



AMA

Bulk billing incentives and Bulk Billing Practice Incentive Program

Fact sheet



Changes to bulk billing incentives in general practice

The federal government's decision to extend MBS bulk billing incentive items to all Australians and offer an additional incentive for practices that also agree to bulk bill GP non-referred attendances will come into effect on 1 November 2025. There are two parts to the upcoming changes:

1. Expanding eligibility for MBS bulk billing incentive items: GPs will be able to claim these when they bulk bill any Medicare-eligible patient for an eligible service item.
2. Bulk Billing Practice Incentive Program (BBPIP): Practices that sign up to the BBPIP will receive an additional 12.5 per cent incentive payment for every dollar of MBS benefit earned from eligible services, which will be distributed between the GP and the practice.

The Department of Health, Disability and Ageing has sent a significant amount of information to practices and GPs about these changes, including its own modelling of their potential impact on practices and GPs based on billings from the 2024 calendar year.

Next Steps

While this information may be useful, it is important for practices and GPs to do their own assessment of the financial impact of these changes and what it means for their practice. This assessment should also take into consideration future MBS indexation, which may not keep up with rising practice costs.

We will continue to advocate for structural reform of Medicare to ensure patients and their GPs can spend more time during visits, when needed, without being penalised. Our seven-tier consultation item structure supports GPs in providing longer consultations, which are essential for delivering comprehensive care for complex and chronic disease, as well as addressing the needs of an ageing population.

Changes to bulk billing incentives

Do the new incentives mean all GP services must be bulk billed?

No. GPs are free to set fees that reflect the cost of providing a service.

The expansion of eligibility for bulk billing incentives may provide GPs with more options to bulk bill patients who are not currently eligible, but the decision remains at the GP's discretion.

The department estimates that approximately one in four services provided by GPs are bulk billed for non-concessional patients. In some of the materials sent to practices, the department has included an estimate of the additional revenue a mixed billing practice could generate solely from the extended eligibility for the BBI — even without changing its billing policy.

The decision to continue mixed or full private billing, or to participate in the new BBPIP, is one that practices and the GPs providing services must discuss and agree upon.

While department practice-level data may help inform these discussions, it is essential for GPs and practices to conduct their own assessments based on their specific circumstances.

What are the bulk billing incentives for regional, rural and remote areas?

The bulk billing incentive will still be scaled according to remoteness using the Modified Monash Model and will approximately be:

- MMM2 locations: 150 per cent (*of value of bulk billed items in metro [MMM1] locations*)
- MMM 3 and 4 locations: 160 per cent
- MMM5 locations: 170 per cent
- MMM 6 locations: 180 per cent
- MMM7 locations: 190 per cent

The Bulk Billing Practice Incentive Program (BBPIP)

Is signing up to the BBPIP compulsory?

No. Decisions about participating in the BBPIP are a matter for practices to determine in consultation with GPs providing services from that practice. A practice can opt-in or opt-out at any time.

Do all patients need to be bulk billed to receive the BBPIP?

All eligible services provided through a practice participating in the BBPIP **must be bulk billed** to qualify for the 12.5 per cent loading.

Services that do not fall within the list of eligible services (e.g. some procedural items) will not be subject to the bulk billing requirement and a gap can be charged.

What MBS items attract the new BBPIP loading?

A list of eligible services that attract the BBPIP loading has been provided by the department.

How is the BBPIP loading calculated?

The loading is based on 12.5 per cent of the MBS benefits for eligible services that are bulk billed during a calendar quarter and will be paid in arrears. Payments will commence in the first quarter of 2026 and will be made in addition to the MBS benefits and bulk billing incentives a practice receives.

How will the incentive payment be paid between practices and GPs?

The incentive payment will be split between practices and GPs, with the breakdown to be determined before 1 November 2025.

Does the practice need to be registered with MyMedicare?

Yes. A practice must register via MyMedicare to participate in the BBPIP.

However, practices that are not registered with MyMedicare will have the accreditation requirements waived, so they can register and participate in BBPIP. Further information regarding MyMedicare accreditation requirements and exemptions are yet to be released.

Do all patients need to be registered for MyMedicare to be eligible for the BBPIP loading?

Patients do not need to be registered with MyMedicare for a practice to participate in the program. However, the practice must be registered with MyMedicare and registered for the BBPIP through MyMedicare.

Do sole providers qualify for the BBPIP?

Yes. A practice must register via MyMedicare to participate in the BBPIP.

However, practices that are not registered with MyMedicare will have the accreditation requirements waived, so they can register and participate in BBPIP. Further information about MyMedicare accreditation requirements and exemptions are yet to be released.

Will participation in BBPIP impact payroll tax liabilities?

The AMA recommends that practices seek advice from their accountant or tax advisor about payroll tax rules and their application in relevant jurisdictions.

If you have further questions, consult the department's FAQs for practices and providers, email bulkbillingpractice@health.gov.au or call **1800 565 782**.