

RACH update

Information for residents, families,
authorised representatives, and staff

Changes to bulk billing consent for GP visits in RACHs

This information sheet explains upcoming changes to bulk billing consent for general practitioner (GP) visits in residential aged care homes (RACHs). It can be shared with residents, families, authorised representatives, and staff.

From **1 July 2026**, the way consent is recorded for bulk billed GP visits in residential aged care is changing.

This may affect:

- › Residents who receive GP visits in the aged care home.
- › Families and authorised representatives.
- › RACH staff supporting GP visits.

These changes apply across Australia and are required under Medicare.

What is not changing

- › GP visits in the aged care home will continue.
- › Bulk billing is not being removed.
- › There is no cost for bulk billed services, where applicable.

This is a change to how consent is recorded, not the care provided.

What is bulk billing consent (AoB)?

When a GP visit is bulk billed:

- › Medicare pays the rebate directly to the GP or practice.
- › The resident does not pay out of pocket.
- › The resident (or their authorised representative) must agree to this.

This agreement is called an Assignment of Benefit (AoB). This means the resident or their authorised representative agrees that Medicare can pay the GP directly for a bulk billed visit.

What is changing

- › GP practices are now required to:
 - Record the resident's or authorised representative's consent.
 - Obtain that consent before or after the GP visit.
 - Keep a clear record of how and when consent was provided.
- › Use different methods to capture consent, such as:
 - Paper forms.
 - SMS or email confirmation.
 - Tablet or digital signatures.

Transitioned approach

A 12-month transition approach will commence from 1 July 2026. During this period, verbal consent remains available in all settings, enduring assignment is available earlier for eligible groups, and compliance will begin only after regulatory changes are complete, starting with prevention and education.

Practices and software vendors should continue preparing for longer-term workflow and digital changes.

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What this means in practice

For families and representatives

You may be asked to confirm consent for bulk billing more often than before. You may be contacted:

- > after a GP visit
- > by SMS, email or form.

This lets Medicare pay the GP directly.

For RACH staff

You may:

- > help identify the correct representative
- > support communication between practice and family
- > direct families or representatives to the GP practice if they have questions about consent.

Important

RACH staff cannot give bulk billing consent on behalf of a resident unless they are also the resident's authorised representative.

Consent must come from:

- > the resident, if able
- > an authorised representative, for example, enduring power of attorney (EPOA).

What families may be asked to do

Families or representatives may be asked to:

- > Read a short consent message.
- > Confirm agreement to bulk billing.
- > Sign or digitally approve.

This does not create a cost for a bulk billed service. It simply allows Medicare to pay the GP directly.