BULK BILLING PRACTICE INCENTIVE PROGRAM (BBPIP) PLANNING KIT

Introduction

This document has been developed by PHNs nationally through the National MyMedicare PHN Implementation Program to support change management with general practices across Australia as part of the Government's commitment to Strengthening Medicare.

The PHN Cooperative gratefully acknowledge the Australian Government and Department of Health Disability and Ageing for funding and partnering with PHNs to support Australian general practices.

The Strengthening Medicare Taskforce Report outlines a vision for Australia's primary care system of the future. The report recommends significant changes to how primary care is funded and delivered. Its vision is to enable quality, integrated and person-centred care for all Australians, building on Australia's Primary Health Care 10 Year Plan 2022–2032.

The taskforce identified four priority areas for primary care reform:

- increasing access to primary care
- encouraging multidisciplinary team-based care
- modernising primary care
- supporting change management and cultural change.

The Australian Government is investing $7.9 billion to expand eligibility for bulk billing incentives to all Australians and establish the Bulk Billing Practice Incentive Program to support general practices to bulk bill all patients.

Resources included in this document not developed by the PHN Cooperative have been referenced throughout and these organisations retain copyright over their original work.

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1. Overview - Changes to Bulk Billing Incentives

From 1 November 2025, every general practice will benefit from **expanded eligibility for MBS bulk billing incentives to all patients with a Medicare card**.

Currently, MBS bulk billing incentives can only be claimed where a medical practitioner bulk bills patients under the age of 16 or those holding a Commonwealth concession card. From 1 November 2025, these eligibility requirements will be lifted, and medical practitioners will be able to claim relevant bulk billing incentive (BBI) items for all Medicare-eligible patients.

This expanded access to BBIs will be available to all GPs, regardless of whether they participate in the Bulk Billing Practice Incentive Program (BBPIP).

From 1 November 2025, practices will be able to choose if they wish to participate in the new **Bulk Billing Practice Incentive Program (BBPIP)**.

Practices participating in BBPIP will receive an additional 12.5% incentive payment on MBS benefits earned from eligible services, split evenly (50/50) between the GP and the practice. To receive the BBPI, all GPs at participating practices must bulk bill all eligible services for all Medicare-eligible patients and meet advertising requirements.

Collectively, these measures amount to an investment of $7.9 billion in general practice by the Australian Government. Information on both of these bulk billing measures is available on the Department of Health, Disability and Ageing website including frequently asked questions, and details on eligible MBS services.

All general practices registered for Practice Incentives Programs have been sent an individual letter outlining the financial benefits of bulk billing changes for their practice via their Services Australia digital mailbox in the HPOS system. The letter is unique to each practice and uses the practice's billing information from 2024 to estimate the financial impact for individual practices. Refer to this embedded link to ensure you receive important messages in HPOS.

General practices can register to participate in BBPIP from 1 November 2025. Accredited practices can prepare in advance, by registering for MyMedicare now. Instructions on how to register for MyMedicare are available on the Services Australia Health Professional Education Resources website.
A calculator for practices and general practitioners is available here, and practices can complete an Expression of Interest in advance of BBPIP commencing to receive communications materials to use.

Other supporting documents and links are available in Appendix 3.

2. To BBPIP or not to BBPIP?

In the leadup to 1 November 2025, we encourage general practices in Australia to consider if participation in BBPIP will benefit their practice and their patients.

Practices may consider a range of factors to inform their decision or planning for these changes including:

- workforce,
- care models and care processes,
- patient characteristics and expectations,
- business models,
- appointment availability/demand/type, and
- practice infrastructure.

Start by considering which of these areas are the highest priority, causing the most concern (you may need to address these before you can move forward), or represent opportunities or potential quick wins (if you can make some fast gains this builds team momentum and positivity).

For practice support contact practicesupport@ntphn.org.au

3. Bulk Billing Practice Incentive Program Considerations

The considerations outlined from page 6 to 9 are intended to help practices explore the unique impacts, opportunities and risks that may inform their decision to participate in the Bulk Billing Practice Incentive Program.

Changes to bulk billing incentives and the introduction of BBPIP need to be considered in the context of where the practice is located, who the patients are, and any unique workforce challenges. Even if the practice decides not to change how they bill, a range of other impacts may be experienced:

- Changes/movement of GP **workforce** (e.g. individual contracted GPs may change where they work based on their own billing preferences)
- Changes to **patient expectations** due to new incentives, other financial pressures, or sociodemographic profile of the practices' patient population
- **Movement of patients** between practices, and decisions by patients about their preferred MyMedicare general practice for ongoing care
- **Decisions by neighbouring practices** to increase or decrease bulk billing
- Increases or decreases in **demand for care by new patients or existing patients**
- **Other financial or business impacts** (e.g. state government payroll tax requirements, which may require practices to meet a minimum bulk billing rate)

- Changes to the practice's **model of care, care offerings, and subspecialties** (e.g. After-Hours care, Outreach services to aged care homes, mental health, skin, cosmetics, etc)

4. How to use this document

This resource may be completed by practice owners, managers, and other members of the practice team.

- Questions and thinking prompts in this document are intended *to help practices consider their unique scenario, and plan for changes to their practice*.
    - This resource is not designed to be prescriptively followed! Not all questions may be relevant to every practice setting.
    - Your practice can skim through the questions and highlight and discuss a sample of questions most relevant to them, change the questions, add questions, or complete every question.
- As you review each section, highlight and focus on those you believe will have the most impact on your practice. Make notes and use these to populate the decisional balance template.
- A Decisional Balance Template is provided to help you summarise and document your reflections in response to the questions or considerations below. This is a simple tool to support you to consider both scenarios (i.e. scenario 'A' choose *to* participate, or scenario 'B' choose *not to* participate).
- Seek independent professional advice to ensure you have the most reliable information (i.e. general practice experts in business, financial, accounting, taxation, human resources)
- Once you reach a decision, use the Action Planning template to document how you will manage potential risks or issues, and maximise opportunities or benefits.
- Set a timeline to review, reflect and update your notes and decisional balance template in response to any major changes that impact your practice (e.g. changes to your finances, workforce, model of care, patient profile, taxation, service offerings, etc).

5. Patient Considerations

- What is the sociodemographic profile of regular patients attending the practice and what are their expectations in terms of bulk billing?
- How will/does bulk billing change patient attendance behaviours?
- Will this impact the number of patients coming to the practice? Is this an increase or decrease?
    - Consider impact on flows in the practice and practice infrastructure and resources such as – parking, waiting room seats, reception processes, demand for pathology or other services
    - Consider impacts on wait times and appointment demand
    - Consider reception processes for patient's checking in and checking out
    - Consider measures needed to reduce/manage Failure to Attend rates, for example:
        - Communication to patients
        - SMS appointment reminders
        - Change to cancellation /fail to attend policy?
- Consider options for managing demand, for example:
    - Increasing GP hours available to patients (i.e. extra opening hours, increase in telehealth offerings if space is limited, reduce appointment times, recruiting additional GPs or increasing hours of existing GP workforce)
    - Using other workforce to manage demand (e.g. additional appointments with nurses or Aboriginal Health Practitioners or Workers, or increasing their role in care planning or screening)
    - Enhancing triage to prioritise those requiring more urgent care
    - Changing appointment configuration/times (e.g. shorter or longer appointments, more Chronic Conditions Management Appointments, Health Screening appointments, dedicated clinics for chronic conditions or mental health, etc)
    - Do I need to change how we manage urgent/same day (or same week) appointments or the number of these we hold in reserve?
- Will this increase or decrease the number of new patients attending the practice?
- MyMedicare registration- will this have an impact on the patients that choose to register with your practice for MyMedicare?
    - If so, what does this mean for claiming of MBS items that require MyMedicare such as Chronic Conditions Management, longer telehealth consultations, and the General Practice in Aged Care Incentive?
    - Note- Patients do not need to be registered for MyMedicare for the practice to participate in BBPIP.
- Are there likely to be any changes to patient experience at our practice?
- Do we have capacity to take on new patients?
        - Note- There is no requirement for practices to take on new patients to participate in BBPIP

- What data do we have to benchmark to monitor the current state, and any predicted/actual impacts? How regularly will we review this to inform decision making and who else will be involved in the review?

6. Workforce Considerations



- Are there any communications/key messages that need to be provided to staff?
- Are there discussions or change management support needed with GPs, or the practice team?
- Will this have an impact on my workforce? What might these be?
    - Are our GPs wanting to transition to bulk billing, or not? Are GPs likely to leave if we do participate? Are GPs likely to leave if we don't participate?
    - Will this mean an increase or decrease in the number of GPs working at the practice?
    - What are the short term, and longer-term impacts on workforce?
- Will roles change for staff in our practice? (e.g. Increase in workloads for nurses, or change the role of nurses?)
- Has or will increasing bulk billing increase workforce demand for GP workforce? If so, your practice may need to consider different approaches if physical space is limited (e.g. rotating clinic spaces, mixture of telehealth and face to face appointments, changes to opening hours)
- Does this impact/change any targets or KPIs that we set for staff or contractors?
- Are there implications for contracts or agreements we have in place with staff or contractors?

7. Care Model or Care Process Considerations



- Will this have any impact on our practice care model or care processes?
    - If so, what are these? (e.g. Chronic Conditions Management/Mental Health Treatment Plans/After Hours etc)
    - What is required to manage this change in terms of workflows, training, communication, etc?
    - Are there any impacts to staffing, equipment, consultation space?
- Will this have any impact on our care offerings? (e.g. Subspecialities, Skin, Cosmetics, etc

8. Communication Considerations

- How will the practice communicate our plans to patients to bulk bill or not to bulk bill?
- How will the practice communicate which services are and aren't bulk billed? Refer to https://www.health.gov.au/resources/publications/bulk-billing-practice-incentive-program-eligible-services
- What are the key messages we need to communicate to our patients? How do we communicate these? Consider:
    - Practice website
    - Pre-recorded phone messages
    - Booking software systems
    - Social media accounts
    - Posters in our practice waiting room/entrance
    - Information on the National Health Services Directory
    - New patient consent and registration forms
    - Flyers on patient check in
    - Signs at reception

9. Business and Financial Considerations

9.1. Revenue

- Will our rate of bulk billing increase due to the expansion of MBS bulk billing incentives to all Medicare-eligible patients?
- How will decisions to change or not to change to BBPIP impact our practice revenue?
    - Projected change in practice revenue or cash flow estimated by participating in the Bulk Billing Practice Incentive Program
    - Increases or decreases to any gap fees the practice charge patients
    - Increases or decreases due to higher or lower numbers of patients, and/or changes in the claiming MBS Items
    - Changes in revenue distribution between practice and GPs
    - Changes in revenue due to changes in GP workforce (e.g. new GPs, GPs leaving)
    - Changes in revenue due to patients moving practices due to fees or appointment availability
- How will decisions to change or not to change to BBPIP impact the revenue of GPs?
    - Consultant GPs, Practice Principles, Registrars, GP supervisors, others
    - Variations between billings of doctors - are some doctors likely to be better or worse off?

9.2. Outgoings/Expenses

- Are any costs likely to decrease? (e.g. staff time associated with payment processing, terminals for payment processing)
- Are any ongoing costs likely to increase? (recruitment or locum expenses, changes to practice seating or configuration, additional receptionist or nurse time, new software or communication costs)
- How will we monitor the changes in revenue and expenses, and at what time intervals to understand the impacts of any changes?

9.3. Taxation- Payroll tax and tax considerations

- Are there any possible payroll tax considerations? How can I determine what these are, and how can I manage these?
- Are there any other tax implications?

9.4. Business Advice - Do I need to seek business advice?

For example:

- Financial advice, accounting or tax advice
- Practice business advice/consultancy
- Human resources advice

9.5. Efficiencies

- Are there ways to enhance efficiency without compromising quality of our care, or that enhance the quality of our care? For example:
    - Workflow optimisation
    - Roles that can be assumed by team members safely within their scope of practice or role at a lower relative cost
    - Digital/systems automation (payment processes, reminders, telehealth for results review, digital scripts, clinical notes/AI scribes)

9.6. Practice operations

- EFT processes and billing procedures
- Billing for referred attendance items that are not eligible for bulk billing

9.7. MBS Utilisation

- What are my current rates of bulk billing?
- Would fully bulk billing change how we use MBS item numbers or some of the services we deliver such as After-Hours services, home visits or outreach services?
- Would fully bulk billing change our use of longer or shorter appointments/MBS items, or result in more frequent/less frequent appointments with our patients?
- Would we consider more or less telehealth usage in workflows such as repeat scripts, follow up test result

Appendix 1: Decisional Balance Template

A decisional balance worksheet can be a useful tool to apply when thinking about making changes; to explore and consider all 'sides' of a decision in a complete way. Complete the template below to explore upsides and downsides of both **participating OR not participating** to help you consider the impacts and opportunities. Document your reflections and reasons for and against participating in BBPIP.

	Upsides (e.g. Benefits/Pros)	Downsides (e.g. Costs/Cons/Issues)
Participation in BBPIP	-	-
Not participating in BBPIP	-	-

Once you have completed the decisional balance template, identify any further information you need to collect to support decision making.

If you have reached a decision, you may wish to move onto documenting an action plan.

Appendix 2: Action Plan Template



Transcribe notes from your completed decision balance template, classifying each as either a benefit or a risk/issue in the template below.

Use the information you have collected to document an action plan that:

1) Maximises the benefits for your practice and your patients, and
2) Minimises, mitigates or manages the risks or issues you have identified

When documenting the actions, be sure to nominate a responsible person for each action, and a timeline/date for completion.

Identify any data sets you will use to track changes to benefits, issues and risks, and set a timeframe for intervals for data review.

Decision: ☐ **Register for Bulk Billing PIP** **OR** ☐ **NOT Registering for Bulk Billing PIP**

	Benefits/Risks/Issues	Ideas to maximise benefits, OR minimise, mitigate or manage risks/issues	Actions and Data for monitoring
Upsides (Pros or Benefits)	-	-	-
Downsides (cons, issues or risks)	-	-	-

Appendix 3 - Links and information for general practices

Bulk Billing Information for Practices

- NT PHN Strengthening Medicare
- Upcoming changes to bulk billing incentives in general practice | Australian Government Department of Health, Disability and Ageing
- Calculating BBPIP payments with practice model examples | Australian Government Department of Health, Disability and Ageing
- Bulk Billing Practice Incentive Program: Eligible services | Australian Government Department of Health, Disability and Ageing
- MBS Online - Bulk Billing Incentives – Changes to Eligibility
- Bulk Billing Incentives Calculator Upcoming changes to bulk billing incentives in general practice | Australian Government Department of Health, Disability and Ageing
- Bulk Billing Practice Incentive Program - FAQs for practices and providers
- MBS Online – Bulk Billing Incentives - Note MN.1.1 | Medicare Benefits Schedule

Mixed Billing Practice Information

For practices continuing to operate a mixed billing model, the RACGP publish materials for practices to help plan and communicate billing arrangements to patients.

- RACGP - Optimising your billing strategy
- RACGP - Guide to introducing mixed billing in your practice

10. Disclaimer

While the Australian Government Department of Health, Disability and Ageing has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage arising from the use of or reliance on the information provided herein.

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Due to constant changes in health policy, funding, taxation, and workforce the information in this document will need to be updated regularly.

Questions and considerations raised in this kit are not exhaustive and do not constitute business, financial or care advice.

Version history

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