

**KEY MESSAGES FROM THE DEPARTMENT OF HEALTH AND AMA FOLLOWING THE  
BMP IMPLEMENTATION REFORM GROUP MEETING HELD ON 30 MARCH 2021**

The Department of Health (DoH) understands that that BMP participants have been put in a very difficult situation because of problems with the administration of the reformed BMP program and is working to resolve these as quickly as it can.

The Department's initial priority is to case manage those doctors who opted into the program and now find themselves bound by their former contract. The Department's clear intent is to ensure that these participants are not adversely affected and that they are treated fairly.

These doctors should continue working as they are now, without fear of breach of contract or potential action for the recovery of MBS billings. The Department will contact them as soon as possible. While extra resources are being applied to support this work, due to the number of cases involved, it will take time for the Department to work through each individual case.

The Department will continue to consult with the AMA and other stakeholders to ensure that communications are timely, clear and keep those affected accurately informed until all individual matters are resolved.

The Department, when considering each individual's circumstances, confirms it will apply the following principles to guide individual assessment:

**For those participants who believed they had been opted in due to official advice but legally had not, and who still wish to opt into the new Program to attract the benefits of doing so:**

- this will be done based on no disadvantage to the participant;
- arrangements will be put in place to ensure return of service will be acknowledged as if it had occurred under opt in arrangements; and
- there will be no liability for any perceived breach of Medicare billing, with DoH working with relevant Government agencies to manage this without participants having to take any action on their own part.

**For those participants who believed they had been opted in due to official advice but legally had not and who thought they had ended their obligation to the Program and exited,** they will be treated as though they have exited in every relevant way, including that there be no liability for any perceived breach of Medicare billing.

**For those participants who remain concerned about losing their provider number,** they should contact the Department as soon as possible on the assumption that this matter will be favorably and quickly resolved (insert contact).

The Department will need to work closely with participants to understand their personal circumstances, including any actions that they have taken, to determine how best to address any issues arising during the early implementation of the statutory Program. All participants are encouraged to contact the Department directly via [BRoSS@health.gov.au](mailto:BRoSS@health.gov.au) if they have further queries.

In relation to those practitioners that attempted to opt in but did not receive any reply from DoH, the AMA will continue to discuss with the Department how this group is managed going forward.