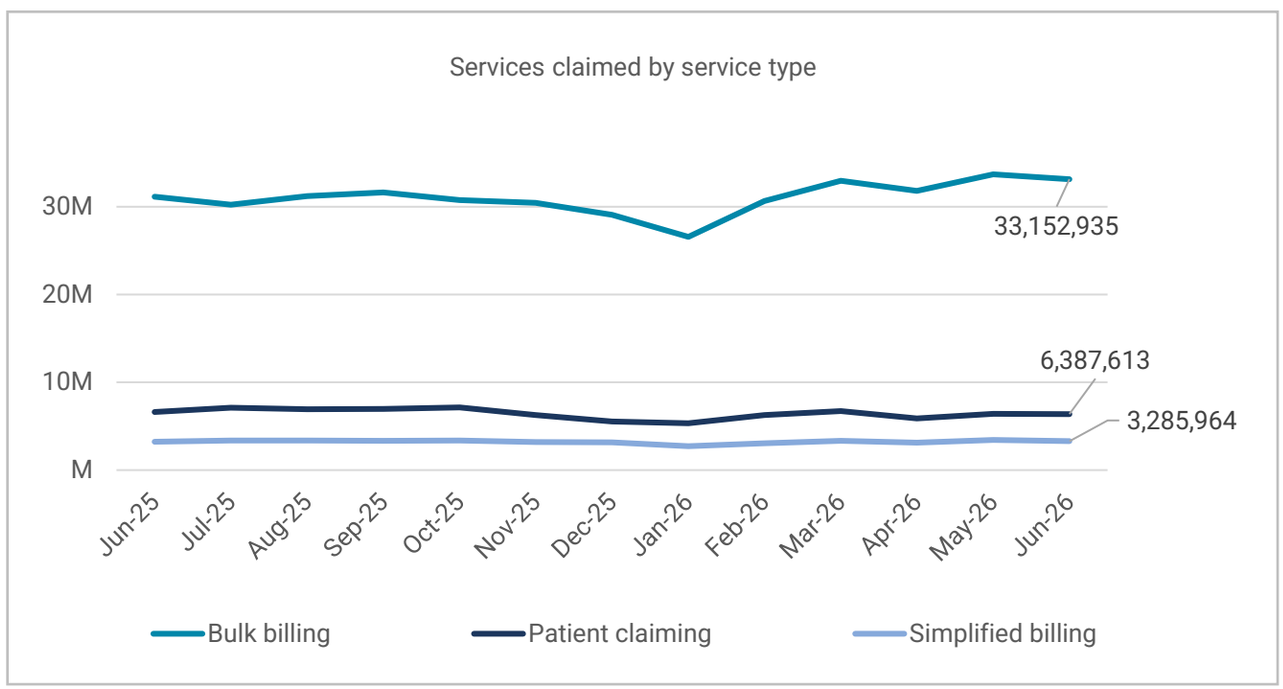




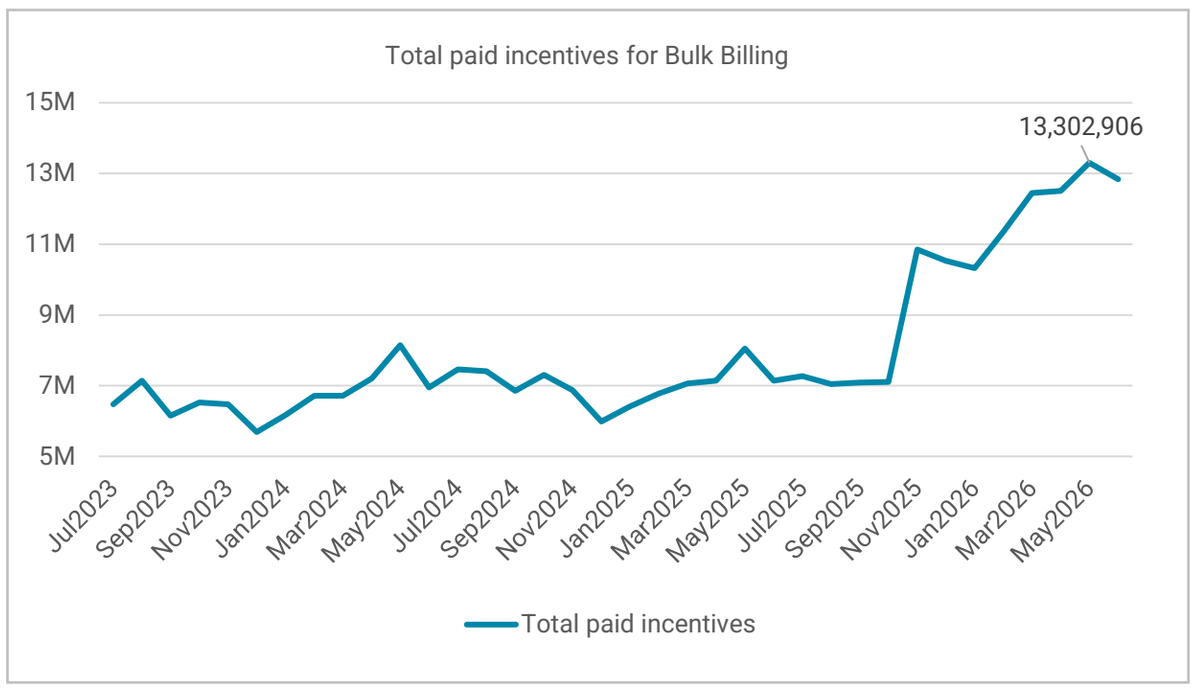


00023 - Professional attendance at consulting rooms by a general practitioner, less than 20 minutes
73928 - Initiation of a patient episode by collection of a specimen for 1 or more services
91891 - Phone attendance by a general practitioner lasting at least 6 minutes
00036 - Professional attendance at consulting rooms by a general practitioner, at least 20 minutes
66512 - General chemistry x 5 or more

Service type



Bulk billing incentives



Item 6
Action Items arising from the last meeting (18 March 2026)

SCG Action Item Register

Action Item no.	Agenda Item	Action Item	Date Due	Responsibility	Status	Status Update
SCG 20260318-10	Agenda Item 4 - Automation and Artificial Intelligence (AAI)	SCG Secretariat to liaise with Mr Sidesh (Sid) Naikar, NM Telecommunications Modernisation, Automation and Architecture Division, and arrange an update on Automation and Artificial Intelligence (AAI) at a future meeting.	Open	SCG Secretariat	Open	**Update 25/05/2026 -** SCG Secretariat will arrange for an update on Automation and Artificial Intelligence to be included at a future SCG meeting.
SCG 20260318-12	Agenda Item 5 - Bulk Billing Practice Incentive Program	Ms Moira Campbell to investigate rural/remote data for Bulk Billing Practice Incentive Program (BBPIP) to share with Ms Anita Rodrigues Macias, Rural Doctors Association of Australia.	Open	Ms Moira Campbell, NM, Provider Branch, Medical Benefits and Veterans Division	Open	**Update 16/07/2026 -** Ms Rodrigues Macias asked how many of the (then) 3,600 BBPIP-registered practices are in rural or remote areas. A summary of the information will be provided out-of-session.
SCG 20260318-1	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Members were encouraged to contact SCG.SECRETARIAT@servicesaustralia.gov.au for additional materials or with further suggestions by 30 June 2026.	22-Jul-26	SCG Secretariat	Propose to close	**Update 30/06/2026 -** No further suggestions were received via the SCG Secretariat mailbox. **Update 02/04/2026 -** SCG Secretariat circulated the Medicare Customer Held Payments poster (A3 size) with the Meeting Summary to members on 2 April 2026.
SCG 20260318-2	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Share targeted and general communication content to members.	22-Jul-26	Mr Callum McFarlane-Roberts, Director & Ms Sheralee Curnow, Assistant Director, Digital Health Payment Improvements Section, Capability & Partnered Programs Division	Propose to close	**Update 03/06/2026 -** Contact was made with PSA to arrange opportunities for further discussion.
SCG 20260318-3	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Send data to Mr David Wright-Howie, COTA on impacted customers by age for inclusion in their newsletter.	22-Jul-26	Mr Callum McFarlane-Roberts, Director & Ms Sheralee Curnow, Assistant Director, Digital Health Payment Improvements Section, Capability & Partnered Programs Division	Propose to close	**Update 03/06/2026 -** Contact was made with COTA to arrange opportunities for further discussion.
SCG 20260318-4	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Send information for students and young people to Ms Nicole Hope, Australian Psychological Society (APS).	22-Jul-26	Mr Callum McFarlane-Roberts, Director & Ms Sheralee Curnow, Assistant Director, Digital Health Payment Improvements Section, Capability & Partnered Programs Division	Propose to close	**Update 03/06/2026 -** Contact was made with APS to arrange opportunities for further discussion.
SCG 20260318-5	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Send information regarding the Medicare Online claiming channel return message 9783 to Ms Emma Hossack, Medical Software Industry Association (MSIA) for distribution to software developers via their newsletter.	22-Jul-26	Mr Callum McFarlane-Roberts, Director & Ms Sheralee Curnow, Assistant Director, Digital Health Payment Improvements Section, Capability & Partnered Programs Division	Propose to close	**Update 18/03/2026 -** Information on return message '9783' was sent to MSIA and communicated to software developers in June 2026.
SCG 20260318-6	Agenda Item 2 - Medicare Customer Held Payments (presentation)	Send appropriate communication content to Ms Miranda Grace, Australian Association of Practice Management (AAPM) for distribution to their members.	22-Jul-26	Mr Callum McFarlane-Roberts, Director & Ms Sheralee Curnow, Assistant Director, Digital Health Payment Improvements Section, Capability & Partnered Programs Division	Propose to close	**Update 03/06/2026** - Contact was made with AAPM to arrange opportunities for further discussion.
SCG 20260318-7	Agenda Item 3 - Community Engagement Servicing Redesign Project (presentation)	Ms Jodie Robinson to speak with Ms Anita Rodrigues Macias, Rural Doctors Association of Australia (RDAA) on expanding inclusion of rural and remote communities.	22-Jul-26	Ms Jodie Robinson, GM, Child Support and Tailored Services (CSTS) Division	Propose to close	**Update 30/03/2026 -** The SCG Secretariat provided contact details for Ms Rodrigues Macias to the GM Child Support and Tailored Services Office. Subsequently, NM Anthony Creek (Community Engagement Servicing Redesign Project) has initiated contact with Ms Macias to arrange a meeting on behalf of GM Jodie Robinson to progress engagement on expanding inclusion of rural and remote communities.
SCG 20260318-8	Agenda Item 3 - Community Engagement Servicing Redesign Project (presentation)	Ms Jodie Robinson to provide Ms Jane Connolly, Australian College of Rural and Remote Medicine (ACRRM) with links to educational information about specialist officers i.e. homelessness services.	22-Jul-26	Ms Jodie Robinson, GM, Child Support and Tailored Services (CSTS) Division	Propose to close	**Update 31/03/2026 -** Information on resources and help for community organisations to assist people to access our payments and services, including those experiencing homelessness is available via our website www.servicesaustralia.gov.au. Please type QC 21 into the search bar and navigate to the Community resources and help page.
SCG 20260318-9	Agenda Item 3 - Community Engagement Servicing Redesign Project (presentation)	SCG Secretariat to provide general information on Specialist Officers to SCG members.	22-Jul-26	Ms Jodie Robinson, GM, Child Support and Tailored Services (CSTS) Division	Propose to close	**Update 31/03/2026 -** General information on Specialist Officers was provided to SCG members. Members were directed to type QC 21 into the search bar and navigate to the 'Community Resources and Help' page to access information on Specialist Staff and related service offerings. The project continues to work with the Department of Health, Disability and Ageing to ensure we have Aged Care Specialist Officers (ACSOs) in the right locations to respond to community need.
SCG 20260318-11	Agenda Item 5 - Bulk Billing Practice Incentive Program	Ms Moira Campbell to follow up on concerns raised by Dr Oliver Frank, Royal Australian College of General Practitioners regarding patient registration in MyMedicare.	22-Jul-26	Ms Moira Campbell, NM, Provider Branch, Medical Benefits and Veterans Division	Propose to close	**Update 26/05/2026 -** From 1 July 2025, patients registered with MyMedicare must access GP chronic condition management plan (GPCCMP) items through the practice where they are enrolled; patients that are not registered may access the services through their usual GP. MyMedicare registration is voluntary and requires the patient's documented consent. Where the patient initiates registration digitally via their Medicare Online Account, the system will only allow registration to proceed if the patient meets the MyMedicare eligibility requirements for that practice. Where a paper registration form is used, practice staff complete the registration in the system based on the patient's consent and the eligibility reason selected. For paper form registrations, the system is not designed to test the validity of the eligibility reason selected by the practice. Appropriate use of eligibility reasons is managed by the Department of Health Disability and Ageing (DHDA) as a post-registration compliance activity. Where concerns are raised about potential unauthorised patient registration, Services Australia can assist the patient or practice to resolve the registration and refer the matter to DHDA for compliance checking. To minimise occurrences of GPCCMP item rejections related to MyMedicare registration, practices may opt to verify patients' MyMedicare registration status before scheduling appointments.
SCG 20260318-13	Agenda Item 6 - FHIR-Enabled Centrelink Medical Certificate Smart Forms	SCG Secretariat to circulate the FHIR-Enabled Centrelink medical certificate smart forms slide deck with Dr Oliver Frank, Royal Australian College of General Practitioners and Ms Emma Hossack, Medical Software Industry Association (MSIA).	22-Jul-26	Mr Javier Ribalta, NM, Disability and Carers Branch, Care and Support Division	Propose to close	**Update 02/04/2026 -** SCG Secretariat circulated the slide deck with the Meeting Summary to members on 2 April 2026.
SCG 20260318-14	Agenda Item 6 - FHIR-Enabled Centrelink Medical Certificate Smart Forms	Mr Javier Ribalta to follow up on maintaining pre-populated fields on FHIR-enabled Centrelink medical certificate smart forms when Centrelink is confirming existing information with GPs without the need to re-enter information.	22-Jul-26	Mr Javier Ribalta, NM, Disability and Carers Branch, Care and Support Division	Propose to close	**Update 18/05/2026 -** The proposed smart form solution will pre-populate information where possible, including patient details, provider identifiers and known conditions, in line with FHIR standards and conformance rules. Pre-population occurs through a request to the GP's practice management software, drawing information directly from the patient's electronic health record to ensure the clinical system remains the source of truth. Information entered in a previous medical certificate will not be reused to pre-populate a new form, to avoid the risk of incorrect or outdated information being carried forward.
SCG 20260318-15	Agenda Item 6 - FHIR-Enabled Centrelink Medical Certificate Smart Forms	Mr Javier Ribalta to provide the SCG Secretariat with information on an out-of-session FHIR-Enabled Centrelink Medical Certificate Smart Forms workshop to share with SCG members.	22-Jul-26	Mr Javier Ribalta, NM, Disability and Carers Branch, Care and Support Division	Propose to close	**Update 25/06/2026 -** A virtual information session on FHIR-enabled Centrelink medical certificates was delivered on 25 June 2026 by the MIER Projects team, Services Australia. **Update 18/05/2026 -** The team are working with SCG Secretariat to schedule a deeper dive with a small number of representatives to meet to discuss the concept, align on scope and intent, and provide initial professional practice reflections.
SCG 20260318-16	Agenda Item 7 - Services Australia update	Ms Monita Lal to investigate closure of the payment portal for the claiming period.	22-Jul-26	Ms Monita Lal, GM, Care and Support Division	Propose to close	**Update 19/05/2026 -** The payment portal (Aged Care Provider Portal) does not close for claiming, and providers have the opportunity to lodge late claims. Following feedback from providers, the agency supported the implementation of a policy change instigated by the Department of Health, Disability and Ageing to extend Support at Home late claiming for the first quarter, from 60 to 90 days. Providers had until 31 March 2026 to submit claims for services delivered between 1 November and 31 December 2025 without requiring additional late-claim reason and attachments. The regular 60-day claiming period remains in place for all following quarters.

SCG 20260318-17	Agenda Item 7 - Services Australia update	Ms Monita Lal to advise if there are alternative channels that providers can use to access information on support at home.	22-Jul-26	Ms Monita Lal, GM, Care and Support Division	Propose to close	**Update 19/05/2026** - Services Australia supports aged care providers through the following: Phone enquiries: Services Australia Aged Care Provider Line 1800 195 206 Staff can support providers with claim and payment enquiries including: - using digital claiming, including the Aged Care Provider Portal (ACPP) - ACPP registration - residential, home care and flexible claims in the ACPP - Australian National Aged Care Classification (AN-ACC) - residential and home care entry events - supplements - bank details - ordering the aged care means assessment forms. Note: Aged care providers who use a software developer will need to contact their developer for any technical support with claiming using their APIs/software. Website resources - Health Professional Education Resources: https://hpe.servicesaustralia.gov.au/ This website has eLearning modules, infographics (fact sheets) and simulations to help providers with claiming through the Aged Care Provider Portal. - Services Australia website: https://servicesaustralia.gov.au/providing-aged-care (QC 71011) This website has information to support aged care providers, including the Support at Home eKit (QC 81218) to help with claiming through the Aged Care Provider Portal. News Items - News for aged care provider articles – articles are published on the Services Australia website and distributed via email subscription (QC 49). - Your Aged Care Update (YACU) past editions – articles are published by Department of Health, Disability and Ageing on their website, https://comms.agedcareupdates.net.au/yacu-past-editions and distributed via email subscription. Following feedback from the sector Services Australia has established a multi-disciplinary team (MDT) to undertake an in-depth review of the current support and escalation processes for provider support. This review will identify existing gaps and work through solutions including clarification of the service offer, hand off requirements and escalation pathways. The review will also consider whether enhancements to existing communication products is required.
SCG 20260318-18	Agenda Item 7 - Services Australia update	Ms Monita Lal to provide an update on how Application Program Interface (API) changes can be effectively communicated to industry.	22-Jul-26	Ms Monita Lal, GM, Care and Support Division	Propose to close	**Update 19/05/2026 -** Services Australia is actively involved in Department of Health, Disability and Ageing-led engagement forums. This includes tailored and intensive support to aged care peak bodies, software developers and providers. Engagements with the sector and revised communication strategies remain a high priority for the agency as we continue to refine options to improve communication regarding timely notification of any issues impacting claiming and updates on implementing planned fixes. **The Aged Care Web Services - Change Guide** available on the **Health Systems Developer Portal** is updated regularly to outline the most recent changes to technical specification documents for software developers. Services Australia routinely communicates when updates to the Change Guide and technical specification documents for APIs have been made. This is done via formal emails sent from the Developer Liaison team to registered aged care software developers. These messages are also published in the Health Systems Developer Portal. Following feedback from the software vendor sector Services Australia has commenced engagement with a key software vendor recommended by the Medical Software Industry Association (MSIA) to help inform improved communication to the sector in preparation for changes.
SCG 20260318-19	Agenda Item 7 - Services Australia update	Ms Monita Lal to review communication timeframes and processes to ensure timely responses to providers.	22-Jul-26	Ms Monita Lal, GM, Care and Support Division	Propose to close	**Update 19/05/2026 -** Services Australia is actively involved in Department of Health, Disability and Ageing-led engagement forums, including tailored and intensive support to aged care peak bodies, software developers and providers. Engagements with the sector and revised communication strategies remain a high priority for the agency as we continue to refine options to improve communication regarding timely notification of any issues impacting claiming and updates on implementing planned fixes. Following feedback from the sector Services Australia has established a multi-disciplinary team (MDT) to undertake an in-depth review of the current support and escalation processes for provider support. This review will identify existing gaps and work through solutions including clarification of the service offer, hand off requirements and escalation pathways. The review will also consider whether enhancements to existing communication products is required.
SCG 20260318-20	Agenda Item 7 - Services Australia update	Ms Ursula Carolyn committed to provide Mr David Wright-Howie, COTA with data on aged care hardship applications. This action has subsequently been transferred to Ms Joanne Hase, National Manager, Seniors and Ageing.	22-Jul-26	Ms Joanne Hase, NM, Seniors and Ageing Branch, Care and Support Division	Propose to close	**Update 19/05/2026 -** Ms Hase shared the data with Mr David Wright-Howie in week of 20 April 2026, after the March Quarter data became available.
SCG 20260318-21	Agenda Item 7 - Services Australia update	Ms Monique Warren to provide Ms Emma Hossack, MSIA, with relevant resources and the appropriate alternative contact details for software developers to use where Services Australia Online Technical Support is not accessible.	22-Jul-26	Ms Monique Warren (obo Ms Lisa Carmody) GM, Capability & Partnered Programs Division	Propose to close	**Update 09/04/2026 -** Anita Murdoch, Director, Integrated Developer Management Office (iDMO), Digital Health Strategic Relationship Section, Capability & Partnered Programs Division has completed this action regarding Transport Layer Security, and all relevant details have been provided to Ms Hossack.
SCG 20260318-22	Agenda Item 7 - Services Australia update	SCG Secretariat to advise members of engagement opportunities for Medicare card design testing.	22-Jul-26	SCG Secretariat	Propose to close	**Update 08/07/2026:** An invitation will be circulated to SCG members seeking expressions of interest to take part in Medicare card design testing.
SCG 20260318-23	Agenda Item 10 - Other Business	SCG Secretariat to share the May 2026 Budget measures with members after their announcement.	22-Jul-26	SCG Secretariat	Propose to close	**Update 14/05/2026 -** The Secretariat distributed the May 2026 budget measures to members via email on 14 May 2026.

Item 7
Services Australia – Strategic scan emerging priorities (verbal)

Item 8
Services Australia update

Agenda Item 8

Australian Government

Services Australia

Stakeholder Consultative Group (SCG) Meeting

Project Delivery Update | Upcoming Changes

22 July 2026

MEDICAL BENEFITS AND VETERANS' DIVISION | SCG SECRETARIAT

Project Delivery Update | Upcoming Changes @ 22 July 2026

CARE AND SUPPORT DIVISION

Affected program | Initiative name	Description	Implementation Date	Key points SCG members need to know	Key points on the actions required from the health & aged care sector stakeholders
Paying Providers on Services Delivered	Transition from advance payments to payments based on services delivered.	1 July 2027	• Services Australia will reduce the advance payment paid to most residential care homes by 4.17% per month over 2 years until the final advance payment is zero.	Changes will be communicated in Department of Health, Disability and Ageing messaging in the lead-up to the implementation date.
Improving access to Home Care - Changes to Contributions for Personal Care	Removal of participant contributions for approved personal care services.	1 October 2026	The Support at Home Personal Care service type, currently under the Independence participant contribution category, will move to the Clinical Supports category. Support at Home participants will no longer pay contributions for personal care services. Aged care providers using business-to-gateway products such as APIs may require changes to their products to support implementation. Technical specifications were provided to software vendors on 7 July 2026 in preparation for this change.	Participate in the fortnightly webinars organised by the Department of Health, Disability and Ageing to receive updates and ask questions in preparation for the change. Access communication products as they are provided through Your Aged Care and Health Professional Education products.
Improving access to Home Care - Financial Hardship Online Solution	New online hardship application process for aged care participants.	December 2026 and June 2027	The online solution is expected to make hardship applications faster and easier	Opportunity to provide input into the design through co-design workshops.

Project Delivery Update | Upcoming Changes @ 22 July 2026

			for participants. The ability to lodge via a paper claim will still be available. Care recipients will be able to: • Make a claim through their Centrelink online account • Upload supporting documents as necessary. The online process is expected to be delivered by 31 December 2026, with process improvements to be delivered by 30 June 2027. The second phase process improvements include more timely delivery of non-discretionary decisions (such as if an applicant does not meet the criteria from the information provided in the claim), and notification to providers regarding the claim lodgement and assessment status to assist with initial setting of contribution rates to reflect the care recipients' circumstances.	
Improving access to Home Care - End of Life Pathway Refinements	Enhancements to the Support at Home End of Life pathway.	March / June 2027	Improves continuity of support to End of Life Pathway participants and reduces administrative complexity for accessing funding. Enables approved End of Life Pathway participants: • easier access to greater funding to meet their care needs, and longer periods to receive services.	Access communication products as they are provided through Your Aged Care and Health Professional Education products online. Software vendors should access updates made to the Health Systems Developer Portal for technical specifications to support changes that may be required to business-to-gateway products.

Project Delivery Update | Upcoming Changes @ 22 July 2026

			• returning to their ongoing Support at Home classification, to maintain access to ongoing funding without the need for a Support Plan Review. Enhances data transmission between Services Australia and the Department of Health, Disability and Ageing. Aged care providers using business-to-gateway products such as APIs may require changes to their products to support implementation.	
Residential Aged Care supply and equity of access - Residential Accommodation Supporting Capital Investment	New accommodation subsidies to support investment in quality residential care accommodation.	1 Jan 2027	Supports eligible providers to invest in residential accommodation and infrastructure. The Department of Health, Disability and Ageing will determine and send a provider's eligibility information to Services Australia. Services Australia will be able to record eligibility information and issue subsequent payments through the existing claim process. Providers do not need to submit a claim with Services Australia for the payments. Residential aged care homes will receive the following payments, subject to eligibility: • New Home Payment ($30 per supported resident per day)	Access communication products as they are provided through the Department of Health Disability and Ageing. Software vendors should access updates made to the Health Systems Developer Portal for technical specifications to support changes that may be required to business-to-gateway products.

Project Delivery Update | Upcoming Changes @ 22 July 2026

			Significant Improvement Payment ($15 per supported resident per day).	
Residential Aged Care supply and equity of access - Residential Accommodation Pricing and Consumer Protection	Changes to accommodation pricing and consumer information arrangements.	1 July 2027	Improves pricing transparency and information available to providers and residents. Changes accommodation pricing arrangements, including replacing the maximum interest rate with an alternative method for converting a daily payment into a refundable deposit. Improves consumer understanding and protections by giving individuals and providers clearer information about accommodation arrangements. This includes information in the aged care payment system, the Services Australia provider portal and fee advice letters.	Access communication products as they are provided through the Department of Health Disability and Ageing. Software vendors should access updates made to the Health Systems Developer Portal for technical specifications to support changes that may be required to business-to-gateway products.
Better Care for Older Australians - Exempt Stolen Generation Payments	Exemption of Stolen Generations Redress payments from means testing.	TBC	Stolen Generations Redress Scheme payments are currently assessed as assets under residential aged care means tests when retained as financial resources. In some cases, these financial assets may also be included in the income test through deeming. As a result, some recipients, and in certain cases their partners, may face higher residential aged care costs than they would without these payments.	Where culturally safe and appropriate, support care recipients with information about how they can opt in to this support.

Project Delivery Update | Upcoming Changes @ 22 July 2026				
			The exemption will ensure redress payments do not inadvertently increase aged care costs for Stolen Generations survivors or their partners. Care recipients will have the opportunity to opt in to this support.	

Project Delivery Update | Upcoming Changes @ 22 July 2026

CAPABILITY AND PARTNERED PROGRAMS DIVISION

Affected program | Initiative name	Description	Implementation Date	Key points SCG members need to know	Key points on the actions required from the health & aged care sector stakeholders
PBS | Changes to Wholesale Mark-Up Tiers and Calculations	Under the 8CPA and the First Pharmaceutical Wholesaler Agreement (1PWA), the Changes to Wholesale Mark-Up (WMU) Tiers and Calculations project involves pricing structural changes as part of the Commonwealth price paid to approved suppliers who supply pharmaceutical benefits.	1 July 2026	The changes below were introduced as part of 8CPA negotiations to aid in supporting WMU reforms agreed to by the Australian Government: • Structural changes to existing wholesale mark-up (WMU) tiers, and • Changes to WMU quantity calculations as part of the Commonwealth Price paid for the provision of pharmaceutical benefits by an approved provider. Services Australia is responsible for the processing and administration of the WMU payments that form part of the broader Commonwealth price used to calculate remuneration for dispensed PBS medicines to PBS approved suppliers. Department of Health, Disability and Ageing (DHDA) will update the PBS Schedule data used in Services Australia via existing processes via the Application Programming Interface (API).	The WMU changes were successfully implemented 1 July 2026. Existing payment arrangements for PBS approved suppliers were maintained. The expected flow-on medicine price changes were managed through established PBS Schedule data exchange processes. There was no customer impact, and PBS co-payments remained unchanged. Project closure is underway and remains on track for 31 July 2026.

Project Delivery Update | Upcoming Changes @ 22 July 2026				
HDM HPOS PBS ENHANCEMENTS | Digital Lodgement of Safety Net Claims	**Initiative 1 – Digital Lodgement of PBS Safety Net Claims:** Allowing pharmacies to submit PBS Safety Net claims digitally through HPOS. This enhancement will leverage the internal Safety Net Claiming System (SNCS) to enable real-time outcomes, significantly reduce manual workload and wait times, and enable eligible patients and families to access PBS Safety Net benefits more quickly.	TBD due to dependency on required legislative instrument changes	This change will introduce a new digital claim option for PBS Safety Net claims. Approved Suppliers will be able to submit their claims digitally. This will provide real time assessment of patient eligibility, improve the quality of claims and the timeframe for pharmacies (approved suppliers) to receive payments. The system solution was released in a dormant state on 12 April 2025. The live implementation for external users is dependent on passage of required legislative instrument(s).	This project will enable PBS Safety Net claims to be uploaded digitally through HPOS. The Department of Health, Disability and Ageing is progressing legislative amendments to the National Health Act 1953. Alternative options are also being explored, including through amendment to the National Health (Pharmaceutical Benefits) Regulations 2017, to fully enable the digital solution.
National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) managed services contract and uplift	Secure contract for PKI managed services, and uplift infrastructure to meet security and authentication standards.	NASH PKI Uplift implementation will be September 2026. Ongoing NASH PKI Services will be provided under the current contract with Verizon until 2029.	The new NASH PKI certificates will be a like-for-like solution, with the same look and feel as the current solution. The NASH PKI uplift is scheduled to go live from 13 August, and new NASH PKI certificates will be available from this time. All NASH PKI certificates currently in use will remain valid until their expiry date. When a new NASH PKI certificate is requested, users will be automatically issued a certificate under the uplifted systems.	Users do not need to do anything different to be issued a NASH PKI certificate under the uplifted system. Users will be provided with notification of their certificates expiring as per current processes. The process to request and install a new NASH PKI certificate will remain the same. If users do not have a certificate installed, they will not be able to access electronic prescriptions, my

Project Delivery Update | Upcoming Changes @ 22 July 2026

				health record or services that use Individual Healthcare Identifiers.
My Health Record Registration Checkbox	To allow organisations to opt out of participating in My Health Record when registering for a Healthcare Provider Identifier – Organisation.	September 2026 (tbc)	This enhancement was deferred as the Australian Digital Health Agency (ADHA) was unable to make its internal changes to meet the proposed implementation date. A tentative September date has been set pending ADHA readiness.	When implemented, organisations will be able to register for the HI Service without also needing to register for MHR during the same process.
Healthcare Provider Directory transition to Australian Digital Health Agency	Transition the HI Service Healthcare Provider Directory functionality to the Australian Digital Health Agency.	October 2026	The Healthcare Provider Directory (HPD) Transition project is delivering the transfer of HPD operational responsibility from Services Australia to the Australian Digital Health Agency (ADHA), supporting legislative reforms and the establishment of a single, national directory of healthcare providers and organisations. The project will enable ADHA to operate the new Health Connect Provider Directory (HCPD) while Services Australia continues its role as operator of the Healthcare Identifiers (HI) Service. The transition is intended to improve integration across the national digital health ecosystem and support a more accurate and centralised source of provider information.	Health professionals and healthcare organisations will need to decide whether they wish to be included in ADHA's new Health Connect Provider Directory (HCPD) and actively advise if they do not want their information published in the new directory. Healthcare providers and organisations should ensure their details within the Healthcare Identifiers (HI) Service remain accurate and up to date to support the quality of information transferred to the new directory. Software vendors and digital health providers will need to transition to ADHA's new directory services to maintain access to provider and organisation information following decommissioning of the current HPD. There will be a sector-wide engagement and communication

Project Delivery Update | Upcoming Changes @ 22 July 2026

				campaign to raise awareness of the transition to the new Health Connect Provider Directory (HCPD), including upcoming changes, key timeframes and stakeholder impacts.
Designated Registered Nurse Prescribing	The Designated Registered Nurse Prescriber initiative will enable eligible registered nurses to apply for a prescriber number and prescribe subsidised PBS Schedule 2, 3, 4 and 8 medicines from 1 October 2026.	1 October 2026 (go-live)	Eligible registered nurses will be able to apply for a PBS prescriber number and prescribe eligible subsidised PBS medicines from 1 October 2026. Services Australia is updating PBS and Provider systems to recognise eligible registered nurse prescribers, issue and manage prescriber numbers, and support PBS claiming, authorities, CTG and prescription stationery services. The project is progressing a single prescriber number model for nurses who hold both registered nurse prescriber and nurse practitioner endorsements. Delivery remains dependent on aligned policy, legislation, system changes, data feeds, communications and stakeholder readiness ahead of go-live.	Prospective nurse prescribers should prepare to use PRODA and HPOS before 1 October 2026. Stakeholders should use endorsed DHDA and Services Australia communication material when advising nurses, employers and service delivery teams.

Project Delivery Update | Completed

MEDICAL BENEFITS AND VETERANS DIVISION

Affected program / Initiative name	Description	Implementation Date	Key points SCG members need to know	Key points on the actions required from the health & aged care sector stakeholders
Bulk Billing Practice Incentive Program (BB PIP) Project	From 1 November 2025, practices and GPs will be able to register for a new incentive payment through MyMedicare. Where providers in a practice bulk bill all eligible services and the practice meets the threshold in a quarter, a 12.5% loading payment will be calculated based on Medicare benefits and split between the practice and each eligible provider.	1 November 2025 to March 2026	• Practices have been able to register since 1 November 2025. The first payments were delivered in January 2026 to practices and linked providers. • Assessments and calculations are performed quarterly, retrospectively for the previous quarters. Payments for Q3 2025/26 were released in April 2026 and introduced payment reconciliation activities including reassessments e.g., offsetting of overpayments.	DHDA will lead sector communications. The agency will align with DHDA materials and wording.
MEDICARE | Overseas Health Practitioner Digital Registration (OHPDR)	Ability for Overseas Health Practitioners to register digitally in response to the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners (the Kruk review).	27 June 2025 to April 2026	• Following the release of OHPDR deliverables in June 2025, a number of priority enhancements were identified and successfully delivered in December 2025. • These included further streamlining of the digital application for Overseas Medical Practitioners (OMP) applying for an initial MPN, improved digital messaging and staff enhancements to simplify processing of applications.	

Project Delivery Update | Completed

			• The improvements implemented have transitioned to business-as-usual management and the project is now in closure phase. The project was closed from 28 February 2026 and the closure report was endorsed in April 2026.	
MyMedicare Software Vendor Integration (SVI)	The Software Vendor Integration (SVI) project seeks to further streamline the MyMedicare program for medical practices by integrating a wider range of functionality into practice management software. The MyMedicare SVI Stage 1 initiative released four MyMedicare patient enquiry web services in August 2024. SVI Stage 2 will focus on enhancing the health provider authentication capability via Provider Digital Access (PRODA) and enabling increased functionality to be integrated in practice management systems, increasing sector efficiencies and	December 2025 to June 2026	• SVI Stage 1 released 4 patient enquiry web services in August 2024. • SVI Stage 2 released a further 18 web services and an enhanced authentication model in December 2025. • Between 28 July 2025 and 5 July 2026 there have been over 500,000 calls from 37 organisation sites (practices) to the SVI Stage 1 first four MyMedicare enquiry web services. • As of 1 July 2026, 6 software developers have passed the Notice of Integration (NOI) process for the SVI Stage 1 first four web services which certifies their practice management software (PMS) products to interact with MyMedicare systems. • As of 1 July 2026, one vendor has passed the Notice of Integration process for the SVI Stage 2 eighteen web services and is able to integrate the capability into their PMS. Another 3 vendors have contacted the agency	DHDA to continue to promote the availability of the MyMedicare webservices to the sector via their existing communication channels.

Project Delivery Update | Completed				
	decreasing administrative burden.		initiating the application process, indicating their intent to develop, with one of these having progressed to testing. The SVI Stage 2 project closed June 2026. Support to developers for the NOI process, testing and onboarding has moved to business-as-usual program support arrangements.	
CARE AND SUPPORT DIVISION				
Linking Care Minute Funding to Care Minute Delivery	Non-specialised residential care homes in metropolitan regions (MMM1 regions) will be paid the new Care Supplement based on their compliance against the care target.	1 April 2026 to 30 June 2026	• Implemented in April 2026, care funding is now linked to the delivery of care minutes in residential care homes in metropolitan areas through the Care Minutes Supplement. • For the April – June 2026 quarter, the funding amount depends on the homes' care minutes performance from the October – December quarter of 2025 onwards. • The Department of Health, Disability and Ageing (DHDA) determines the home's eligibility and rate of payment and notifies Services Australia each quarter. • This project was closed 30 June 2026.	

Project Delivery Update | Completed

CAPABILITY AND PARTNERED PROGRAMS DIVISION

PBS | 2023-25 Budget: Chronic Wound Consumables Scheme	The measure will establish a Chronic Wound Consumable Scheme. The scheme will cover the cost of wound consumables used by eligible people with chronic wounds and diabetes. Eligible people are those over 65 years of age, or over 50 years of age for Aboriginal or Torres Strait Islander Australians.	12 June 2025 to March 2026	A product ordering portal to support this scheme has been developed and implemented by Services Australia. This portal enables registration of healthcare professionals, registration of patients, and facilitation of ordering of wound care consumables for eligible patients and delivery to their nominated address. The portal facilitates payment to the distributor and will consume a schedule of eligible items provided to Services Australia from Department of Health, Disability and Ageing (DHDA).	This scheme commenced in June 2025. It covers approximately 20,000 participants in the trial period of two years. Some critical fixes to the portal were released in March 2026, with the project now finalising the closure process.
PBS | 8th Community Pharmacy Agreement (8CPA) changes to fees paid to community pharmacies – Manual payments	Under the 8CPA, additional Community Supply Support (ACSS) fees are payable to community pharmacies for supply of all section 85 medicines and for each supply of a '60 day' prescription supplied at the PBS listed quantity. Eligible supplies from 1 April 2024 to 30 June 2025 (inclusive) were paid manually as an interim arrangement until the	October 2024 until June 2026	A manual payment process was established to support payment of ACSS fees under the 8CPA until the system solution was implemented. Eligible supplies from 1 April 2024 to 30 June 2025 (inclusive) were paid manually. From 1 July 2025, PBS approved suppliers are now receiving ACSS fees as part of their usual PBS payments. The seventh and final manual payment cycle was completed in April 2026.	All seven manual ACSS payment cycles have been completed, with the final cycle completed in April 2026. Outstanding payments remain where community pharmacies have not certified and closed claims required for payment. A targeted outreach activity was completed in June 2026 to advise affected PBS approved suppliers of outstanding payments and support claim certification and closure. The project is now finalising the closure process where residual ACSS

Project Delivery Update | Completed

	system solution was delivered.			payments will be managed as part of the transition to BAU.
Reverting HI-MHR APIs from Sex Assigned at Birth to Gender	Revert recent system change – disclose 'gender' rather than 'sex' to relying systems (such as My Health Record).	6 June 2026	This enhancement was initiated to address customer impacts arising from the introduction of the Sex Assigned at Birth (SaB) data element into the Healthcare Identifiers (HI) Service and My Health Record (MHR) interfaces. The agreed action was taken following customer feedback and engagement with key stakeholders. Changes were implemented to restore the previously supported Gender data element in HI Service and MHR APIs, improving consistency of demographic information across Medicare, the HI Service and My Health Record.	Impacted customer information has been updated to reflect previous gender data.
One-off My Health Record myGov communications	One-off communications within myGov mail to invite My Health Record customers to link their records to their myGov account. This will be rolled out to customers over an 8-week period.	April 2026 to 30 June 2026	The One-off MHR myGov Communications project was established to increase consumer awareness and engagement with My Health Record through targeted myGov inbox notifications. The communications campaign supports improved digital health participation by encouraging consumers to link their My Health Record to their myGov account and better utilise available digital health services. A phased rollout approach of the notifications was developed in	No Sector Impact.

Project Delivery Update | Completed

			partnership with Service Delivery to ensure communications could be delivered in a controlled and coordinated manner without adversely impacting Service Delivery capacity.	
Allied Health Legislation	Introduction of defined number ranges to uniquely identify new entity type in the eHealth Program (EHP) for the HI Service.	30 June 2026	This enhancement delivered changes required by amendments to the Healthcare Identifiers Act. The change updated terminology, business rules and professional body characteristics across the Healthcare Identifiers (HI) Service to align with the new legislative framework, including the transition from "Professional Association" to "Professional Body" and references to credentialling arrangements. The changes ensure the HI Service remains compliant with legislative requirements and supports the expanded participation of allied health professionals within the national digital health ecosystem.	Terminology, business rules and professional body characteristics across the Healthcare Identifiers Service align with new legislative framework.

Australian Government
Services Australia

Health Professional Education Resources Update

1 March to 30 June 2026

The agency's Health Professional Education (HPE) team has created/updated 152 resources between 1 March to 30 June 2026, which are outlined in the table below. This ongoing work supports timely, readily available, and high-quality educational resources for health professionals.

These new or updated resources were published to support new policy, legislation, or technology enhancements during this 4-month period, covering the areas of services, payments, payments and benefits administered by the agency.

Since the last update, HPE has continued to enhance support for the health and aged care sector through the publication of new and updated education resources. This includes resources supporting Document Lodgement Services in the Aged Care Provider Portal and legislative updates to the Incentive Health Scheme. New resources published during the period include the *Designated Registered Nurse Prescriber* booklet, which supported engagement at a Department of Health, Disability and Ageing webinar, and the *Add or access provider bank account details for MyMedicare Incentives* booklet, providing more detailed, step-by-step guidance to complement existing resources and improve user self-service capability.

In response to feedback that many health professionals were unaware of the HPE website and the resources available, HPE has commenced stakeholder engagement and promotional activities, while continuing to explore additional opportunities to increase awareness and improve access to education resources.

Our new resources can be found by accessing the relevant program pages on the HPE Resources website (hpe.servicesaustralia.gov.au), or by accessing our "What's new" tile on the HPE Resources homepage.
Find it fast: Enter 'QC 74051' on Services Australia website.

We also implemented regular updates to the HPE Resources website. These ongoing enhancements support accessibility needs and makes our website and resources easier for all users to access and navigate.

We cannot wait to share what we have achieved at our next update, and in the meantime if you or your members would like to reach out to us about your health education needs you can email us via **hp.education@servicesaustralia.gov.au**.

Australian Government
Services Australia

Affected program	New learning products or Key updates to content 1 March to 30 June 2026	Short description	Key points members need to know	Key points on what sector stakeholders will need to do
Medicare Benefits Schedule (MBS)	March 2026 - 7 resources updated April 2026 - One resource updated May 2026 - 2 resources updated June 2026 - no resources updated/added.	All updates during this time were to eLearning resources. They were updated and published to ensure content accuracy and to ensure content is presented in line with current design, accessibility, and language/terminology guidelines.	N/A	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Department of Veterans' Affairs (DVA)	March2026 - no resources updated/added April 2026 - 8 resources updated/added May 2026 - no resources updated/added June 2026 - no resources updated/added.	April 2026 8 existing (5 eLearning and 2 infographic and 1 simulation) resources were updated and published, to ensure accuracy of content and consistency for terminology.	These content updates were initiated by HPE as part of our regular review of resources, for accuracy and relevance.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure

				resources remain practical, useful and fit for purpose.
MyMedicare (MyMed)	March 2026 - One new resource added April 2026 - no resources updated/added May 2026 - 3 resources updated/added June 2026 - no resources updated/added.	March 2026 New booklet resource published “Add or access provider bank account details for MyMedicare Incentives”. May 2026 2 existing myMedicare simulations undertook minor updates due to ICT updates involving system screens and wording changes. One new booklet resource published “General Practice in Aged Care Incentive (GPACI) Hints and tips to ensure you get paid correctly”.	New booklet has more in-depth information than the infographic, showing more system screens and information to assist users. For existing resources, these content updates were requested by the relevant program area to ensure the technical accuracy of the information in HPE resources, and consider the feedback provided by our users. HPE also ensure the resource complies with current design, accessibility, and language/terminology requirements when undertaking such updates.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Provider Eligibility (PROVELIG)	March 2026 - One resource updated April 2026 - no resources updated/added May 2026 - 12 resources updated June 2026 - One new resource added.	March 2026 One existing resource updated. Content reviewed and still current, date amendment to reflect accuracy. May 2026 12 resource transcripts published to add text to speech functionality. June 2026 1 new resource published “Designated Registered Nurse Prescriber”. You can access the	New resource in June was developed to support a new initiative - Designated Nurse Prescribing. The booklet was used at a conference held by Department of Health, Disability and Ageing. For existing resources, these updates were done to comply with new systems or ensure accessibility.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional

		booklet via the following link: PROVELIGBOOK4		network, helps ensure resources remain practical, useful and fit for purpose.
Incentive Programs (IP)	March 2026 - no resources updated/added April 2026 - no resources updated/added May 2026 - One resource updated June 2026 - One resource updated.	Both updates were to infographics. They were updated with minor business as usual updates in relation to instructions following annual review.	For existing resources, these content updates were requested by the relevant program area to ensure the technical accuracy of the information in HPE resources. HPE also ensure the resource complies with current design, accessibility, and language/terminology requirements when undertaking such updates.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Pharmaceutical Benefits Scheme (PBS)	March 2026 - no resources updated/added April 2026 - no resources updated/added May 2026 - 40 resources updated June 2026 - 7 resources updated.	May 2026 5 infographics and 4 simulations were part of an annual review process, resulting in content updates and small design updates. 31 transcripts republished with text to speech functionality. June 2026 7 eLearning resources were updated following annual content review.	PBS HPE resources have been updated so health professionals can access current information about the new authorised nurse prescriber type introduced through the DRNP project.	To maintain the accuracy and relevance of our resources, we rely on ongoing engagement from all stakeholders. These insights help us ensure our materials continue to meet the needs of diverse health professional audiences. Effective, timely collaboration between program areas and the HPE team enables us to develop, refine, and publish high-quality resources efficiently.

				Once resources are published, feedback from all stakeholders, including those from the broader health professional network is essential in ensuring the information is practical, useful, and fit for purpose.
Indigenous Health Services (IHS)	March 2026 - 2 resources updated April 2026 - 3 resources updated May 2026 - 13 resources updated June 2026 - no resources updated/added.	March 2026 2 resources (eLearning and booklet) content updates to be in line with legislative wording. April 2026 3 resources (2 eLearning and 1 infographic resources) content updates to be in line with legislative wording. May 2026 13 transcripts updated to include text to speech functionality.	The content updates were requested by the relevant program area to ensure the technical accuracy of the information in HPE resources, following policy changes and system release planning. HPE also ensure the resource complies with current design, accessibility, and language/terminology requirements when undertaking such updates.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Australian Immunisation Register (AIR)	March 2026 - One resource updated/added April 2026 - 2 resources updated/added May 2026 - 4 resources updated/added June 2026 - 2 resources updated/added.	March 2026 One existing eLearning resource was updated with content changes to ensure accuracy of information, following the decommissioning of the AIR Internet helpdesk in February. AIR program area also took the opportunity to review content for accuracy and currency. April 2026 2 existing eLearning resources were updated with content changes	HPE ensures that all updated resources meet current design, accessibility, and language/terminology requirements.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the

		to ensure accuracy of information, following the decommissioning of the AIR Internet helpdesk in February. Program area also took the opportunity to review content for accuracy and currency. June 2026 2 existing infographic resources were updated with content changes to support the addition of the RSV vaccine into AIR reports and the National Immunisation Program following an ICT release on 26 June 2026.		broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Aged Care Provider Portal (ACPP)	March 2026 - 3 resources updated/added - Support at Home HPE web page banner message published. April 2026 - no resources updated/added May 2026 - 4 resources updated/added June 2026 - no resources updated/added.	March 2026 3 existing infographic resources were updated and published to support providers following new Document Lodgement Services launched in the February ICT release. Messaging added to address common confusion about reconciling large scale home care adjustments in the ACPP. Messaging was required to reduce confusion and calls to the agency. May 2026 One new booklet resource was requested by the program area following ICT updates in February 2026 that launched additional	HPE ensure resources comply with current design, accessibility, and language/terminology requirements when undertaking such updates. HPE worked closely with two Aged Care project teams to consolidate learning support in a format that is fit for purpose. HPE partnered with the Aged Care program area to enhance resource currency and user experience by replacing embedded PRODA content with links to PRODA resources. Banner messaging on the HPE website is effective in	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.

		features in the Document lodgement service in the ACPP. One existing simulation resource was updated to reflect PRODA Registration content changes.	relaying important information to our customers in a concise manner.	
Health Professional Online Services (HPOS)	March 2026 - 4 resources updated April 2026 - no resources updated/added May 2026 - no resources updated/added June 2026 - no resources updated/added.	March 2026 4 eLearning resources updates because of changes to the Online forms function.	HPE ensure resources comply with current design, accessibility, and language/terminology requirements when undertaking such updates.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.
Provider Digital Access (PRODA)	March 2026 - One resource updated April 2026 - 10 resources updated May 2026 - no resources updated/added June 2026 - 1 resource updated.	March 1 eLearning resources redeveloped to a format that can be used on mobile devices and web browsers. April 6 eLearning, 2 simulations and 2 infographic resources changed due to PRODA log in page updates. June 1 eLearning resource required link correction.	For existing resources, these content updates were requested by the relevant program area to ensure the technical accuracy of the information in HPE resources, following policy changes and system release planning. HPE also ensure the resource complies with current design, accessibility, and language/terminology requirements when undertaking such updates.	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure

				resources remain practical, useful and fit for purpose.
Organisation Register (ORGREG)	March 2026 - 5 resources updated April 2026 - no resources updated/added May 2026 - 12 resources updated June 2026 - no resources updated/added.	All resources (3 eLearning, 2 simulations, and 12 infographics) were reviewed and updated as part of the annual review process.	HPE also ensure the resource complies with current design, accessibility, and language/terminology requirements when undertaking such updates	Maintaining accurate and relevant resources relies on ongoing stakeholder engagement. Timely collaboration between program areas and the HPE team supports the efficient development and publication of high-quality resources. Continued feedback from stakeholders, including the broader health professional network, helps ensure resources remain practical, useful and fit for purpose.

Item 9
Services Australia led (paper)
Member-led discussion
(verbal)

Australian Government
Services Australia

Stakeholder Consultative Group (SCG)
AGENDA ITEM COVERING BRIEF

Meeting date:	22 July 2026	**Agenda Item**	9
Title:	2026-27 Budget Measures		

Objective of the discussion:

To give Stakeholder Consultative Group members an opportunity to ask questions about 2026–27 health and aged care budget measures announced in May, and the role Services Australia has in delivering these.

Impacts:

- How the measures outlined in the *Placemat – Health and Aged Care Budget Measures* may affect Services Australia's delivery of health and aged care programs
- The implications for customers, providers and peak bodies, including any expected changes to access, eligibility, claiming, processing or communications
- Implementation timeframes or transition arrangements members should be aware of
- Areas where ongoing stakeholder engagement will be important as implementation progresses

Next steps:

The Secretariat will:

- capture key themes and sector feedback from the discussion and share with work areas
- identify matters that need targeted follow-up with members

Members may provide additional input to SCG.Secretariat@servicesaustralia.gov.au following the meeting.

Attachment:	
Item 9A:	Placemat - Health and Aged Care Budget Measures 2026-27 v1.0

Discussion leads (Core members)	
Name/Division	General Manager, Tony Piazza, Medical Benefits and Veterans Division
Name/Division	Acting General Manager, Peta Martyn, Care and Support Division
Name/Division	General Manager, Lisa Carmody, Capability and Partnered Programs Division
Name/Division	Acting General Manager, Sharna Bucher, Health Service Delivery Division

Australian Government
Services Australia

This table contains key information about 2026-27 Budget measures that Services Australia is delivering which relate to Health and Aged Care programs. For further details and updates, refer to www.budget.gov.au

Topic	Who this measure affects	Contact
Improving access to Home Care		
This measure is for Services Australia to develop and implement an online Aged Care Hardship claim application. Care recipients will be able to: • make a claim using their Centrelink online account • upload supporting documents as necessary. This measure will also fund Services Australia to: • move the Support at Home service type of Personal Care (currently under the participant contribution category of Independence) to the Clinical Supports category. This will allow Support at Home participants who have Personal Care services approved in their support plan to receive these services at no out-of-pocket cost. Personal Care services include help with tasks such as showering, dressing and non-clinical continence management. • simplify and modernise the End-of-Life pathway ensuring continuity of care for participants in their final stages of life.	Australians impacted by the Residential Care and Support at Home programs.	Ms Kathy Volkert National Manager, Aged Care Projects Branch kathy.volkert@servicesaustralia.gov.au
Residential Aged Care supply and equity of access		
This measure aims to increase the supply of residential aged care beds, helping with equity of access, improving investment certainty, and stimulating new development and expansion of the sector. This measure provides funding from 1 January 2027 for eligible residential aged care homes. This includes the capability for Services Australia to record eligibility information and issue subsequent payments through the existing claim process. Residential aged care homes will get the following payments based on eligibility: • New Home Payment ($30 per supported resident per day). • Significant Improvement Payment ($15 per supported resident per day). To be implemented by 1 July 2027:	Australians impacted by Residential Aged Care programs.	Ms Kathy Volkert National Manager, Aged Care Projects Branch kathy.volkert@servicesaustralia.gov.au

Topic	Who this measure affects	Contact
• Change accommodation pricing, including replacing the maximum interest rate with an alternative way to convert a daily payment into a refundable deposit. • Improve consumer understanding and protections by giving individuals and providers clearer information about accommodation arrangements. This includes details in the aged care payment system, the Services Australia provider portal, and in fee advice letters. This measure is subject to legislation passing.		
Better care for older Australians		
This measure will exempt people who get payments under the Stolen Generations Redress Scheme from residential aged care means testing assessments. This aligns with payments made under the National Redress Scheme. This measure is subject to legislation passing.	This affects all recipients of the Stolen Generations Redress Scheme payments.	Ms Kathy Volkert National Manager, Aged Care Projects Branch kathy.volkert@servicesaustralia.gov.au
Pharmaceutical Benefits Scheme new and amended listings		
From 1 February 2026, new and amended listings include: • Calcipotriol with betamethasone dipropionate (Wynzora®) for the treatment of chronic stable plaque type psoriasis vulgaris. • Extension of the current listing of dapagliflozin (Forxiga®) for chronic kidney disease. • Vanzacaftor with Tezacaftor and with Deutivacaftor (Alyftrek®) for the treatment of cystic fibrosis. From 1 March 2026, new and amended listings include: • Ravulizumab (Ultomiris®) for the treatment of generalised myasthenia gravis. • Glofitamab (Columvi®) for the treatment of patients with relapsed or refractory diffuse large B-cell lymphoma. • IncobotulinumtoxinA (Xeomin®) for the treatment of chronic sialorrhea due to neurological reasons. Changes to the circumstances under which Nivolumab (Opdivo®) and Ipilimumab (Yervoy®) are made available to enable their use for advanced and metastatic cancers. From 1 April 2026, new and amended listings include: • Givosiran (Givlaari®) for treatment of Acute Hepatic Porphyria.	This affects Australian residents and overseas visitors from countries under Reciprocal Health Care Agreements.	Ms Rachel Macaulay Pharmaceutical Benefits Branch rachel.macaulay@servicesaustralia.gov.au

Topic	Who this measure affects	Contact
• Mogamulizumab (Poteligeo®) for the treatment of patients with relapsed or refractory cutaneous T cell lymphoma. • Repotrectinib (Augtyro™) for the treatment of adult patients with locally advanced (Stage IIIB) or metastatic (Stage IV) c-ROS proto-oncogene 1 (ROS1) positive non-small cell lung cancer. • Garadacimab (Andembry®) for the prophylaxis of recurrent attacks of hereditary angioedema Types I and II. • Zilucoplan (Zilbrysq®) for the treatment of generalised myasthenia gravis. • Risdiplam (Evrysdi®) 5 mg tablet for the treatment of spinal muscular atrophy. • Pembrolizumab (Keytruda®) for the treatment of resectable locally advanced head and neck squamous cell carcinoma. • Pembrolizumab (Keytruda®) for adjuvant treatment of patients with renal cell carcinoma • Elranatamab (Elrexfio®) for the treatment of relapsed or refractory multiple myeloma. • Durvalumab (Imfinzi®) for the treatment of limited-stage small cell lung cancer. From 1 May 2026, new and amended listings include: • Glycopyrronium (Axhidrox®) for the treatment of patients with severe primary axillary hyperhidrosis.		
Thriving Kids		
This measure introduces a 3-year-old health assessment service under the Medicare Benefits Schedule (MBS). The Thriving Kids health assessment will be recognised as an acceptable health check under the Healthy Start for School requirements for Family Tax Benefit (FTB) Part A purposes.	This affects Australian parents and guardians and their children.	Ms Melissa Haines National Manager, Medicare Branch melissa.haines@servicesaustralia.gov.au
Continuing to support veterans and their families		
This measure provides funding to increase allied health provider fees for Veteran Card holders from 1 July 2027. The increase to allied health provider fees responds to Recommendation 71 of the Royal Commission into Defence and Veteran Suicide, which called for increases to Department of Veterans' Affairs (DVA) fee schedules to mitigate the challenges veterans face in accessing health care.	Eligible Veteran Card holders.	Ms Katrina Gerholt National Manager, Veterans Branch katrina.gerholt@servicesaustralia.gov.au

Topic	Who this measure affects	Contact
Services Australia will implement the system changes required for this measure, including MyService enhancements so veterans can track their allied health expenditure in real time.		
Strengthening Medicare		
This measure contains a number of elements to strengthen Medicare, which include: • the continuation of funding for Medicare Urgent Care Clinics • investing in a modernised My Health Record to drive a digitally connected health care system for all Australians • listing new and amended services on the Medicare Benefits Schedule (MBS). These elements will improve health care access and affordability for Australians. This measure also contains a number of elements to strengthen the integrity of Medicare and the Pharmaceutical Benefits Scheme, prevent fraud and improve fraud detection capabilities. This measure is subject to legislation passing.	This affects patients who are eligible for these MBS items and health professionals providing these services.	**Continuation of funding for Medicare Urgent Care Clinics:** Ms Moira Campbell National Manager, Providers Branch moira.campbell@servicesaustralia.gov.au **Investing in a modernised My Health Record to drive a digitally connected healthcare system for all Australians:** Ms Melissa Haines National Manager, Medicare Branch melissa.haines@servicesaustralia.gov.au **Medicare Benefits Schedule (MBS) – new and amended listings:** Ms Melissa Haines National Manager, Medicare Branch melissa.haines@servicesaustralia.gov.au **Strengthening the integrity of Medicare:** Ms Sharna Bartley National Manager, Intelligence Branch sharna.bartley@servicesaustralia.gov.au
Improving access and uptake of medicines and vaccines		
This measure contains a number of elements to improve access and uptake of medicines and vaccines which include: • promotion of vaccination through electronic push SMS notifications	This affects all Australians accessing vaccines.	Ms Monique Warren A/g National Manager, Partnered Programs and Design Branch monique.warren2@servicesaustralia.gov.au

Topic	Who this measure affects	Contact
• extension of the Covid-19 Vaccine Claim Scheme • adding a Respiratory Syncytial Virus (RSV) vaccine to the National Immunisation Program (NIP) for older Australians. These elements will improve health care notifications and access for Australians.		

Item 10
Other Business

Item 11
Meeting close

Forum Information and Resources

Stakeholder Consultative Group (SCG) Forum
Proposed discussion topics for 2026
Forward Work Program

Meeting	Proposed Topics	Details
March 2026	Aged care reforms	Presented in the General Manager Care and Support Division update
	Automation and Artificial Intelligence (AAI)	Use of Automation and AI within Services Australia
	Bulk Billing Practice Incentive Program	Strengthening Medicare 2025-2026 initiative
	Community Engagement and Servicing Redesign Project	Improving access to services with a focus on people experiencing vulnerability
	FHIR-Enabled Centrelink Medical Certificate Smart Forms	Centrelink medical certificate forms
	Medicare Held Payments	Management of Medicare benefits that can't be released
July 2026	2026-27 Budget Measures	Delivery of Government Budget measures for health and aged care services
	Australian Immunisation Register – Enhancements and what's coming	Improve vaccination monitoring, follow-up and uptake across the community
	Designated Registered Nurse Prescriber	Qualified registered nurses can apply to prescribe specific scheduled medicines - led by Department of Health, Disability and Ageing
	Medicare Card Redesign update	Modernising Medicare cards through new card design, improved digital options and enhanced customer experience - update
	Medicare monthly snapshot of key insights	Monthly progress against agreed audit recommendations
	Vulnerability Strategic Commitment	Delivering accessible support to people experiencing complex and unique circumstances
November 2026	Community Engagement and Servicing Redesign Project update	Improving access to services with a focus on people experiencing vulnerability - update
	Connected care and digital health standards	Shared access of customer information across government
	Child Support Financial Abuse Strategy	Child Support reforms – Addressing financial abuse and system misuse
	Digital lodgement of PBS Safety Net	Update on the digital lodgement of the PBS Safety Net
	Disability claims	Support treating health professionals who provide medical information for Disability claims
	FHIR-Enabled Centrelink Medical Certificate Smart Forms update	Centrelink medical certificate forms - update
	Future State Design	How Services Australia, Department of Health, Disability and Aged Care and the Australian Digital Health Agency work together to deliver outcomes
	Health Provider Directory Transition Project	Transition of the Healthcare Provider Directory to the Australian Digital Health Agency to support a nationally connected provider directory
	Life Event Redesign (Birth of a Child)	Simplifying how parents access government services following the birth of a child.
	myGov policy developments	myGov policy developments
	National Agreement on Closing the Gap	Progress update on key health and aged care deliverables under Closing the Gap
	Support at Home Program	Implementation Insights and Future Improvements

Members are encouraged to propose future topics by contacting the Secretariat at **SCG.SECRETARIAT@servicesaustralia.gov.au**.

Australian Government
Services Australia

Program Design Group Structure

GROUP

Program Design Group
Robyn Shannon
Deputy CEO

Sits with a different group

DIVISION

Families and Participation Division
Stuart Turnbull
General Manager

Capability and Partnered Programs Division
Lisa Carmody
General Manager

Care and Support Division
Peta Martyn
Acting General Manager

Communities Division
Ursula Carolyn
General Manager

Medical Benefits and Veterans Division
Tony Piazza
General Manager

Health Service Delivery Division, Customer Service Delivery Group
Sharna Bucher
Acting General Manager

BRANCHES

- Student, Parenting & Concessions
- Jobseeker & Participation Programs
- Families & Child Care
- Child Support Program

- Digital Health
- Pharmaceutical Benefits
- Partnered Programs & Design
- Transactional Payment Capability

- Seniors and Ageing
- Aged Care Projects
- Disability and Carers
- Social Security Cross Programs

- Customer Financial Capability
- Indigenous & Remote Programs
- Tailored Programs
- Centrepay Multidisciplinary Team
- Emergency Response

- Medicare
- Provider
- Veterans
- Partnerships & Assurance

- Medicare Customer
- Provider Engagement
- Aged Care
- Pharmaceutical Benefits Scheme

Note: This Group Structure reflects current Senior Executive Service (SES) arrangements and is subject to change