

## Making the Switch: Practical Steps for Enrolling





# Acknowledgement of Country

In the spirit of reconciliation, Cubiko and the RACGP acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Gaagal by Miimi and Jiinda



# Housekeeping

-  This session is being recorded. A copy of the recording will be emailed to all registrants after the session.
-  This webinar is approved for RACGP CPD. Practitioners attending live and who have provided their RACGP member number will have their CPD hours automatically uploaded.
-  If you share the recording with others at your practice, and they're a practitioner they can also claim CPD for the recording by quick logging it via their RACGP CPD Home.
-  Questions? Drop them in the Q&A tab at the bottom of your screen and we'll answer them during the session. **Cubiko team are here to help.**



# RACGP

Royal Australian College  
of General Practitioners

**Cubiko and RACGP have joined together to bring you a series of webinars in the lead up to changes to Medicare on 1 November.**





# Meet our presenters



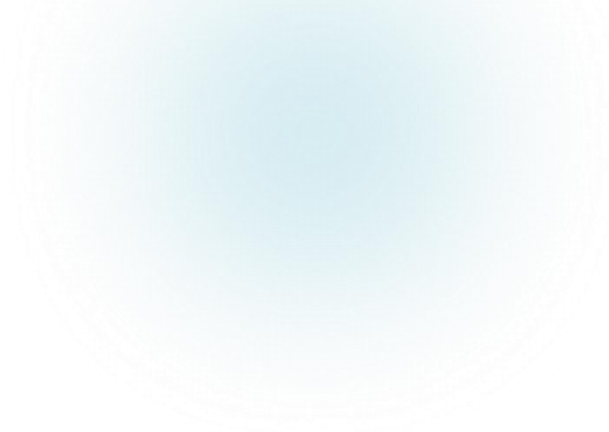
**Chris Smeed**  
CEO & Founder of Cubiko



**Dr Michael Clements**  
Chair, RACGP Rural Council

# Who is this webinar for?

This session is for practices that will be making the switch from 1 November.



# Overview of the Program

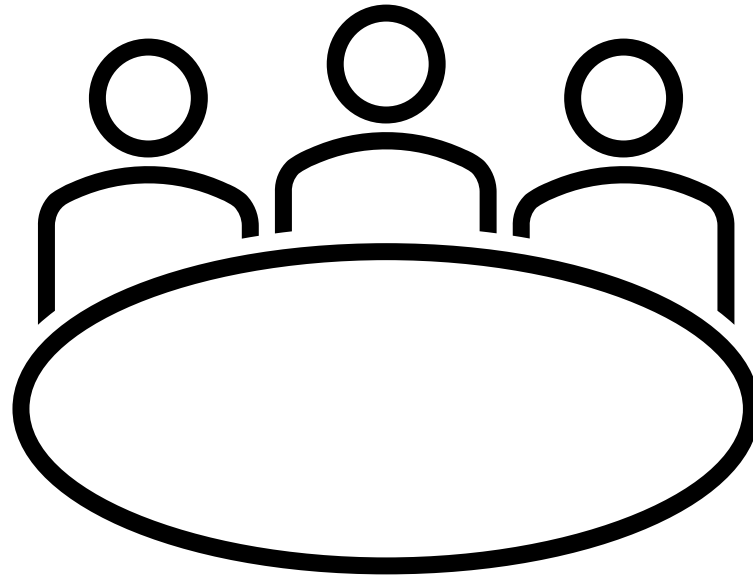
Recording of our Should We Enrol? Making Sense of the New Incentives webinar.



# Tell us about your practice

- ☐ We're currently bulk billing and staying bulk billing
- ☐ We're currently private/mixed billing and moving to bulk billing
- ☐ We're still undecided





# What is changing?

From 1 November 2025, bulk billing incentives will expand to cover all Medicare-eligible patients. At the same time, the Bulk Billing Practice Incentive Program (BBPIP) will launch, offering additional financial support for practices that commit to bulk billing every eligible service.

# 2

# 1

## Expanded eligibility criteria for Bulk Billing Incentives

Currently, incentives only apply when bulk billing children under 16 or patients with a Commonwealth concession card. From 1 November 2025, incentives will apply to all Medicare-eligible patients.

The item descriptors for all Group M1 BBI items will be updated to remove references to children under 16 and concession card holders. No other changes will be made to the item descriptors.

Category 8 - MISCELLANEOUS SERVICES

10990 Fee ⓘ

Group

M1 - Management Of Bulk-Billed Services

Subgroup

1 - Management of general bulk billed services

A medical service to which an item in this Schedule (other than this item) applies, if:

- (a) the service is an unREFERRED service; and
- (b) the service is provided to a person who is:
  - (i) under the age of 16; or
  - (ii) a concessional beneficiary; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is bulk-billed in relation to the fees for:
  - (i) this item; and
  - (ii) any other item in this Schedule applying to the service; other than a service associated with a service:
- (e) to which another item in this Group applies; or
- (f) that is a general practice support service; or
- (g) that is a MyMedicare service

**Fee:** \$8.60 **Benefit:** 85% = \$7.35

(See para [MN.1.1](#), [MN.1.3](#) of explanatory notes to this Category)

← Previous - Item 10989

Next - Item 10991 →



10990 Fee **i**

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10990 Fee **i**

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  - ~~(ii) a concessional beneficiary; and~~
- (c) the person is not an admitted patient of a hospital; and

# Triple Bulk Billing Incentive

No change except expanded eligibility.

If it was single, it stays single.

If it was triple, it stay triple.

General practitioners (GPs) can access tripled incentives when bulk billing the following types of consultations:

Category	MBS item numbers
Standard attendances – Face-to-face	23, 36, 44, 123
Attendances at a place other than consulting rooms or a RACF	24, 37, 47, 124
Professional attendances at a RACF	90035, 90043, 90051, 90054
After-hours attendances at consulting rooms	5020, 5040, 5060, 5071
After-hours attendances at a place other than consulting rooms or a RACF	5023, 5043, 5063, 5076
After-hours attendances at a RACF	5028, 5049, 5067, 5077

# MMM is Important

	Standard incentive (existing items)	Tripled incentives (all eligible patients)	Tripled incentives (services linked to MyMedicare)*
<b>MMM 1</b>	10990	75870	75880
<b>MMM 2</b>	10991	75871	75881
<b>MMM 2-7 (after-hours)</b>	10992	75872	N/A
<b>MMM 3-4</b>	75855	75873	75882
<b>MMM 5</b>	75856	75874	75883
<b>MMM 6</b>	75857	75875	75884
<b>MMM 7</b>	75858	75876	75885

# 2

## Introducing the Bulk Billing PIP



The BBPIP also launches on 1 November 2025.



Practices that participate will receive an additional 12.5% payment on each dollar of MBS benefit for eligible NRA services, this is to be split evenly between the GP and the practice.



Payments will be made quarterly, on top of MBS rebates.



# The Non-Negotiables

Participating practices must bulk bill every eligible service for every Medicare-eligible patient. This means:



All general practice non-referred attendance (GP NRA) services must be bulk billed



All GPs in the practice must comply – if one GP charges privately for eligible services, the entire practice loses access






All Medicare-eligible patients must receive bulk billing for these services

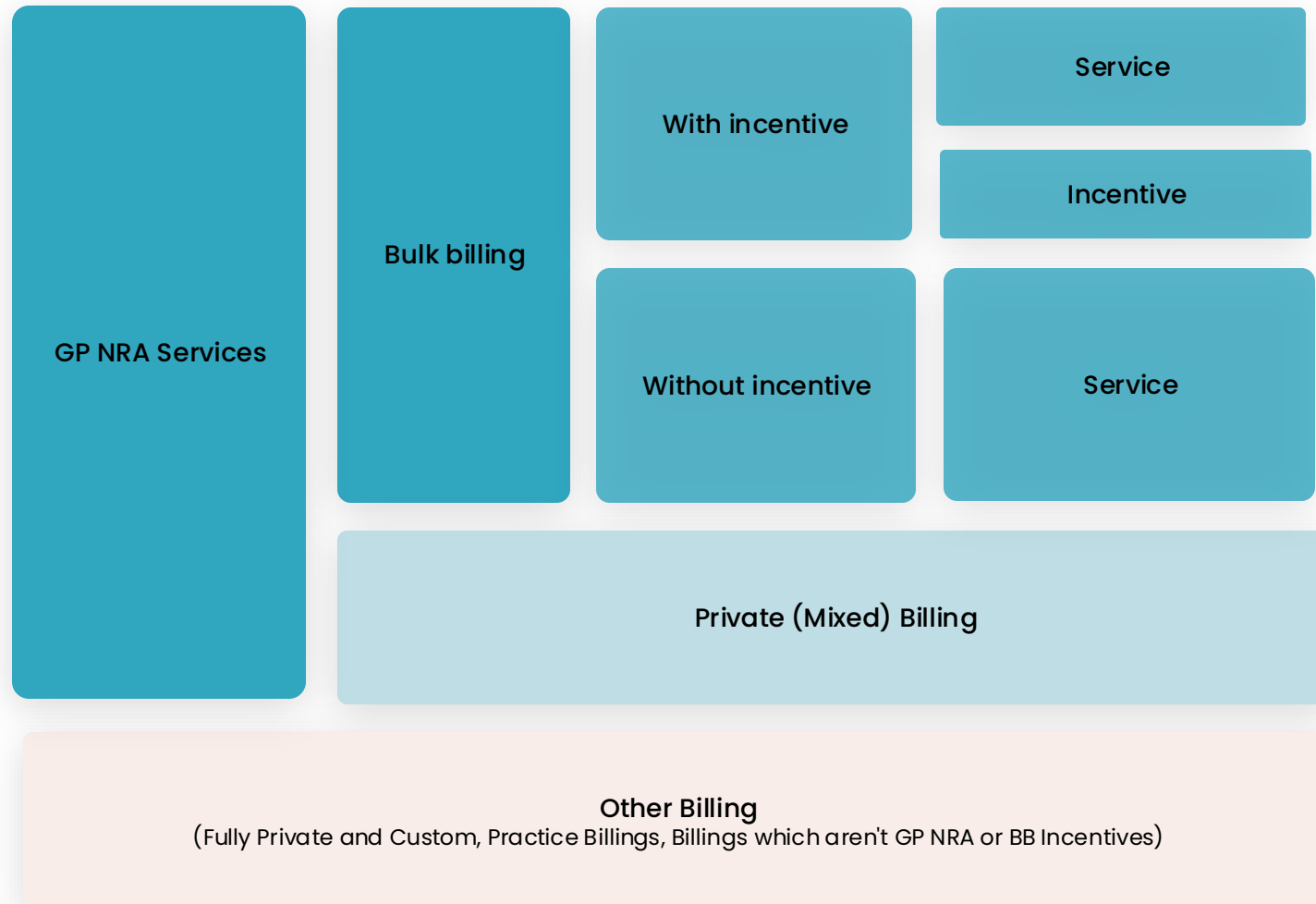
*... There are a few exemptions*

# What you CAN still charge for

... There are a few exemptions

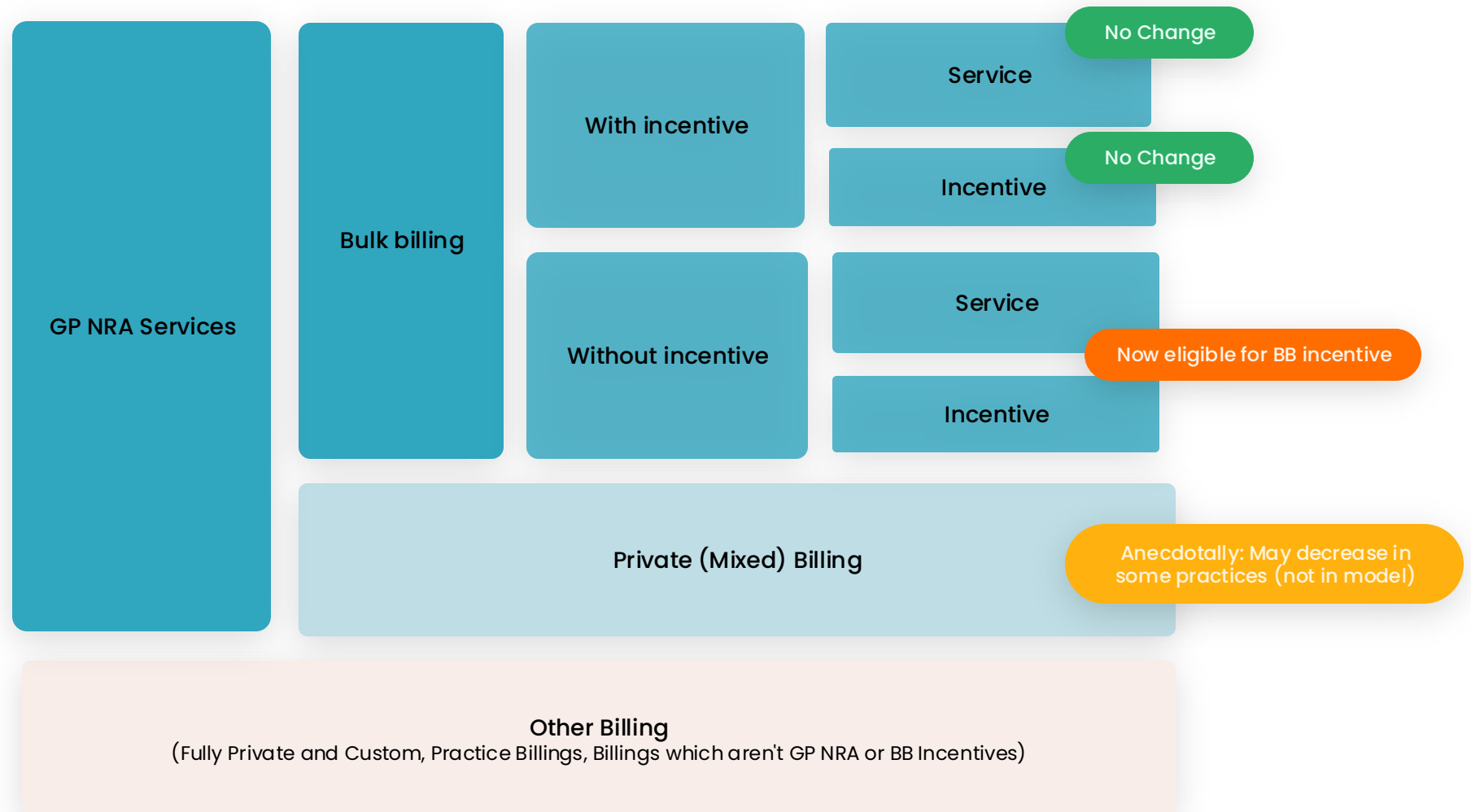
-  Other services not on the BBPIP eligible items list
-  Non-Medicare services (such as cosmetic procedures, employment medicals, insurance reports)
-  Services for non-Medicare eligible patients

All services performed by the practice

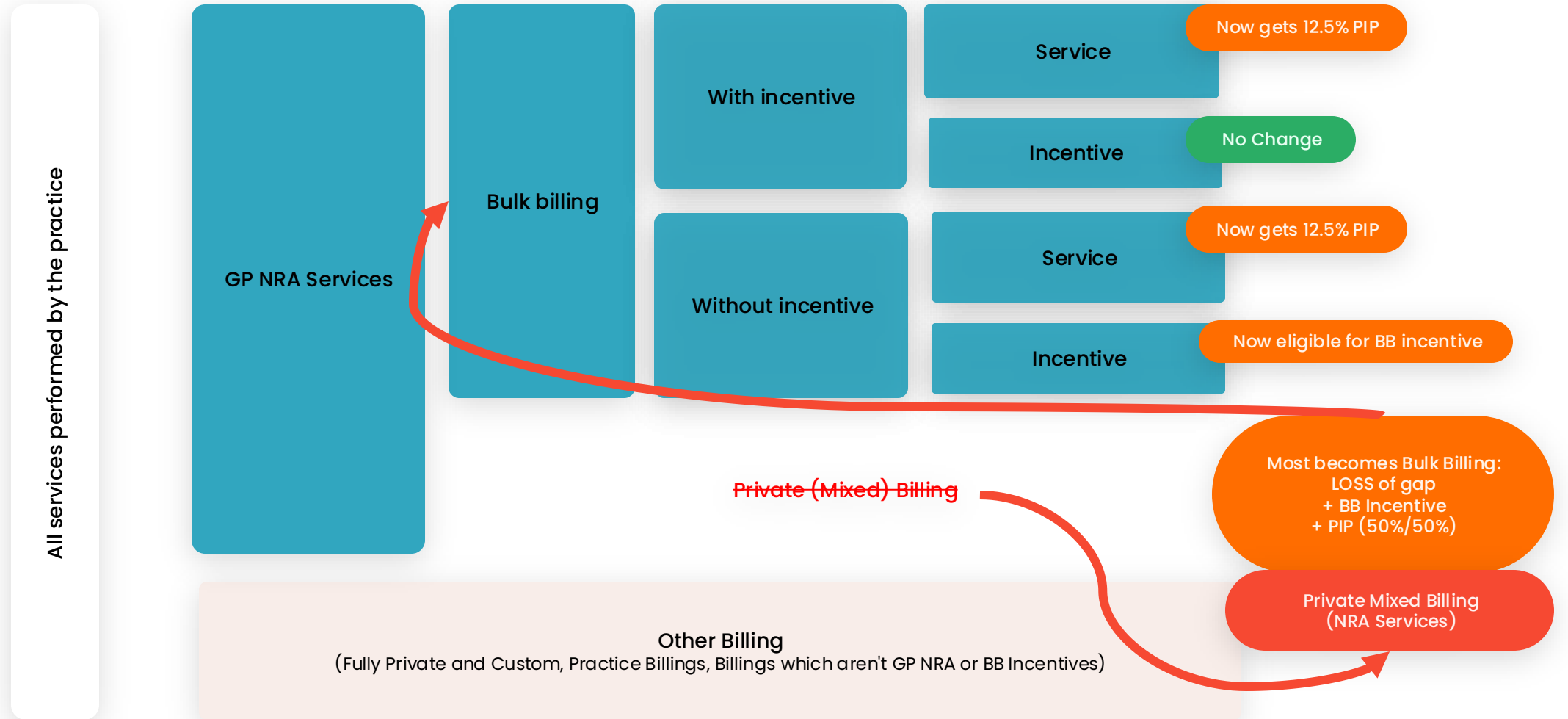


Applying expanded bulk billing incentives  
to patients who you were already bulk billing

All services performed by the practice



## Applying expanded bulk billing incentives to patients who you were already bulk billing





# GP Non-Referred Attendance Items

Non-referred attendance (NRA) items are the main Medicare consultation items GPs use for patients without a referral, covering standard, home, aged care and hospital visits billed by time and complexity.

## Level A, B, C, D & E

Standard consults e.g. 3, 23, 36

## Mental Health Care

Standard Mental Health Items e.g. Items 170, 171, 2700, 2701 etc.

## Chronic disease / Complex Care Management

Support for patients with ongoing or multiple health conditions e.g. 965, 967 etc.

## After hours items

Care provided outside usual practice hours e.g. 585, 588, 591 etc.

## Other GP Services

Additional GP services outside standard consults e.g. 160, 161, 162 etc

Primary Care Service Type	MBS Item Number
<b>GP NRA-Level-A-Brief</b>	3; 4; 52; 58; 179; 181; 90020; 90092; 90183; 91790; 91792; 91794; 91890; 91892
<b>GP NRA-Level-B-Standard</b>	23; 24; 53; 59; 185; 187; 90035; 90093; 90188; 91800; 91803; 91806; 91891; 91893
<b>GP NRA-Level-C-Long</b>	36; 37; 54; 60; 189; 191; 90043; 90095; 90202; 91801; 91804; 91807
<b>GP NRA-Level-D-Prolonged</b>	44; 47; 57; 65; 203; 206; 90051; 90096; 90212; 91802; 91805; 91808
<b>GP NRA-Level-E-Extended</b>	123; 124; 151; 165; 301; 303; 90054; 90098; 90215; 91920; 91923; 91926
<b>GP NRA-Other Primary Care</b>	160; 161; 162; 163; 164; 177; 193; 195; 197; 199; 214; 215; 218; 219; 220; 224; 225; 226; 227; 228; 695; 699; 701; 703; 705; 707; 715; 5021; 5022; 5027; 5030; 5031; 5032; 5033; 5035; 5036; 5042; 5044; 19000; 91900; 91903; 91906; 91910; 91913; 91916; 92004; 92011; 92715; 92716; 92717; 92718; 92719; 92720; 92721; 92722; 92723; 92724; 92725; 92726; 92731; 92732; 92733; 92734; 92735; 92736; 92737; 92738; 92739; 92740; 92741; 92742
<b>GP NRA-Mental Health Care</b>	170; 171; 172; 221; 222; 223; 272; 276; 281; 282; 283; 285; 286; 287; 309; 311; 313; 315; 792; 2700; 2701; 2715; 2717; 2721; 2723; 2725; 2727; 2739; 2741; 2743; 2745; 4001; 90250; 90251; 90252; 90253; 90254; 90255; 90256; 90257; 90264; 90265; 90271; 90272; 90273; 90274; 90275; 90276; 90277; 90278; 91818; 91819; 91820; 91821; 91842; 91843; 91844; 91845; 91859; 91861; 91862; 91863; 91864; 91865; 91866; 91867; 92112; 92113; 92116; 92117; 92118; 92119; 92122; 92123; 92136; 92137; 92138; 92139; 92146; 92147; 92148; 92149; 92150; 92151; 92152; 92153; 92170; 92171; 92176; 92177; 92182; 92184; 92186; 92188; 92194; 92196; 92198; 92200
<b>GP NRA-Chronic Disease/Complex Care Management</b>	231; 232; 235; 236; 237; 238; 239; 240; 243; 244; 245; 249; 392; 393; 729; 731; 735; 739; 743; 747; 750; 758; 900; 903; 930; 933; 935; 937; 943; 945; 965; 967; 969; 971; 972; 973; 975; 986; 92026; 92027; 92029; 92030; 92057; 92058; 92060; 92061
<b>GP NRA-After Hours</b>	585; 588; 591; 594; 599; 600; 733; 737; 741; 745; 761; 763; 766; 769; 772; 776; 788; 789; 2197; 2198; 2200; 5000; 5003; 5010; 5020; 5023; 5028; 5040; 5043; 5049; 5060; 5063; 5067; 5071; 5076; 5077; 5200; 5203; 5207; 5208; 5209; 5220; 5223; 5227; 5228; 5260; 5261; 5262; 5263; 5265; 5267; 92210; 92211
<b>GP NRA-Flag Fall and Other Support Payments</b>	90001; 90002;

Table outlines the eligible MBS item numbers that can be claimed under each of the ten primary care service types.

*“And just to be clear, all procedural items, so your excision and those sorts of items, they're not included in the list of eligible services for the Bulk Billing Practice Incentive Program.”*

Understanding bulk billing changes for GPs and practices – Webinar recording  
<https://www.youtube.com/watch?v=YCAIpJcP6O4>





Australian Government  
Department of Health,  
Disability and Ageing

## Bulk Billing Practice Incentive Program eligible services

(also known as GP NRA items) by Primary Care  
Service Type

From 1 November 2025

er

81; 90020; 90092; 90183; 91790; 91792; 91794;

187; 90035; 90093; 90188; 91800; 91803; 91806;

191; 90043; 90095; 90202; 91801; 91804; 91807

206; 90051; 90096; 90212; 91802; 91805; 91808

301; 303; 90054; 90098; 90215; 91920; 91923;

164; 177; 193; 195; 197; 199; 214; 215; 218; 219;

227; 228; 695; 699; 701; 703; 705; 707; 715; 90211;

5031; 5032; 5033; 5035; 5036; 5042; 5044; 19000;

06; 91910; 91913; 91916; 92004; 92011; 92715;

18; 92719; 92720; 92721; 92722; 92723; 92724;

31; 92732; 92733; 92734; 92735; 92736; 92737;

40; 92741; 92742

222; 223; 272; 276; 281; 282; 283; 285; 286; 287;

792; 2700; 2701; 2715; 2717; 2721; 2723; 2725;

2743; 2745; 4001; 90250; 90251; 90252; 90253;

56; 90257; 90264; 90265; 90271; 90272; 90273;

76; 90277; 90278; 91818; 91819; 91820; 91821;

44; 91845; 91859; 91861; 91862; 91863; 91864;

67; 92112; 92113; 92116; 92117; 92118; 92119;

36; 92137; 92138; 92139; 92146; 92147; 92148;

51; 92152; 92153; 92170; 92171; 92176; 92177;

86; 92188; 92194; 92196; 92198; 92200

237; 238; 239; 240; 243; 244; 245; 249; 392; 393;

743; 747; 750; 758; 900; 903; 930; 933; 935; 937;

969; 971; 972; 973; 975; 986; 92026; 92027; 92029;

58; 92060; 92061

599; 600; 733; 737; 741; 745; 761; 763; 766; 769;

2197; 2198; 2200; 5000; 5003; 5010; 5020; 5023;

5049; 5060; 5063; 5067; 5071; 5078; 5077; 5200;

5209; 5220; 5223; 5227; 5228; 5260; 5261; 5262;

92216; 92211

Numbers that can be claimed under each of the ten

## Government Resource GP NRA Items



# Clinical sustainability considerations for bulk billing practices

- Maximise the use of MBS items
- Optimising a team approach
- Efficient time management
- Plan your appointment diary
- Consider changes to the practice's service delivery

# Clinical sustainability considerations for bulk billing practices

- Clinical standards must be maintained
- Monitor for increased demand from patients / patient throughput
- Monitor the cost of care delivery by tracking overheads and compare against incentive payments and service fees



# Clinical sustainability considerations for bulk billing practices

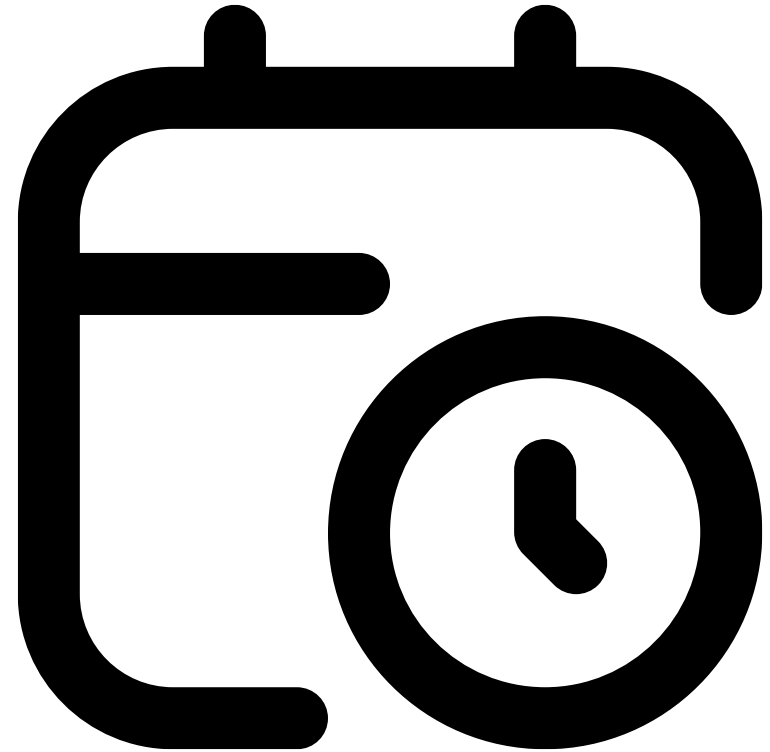
Practice and practitioner considerations:

- Team culture and leadership
- RACGP CPD activity to [optimise your billing strategy](#)
- Consider [diversifying revenue streams](#)
- Mental health and [wellbeing](#)

# How the BBPIP Payment is Shared

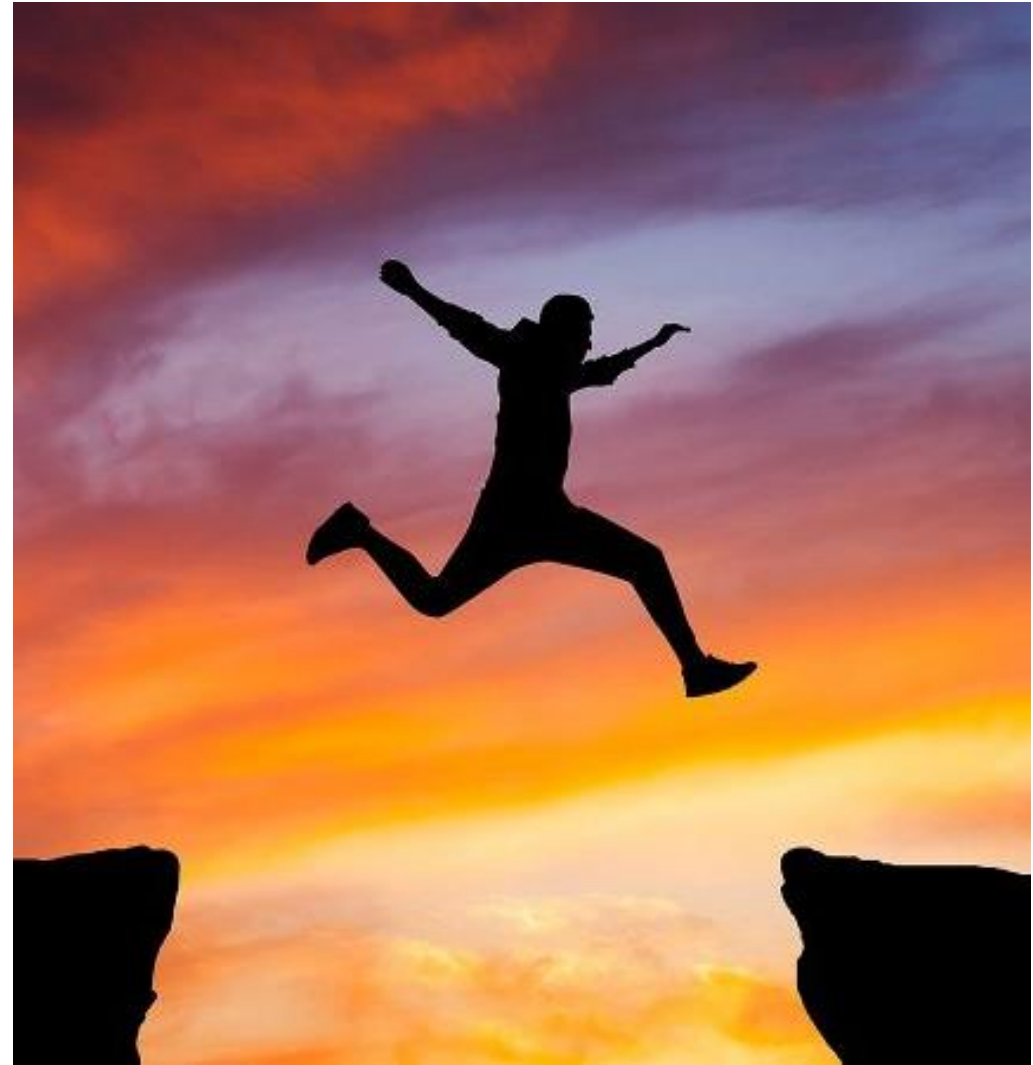
- ↔ This payment is **always** split 50/50 between the GP and the practice.
- 👤 Applies to all GPs, including contractors, registrars, employees and locums.

You can opt in later.





**Where to now?**



# Steps to be ready

Follow these steps to ensure your systems, team and patients are ready for universal bulk billing.



1. Preparing your team



2. Review and streamline workflows



3. Your patient community



4. Getting set up in government systems



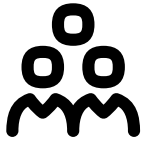
5. Compliance and patient care



6. Keeping things in perspective



7. Don't set and forget



# Team Preparations

# Team Alignment

For this to work, every practitioner and team member needs to be aligned.

- 🗣️ Ensure all GPs are on board with bulk billing eligible services
- 💬 Be clear on which services may still attract a private fee (procedures, work cover etc)

# Team Communication

Consistent messaging across the team is key. When everyone delivers the same message, patients trust your practice and avoid confusion.



Team meeting to align on messaging



Shared resources for common patient questions








Simple scripts for reception and nurses



Encourage staff to raise tricky conversations for group discussion



# Some of the reasons we are bulk billing

-  Accessibility for patients
-  No need to take payments and less risk of bad debt
-  Reduced admin time spent chasing payments, especially for Telehealth Consults
-  Fewer fee discussions
-  Free up the team

# Set realistic financial expectations

- 🕒 PIP paid quarterly
- 📊 PIP is 50/50 and only on NRA items numbers
- 💰 BB incentives
- 📈 Share modelling
- 👤💰 Service fee

# Making the team work

- Leverage nurses for preventative care, chronic condition management & health assessments, wound care, and vaccinations
- Upskill staff and establish clear workflows
- Reduce admin with AI tools and pre-consultation forms
- Balance scheduling across face-to-face, telehealth, and complex care





## Review and streamline workflows

# Key workflows to review



Software updates



Billings



Appointments, Rcalls and Reminders



GPCCMP and Health Assessments and use of the schedule



Patient arrival and demographics



Compliance with BBPIP rules

# Update your software



To take advantage of the eligibility expansion for bulk billing incentives, you will need to **upgrade** and install the **November data update**. Claiming logic has been updated in Bp Premier Spectra SP1 Revision 3 to apply the new eligibility rules automatically.

*Source:*

[https://kb.bestpracticesoftware.com/eLearning/BpPremier/Spectra\\_SP1Rev3/index.html#/lessons/rssi-n5Xn-49HBEx45gSJvS\\_PAbbL\\_6](https://kb.bestpracticesoftware.com/eLearning/BpPremier/Spectra_SP1Rev3/index.html#/lessons/rssi-n5Xn-49HBEx45gSJvS_PAbbL_6)



# Coming soon in Cubiko

We're working on new reporting to help you easily track and manage NRA items. This will identify any transactions that may have been privately billed in error and could affect your eligibility.



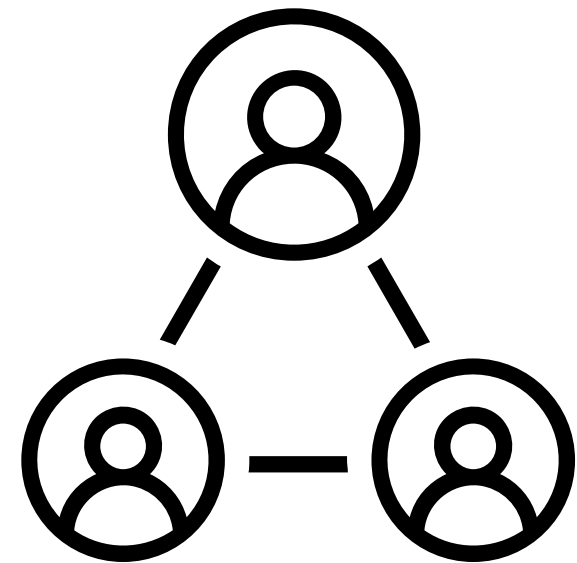


## Your patient community



# Setting up your practice for success

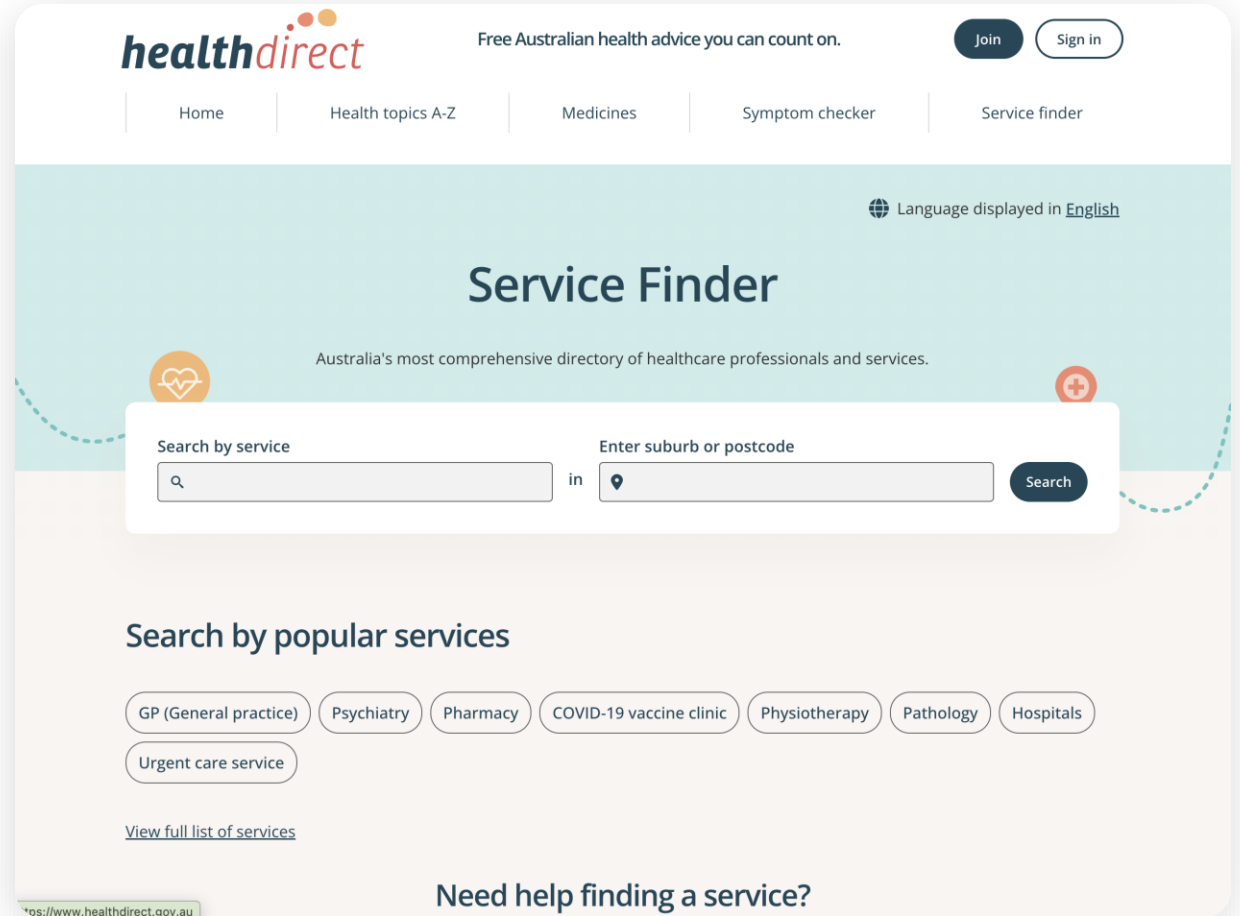
- Update signage across clinic, NHSD listing, and practice website
- Apply early to advertise as a Medicare Bulk-Billing Practice (EOI form)
- Review capacity to prepare for increased demand
- Maintain care quality throughout the transition to 100% bulk billing






# Promote your participation



Source:  
<https://www.health.gov.au/resources/publications/medicare-bulk-billing-practice-signage-for-bulk-billing-practice-incentive-program?language=en>



# Planning your approach to patient communications

-  Brief the practice team so everyone's on the same page
-  Set aside time to check in with the team and review any challenges
-  Plan your patient communication

# Patient Communication

Clear, proactive communication reassures patients and sets the right expectations about bulk billing.



Practice newsletters with updates



Reception conversations at booking and check-in



On hold message to remind patients of your billing policies




Posters and flyers in waiting rooms



Website and social media posts

# How to communicate to patients that some items will still be privately billed

 Be upfront and clear about which services have private fees

 Use simple wording

 Give examples

 Explain where private fees may apply

 Reassure patients



## Resource Practice Poster



RACGP resources coming soon!

# 4

le:

Getting set up in government systems

# Registering your interest for BBPIP

Practices intending to participate in the BBPIP must complete an Expression of Interest form. This should be submitted by the practice manager (or equivalent).



# MyMedicare registration

To participate in the Bulk Billing Practice Incentive Program (BBPIP), your practice must be registered with MyMedicare. While registration is voluntary, it is the only way to access the new incentive payments.

**Note:** While it's mandatory for practices to be registered for MyMedicare. It is not mandatory for patients to be registered for MyMedicare.

# Provider Bank Accounts

Update bank details in the Organisation Register (practice) and HPOS (provider)

# Getting ready to bulk bill

- Register your practice with MyMedicare via the Organisation Register
- Ensure all GPs bulk bill eligible services for Medicare-eligible patients
- Update bank details in the Organisation Register (practice) and HPOS (provider)
- **Not accredited?** An exemption is available from 1 November



# Don't forget

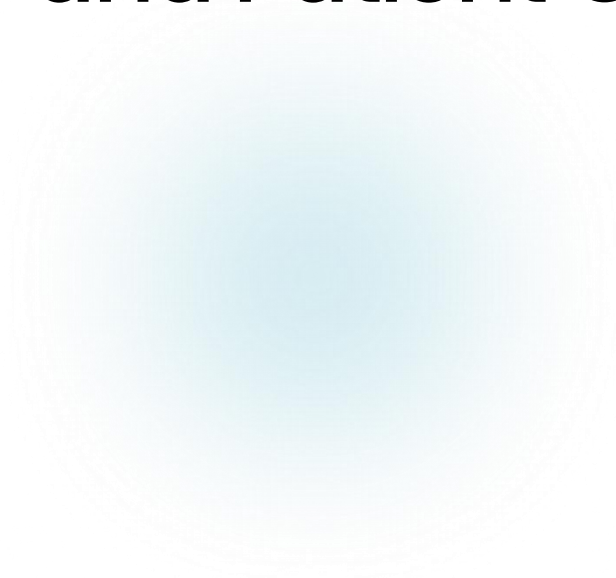
Make sure you update any place you might have the message that you are private/mixed billing – website, signage, school newsletter ads, patient information sheets

Debt on your books now does not disappear

Will we keep cash?

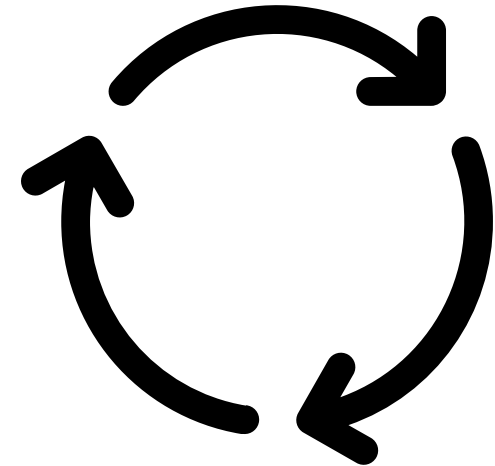


# Compliance and Patient Care



# Staying compliant and sustainable





- GPs are personally responsible for MBS claims and should verify delegated billing
- Keep thorough patient notes (see RACGP MBS resources)
- Follow AI ethics and MDO advice when using AI tools
- Bulk-billed patients pay no out-of-pocket fees (few exceptions apply)
- Explore alternative income streams (see RACGP resources)





Keep things in perspective

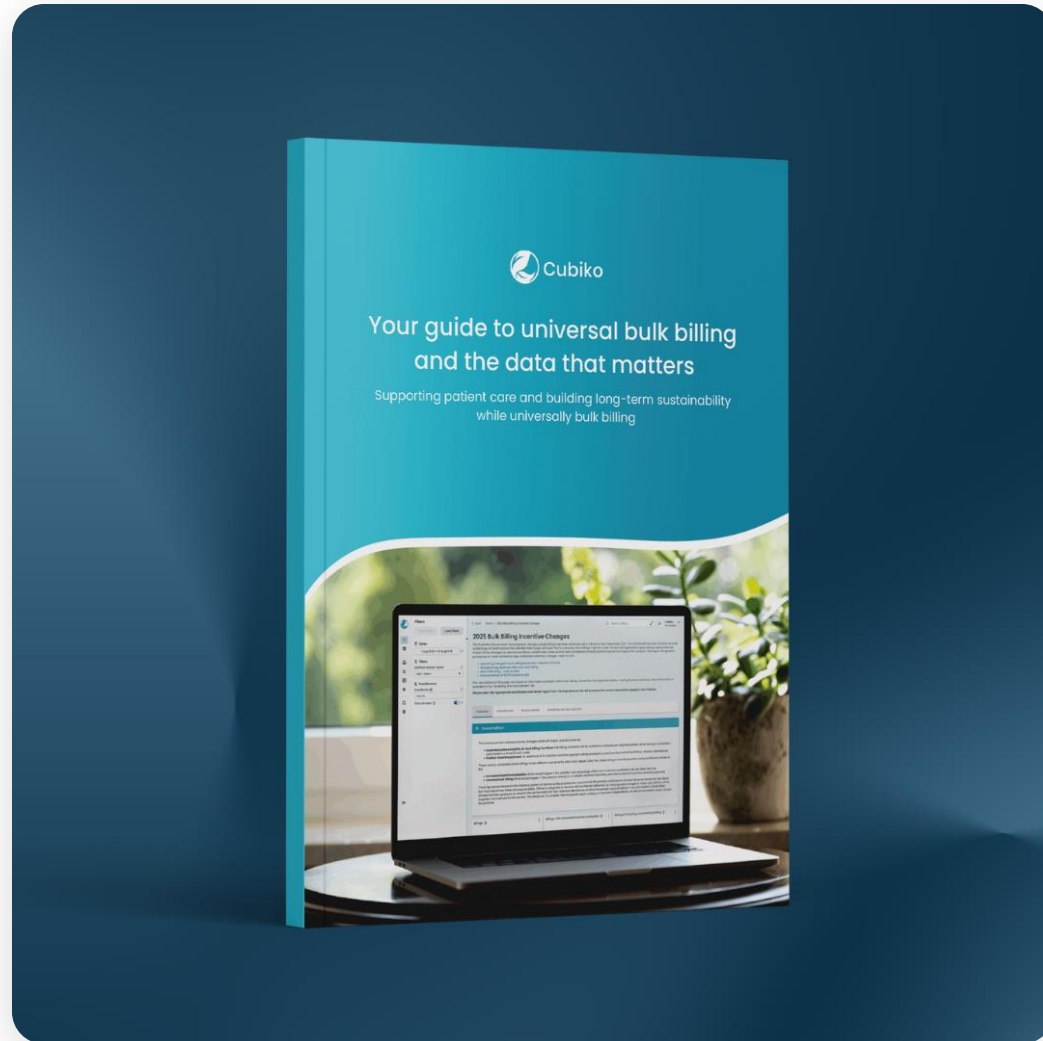
# What happens if we make a mistake?

-  Mistakes can occur, and the Department recognises this
-  There will be opportunities to review and correct errors
-  Case studies and guidance will be shared on the Department website soon
-  Stay tuned for updates and upcoming FAQ webinars





Don't set and forget

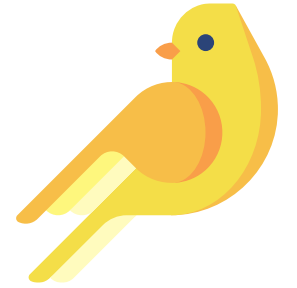


Resource

## Your guide to universal bulk billing and the data that matters






RACGP resources coming soon!



# Patient wait times

Patient wait times show how long patients wait before seeing a practitioner. Tracking them helps improve efficiency and ensures a better patient experience.

-  Monitor wait times to identify bottlenecks in scheduling, resourcing or workflows that impact efficiency
-  Keep waits manageable to encourage patients to return for follow-up care and support continuity
-  Use trends in wait times to adjust appointment lengths, staffing or processes to better meet demand

# What's your biggest focus ahead of making the switch?

- ☐ Preparing and supporting your team
- ☐ Staying compliant while delivering quality care
- ☐ Reviewing and streamlining workflows
- ☐ Keeping perspective through the transition
- ☐ Communicating with your patient community
- ☐ Continuing to review and adapt over time
- ☐ Getting set up in government systems

# For further resources please visit:



Cubiko Resource Hub



**RACGP**  
Royal Australian College  
of General Practitioners

RACGP Resource Hub  
(Coming Soon)





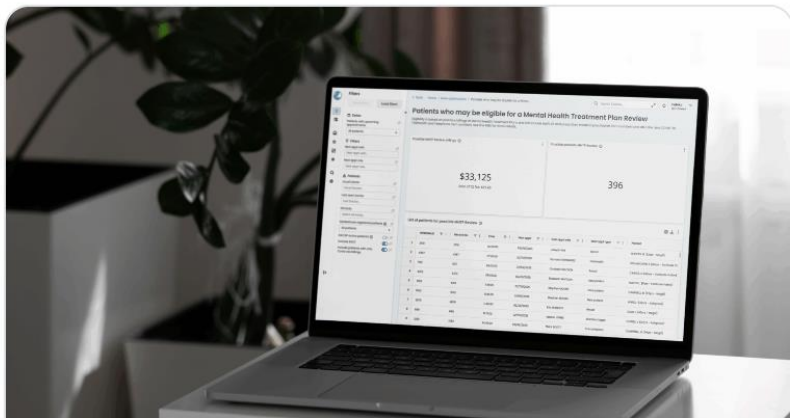
Tuesday, 14 October @ 12 PM QLD time

Webinar

## Ask the Department your questions: Bulk billing Q&A with RACGP and DoHAC

Read more >





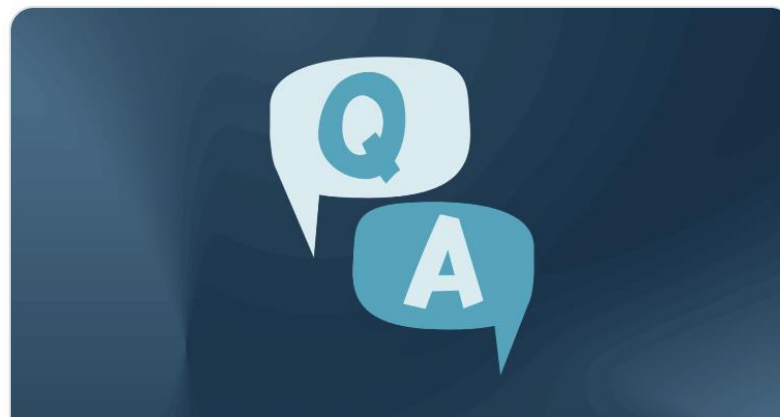
Wednesday, 15 October @ 12 PM QLD time

For GP's, Nurses, PM's & Practice Owners

Webinar

## Mental Health Treatment Plans after 1 Nov: What's Changing and How to Prepare

Read more >



Wednesday, 29 October @ 12 PM QLD time

For all Practices making the switch

Webinar

## Countdown to November: Your Questions Answered

Read more >





We'd love to hear your  
feedback