

Should We Enrol? Making Sense of the New Incentives

Acknowledgement of Country

In the spirit of reconciliation, Cubiko, GrowthMD & 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







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-  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.**

Meet our presenters



Chris Smeed
CEO & Founder of Cubiko



Kelly Chard
Founder of GrowthMD



Dr Ramya Raman
Chair (RACGP WA) and
Vice President (RACGP)



Has your practice decided to participate in the new bulk billing incentive changes?

☐

Yes, we've decided to participate

☐

No, we've decided not to participate

☐

Not yet decided



2,500+ practices

using



Bulk billing rate

Understand the prevalence of predominantly bulk billing practices across Australia.

35%

of practices bulk billed
over 80% of invoices in
December 2022

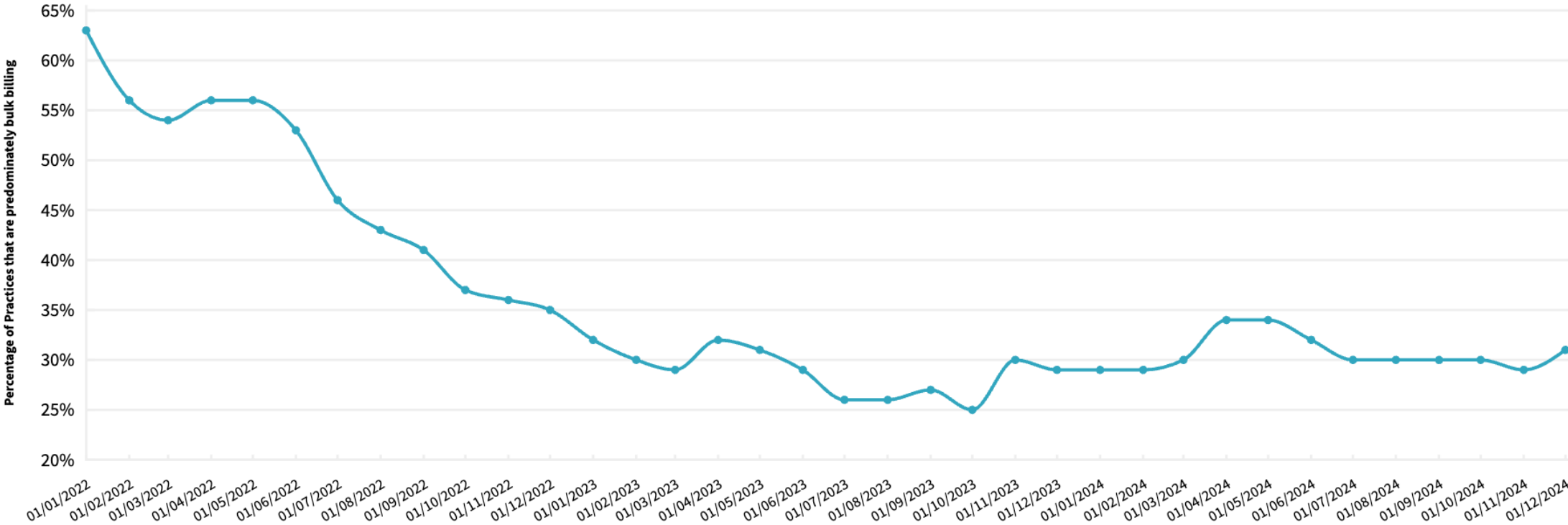
29%

of practices bulk billed
over 80% of invoices in
December 2023

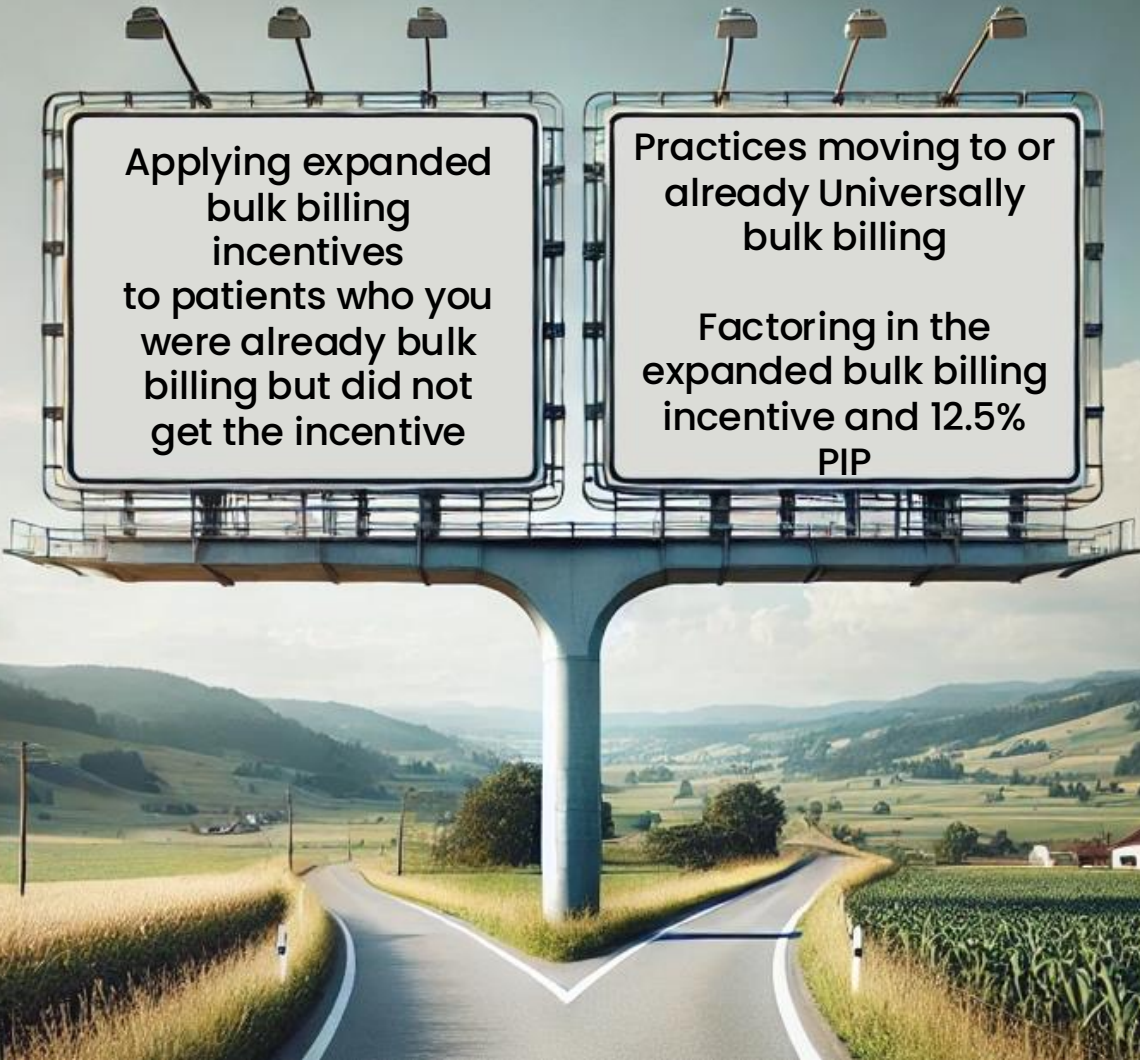
31%

of practices bulk billed
over 80% of invoices in
December 2024

The percentage of practices that predominantly bulk bill over 80% of invoices



2



Applying expanded
bulk billing
incentives
to patients who you
were already bulk
billing but did not
get the incentive

Practices moving to or
already Universally
bulk billing

Factoring in the
expanded bulk billing
incentive and 12.5%
PIP

Bulk Billing Incentive

What is changing?

↙ ↗ Eligibility is expanded

🔄 That is the one change, everything else stays the same.

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 →](#)

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Triple Bulk Billing Incentive

No change except expanded eligibility.

If it was single, it stays single.
If it was triple, it stay triple.

Tripled bulk billing incentives

From 1 November 2023, there are new MBS bulk billing incentive items with higher payments. These payments are triple the amount of existing standard bulk billing incentive payments.

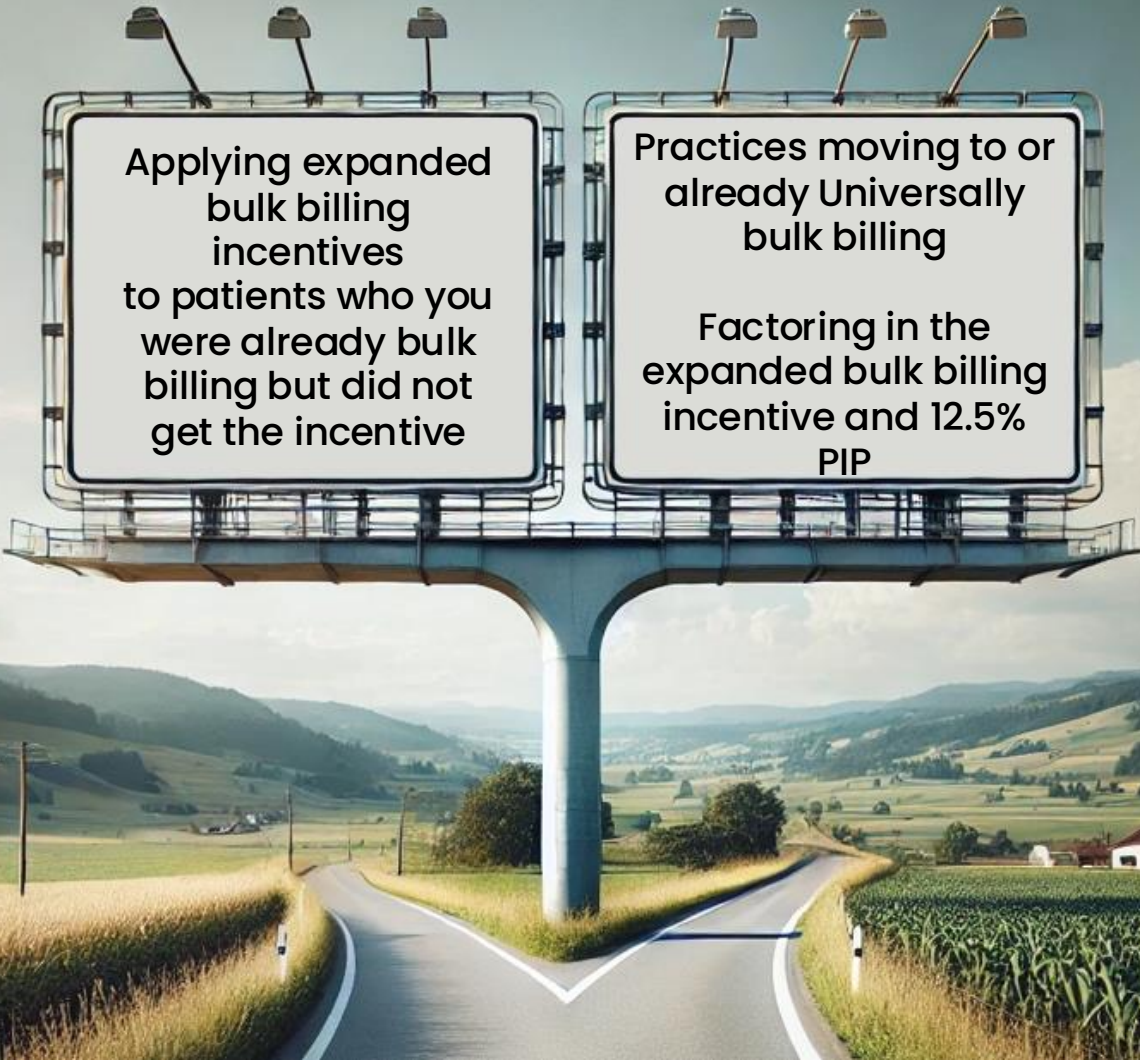
	Standard incentive (existing items)	Tripled incentives (all eligible patients)	Tripled incentives (services linked to MyMedicare)*
MMM 1	10990	75870	75880
MMM 2	10991	75871	75881
MMM 2-7 (after-hours)	10992	75872	N/A
MMM 3-4	75855	75873	75882
MMM 5	75856	75874	75883
MMM 6	75857	75875	75884
MMM 7	75858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

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

While it's mandatory for practices to be registered for MyMedicare.

It is not mandatory for patients to be registered for MyMedicare.



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incentive and 12.5%
PIP

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 – eg. Overseas visitors and students

Primary Care Service Type	MBS Item Number
GP NRA-Level-A-Brief	3; 4; 52; 58; 179; 181; 90020; 90092; 90183; 91790; 91792; 91794; 91890; 91892
GP NRA-Level-B-Standard	23; 24; 53; 59; 185; 187; 90035; 90093; 90188; 91800; 91803; 91806; 91891; 91893
GP NRA-Level-C-Long	36; 37; 54; 60; 189; 191; 90043; 90095; 90202; 91801; 91804; 91807
GP NRA-Level-D-Prolonged	44; 47; 57; 65; 203; 206; 90051; 90096; 90212; 91802; 91805; 91808
GP NRA-Level-E-Extended	123; 124; 151; 165; 301; 303; 90054; 90098; 90215; 91920; 91923; 91926
GP NRA-Other Primary Care	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
GP NRA-Mental Health Care	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
GP NRA-Chronic Disease/Complex Care Management	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
GP NRA-After Hours	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
GP NRA-Flag Fall and Other Support Payments	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>



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; 9021;
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

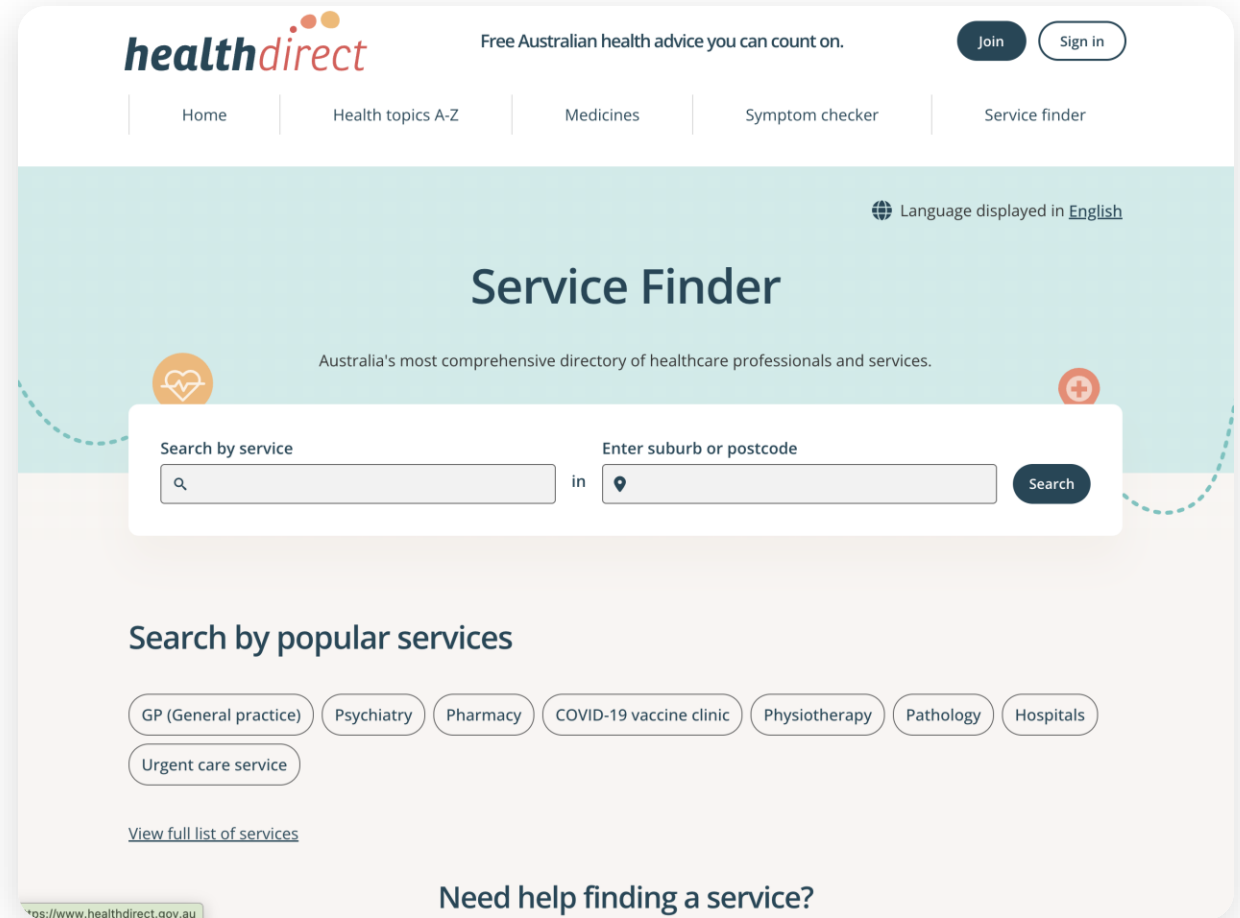
Government Resource GP NRA Items



Promote your participation



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

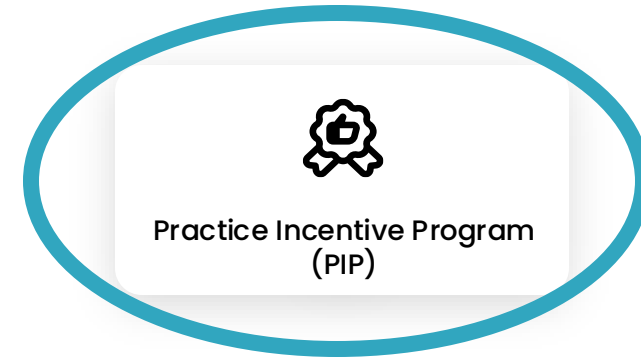


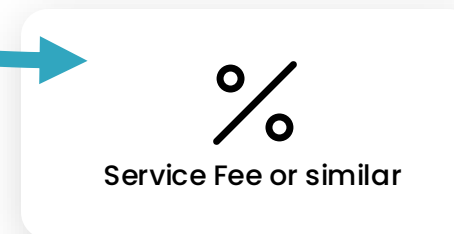
Does my practice need to be registered with MyMedicare?

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.

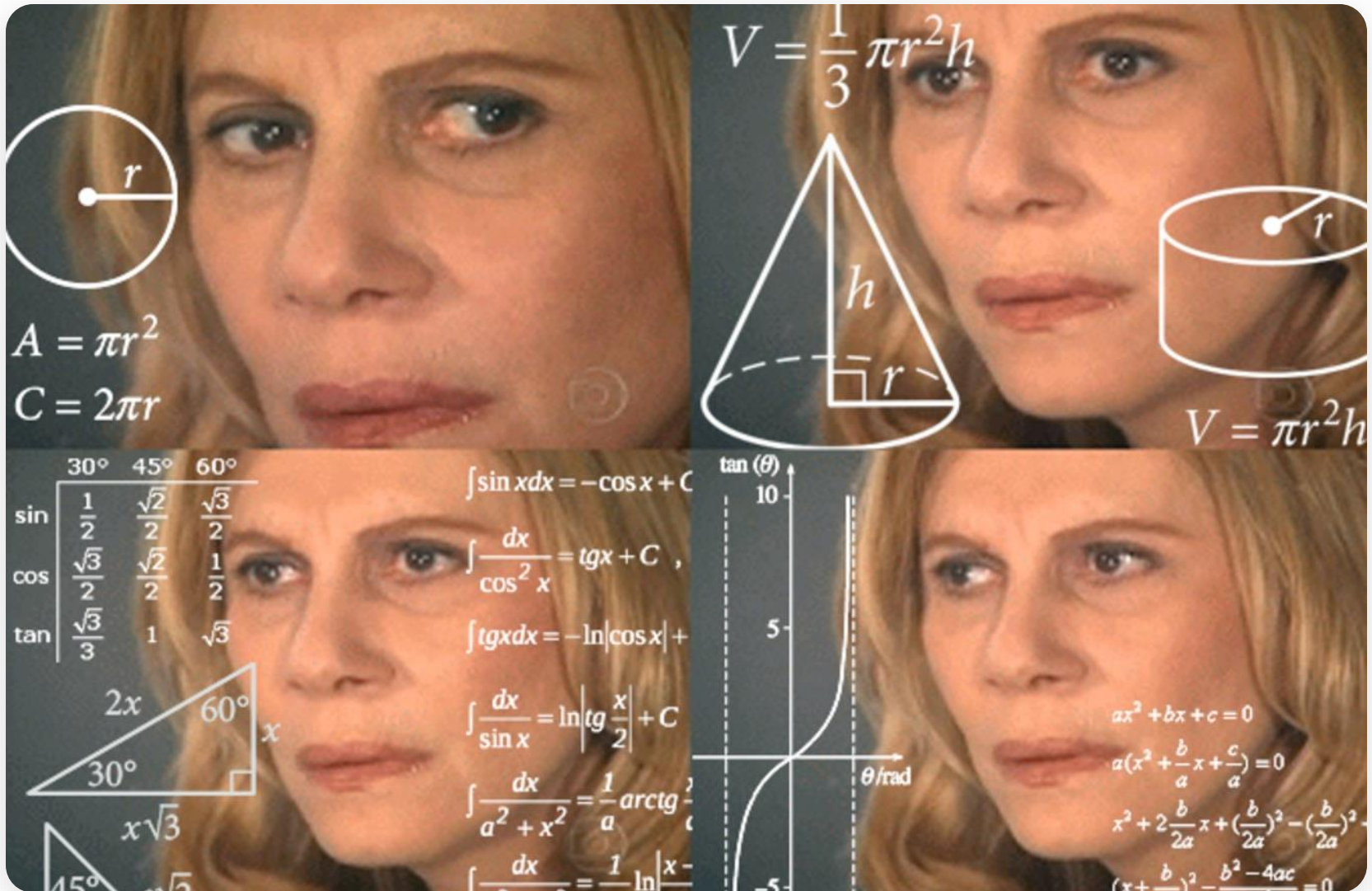
Note: While it's mandatory for practices to be registered for MyMedicare. It is not mandatory for patients to be registered for MyMedicare.

50 / 50 Split

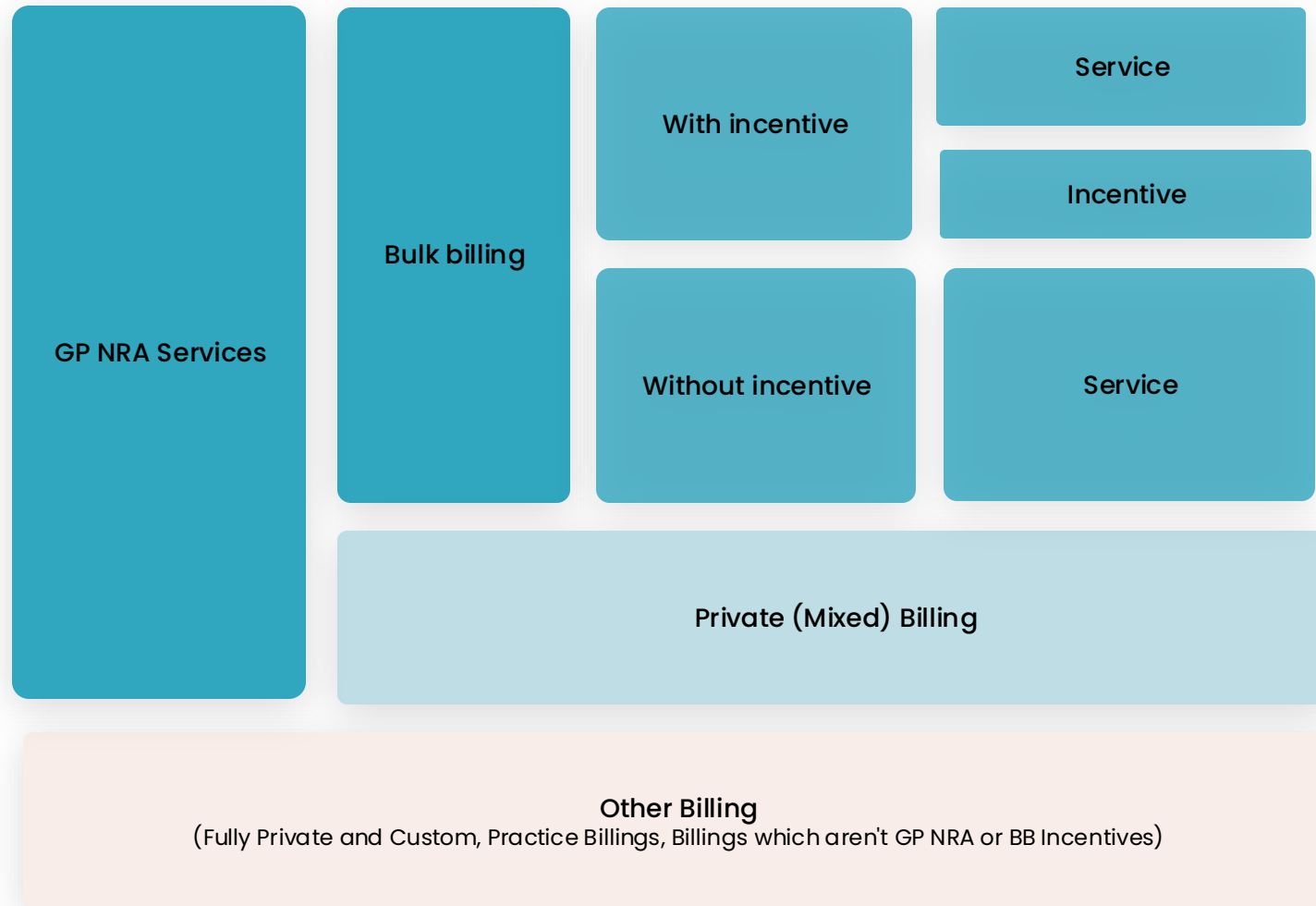




The business of General Practice is complex

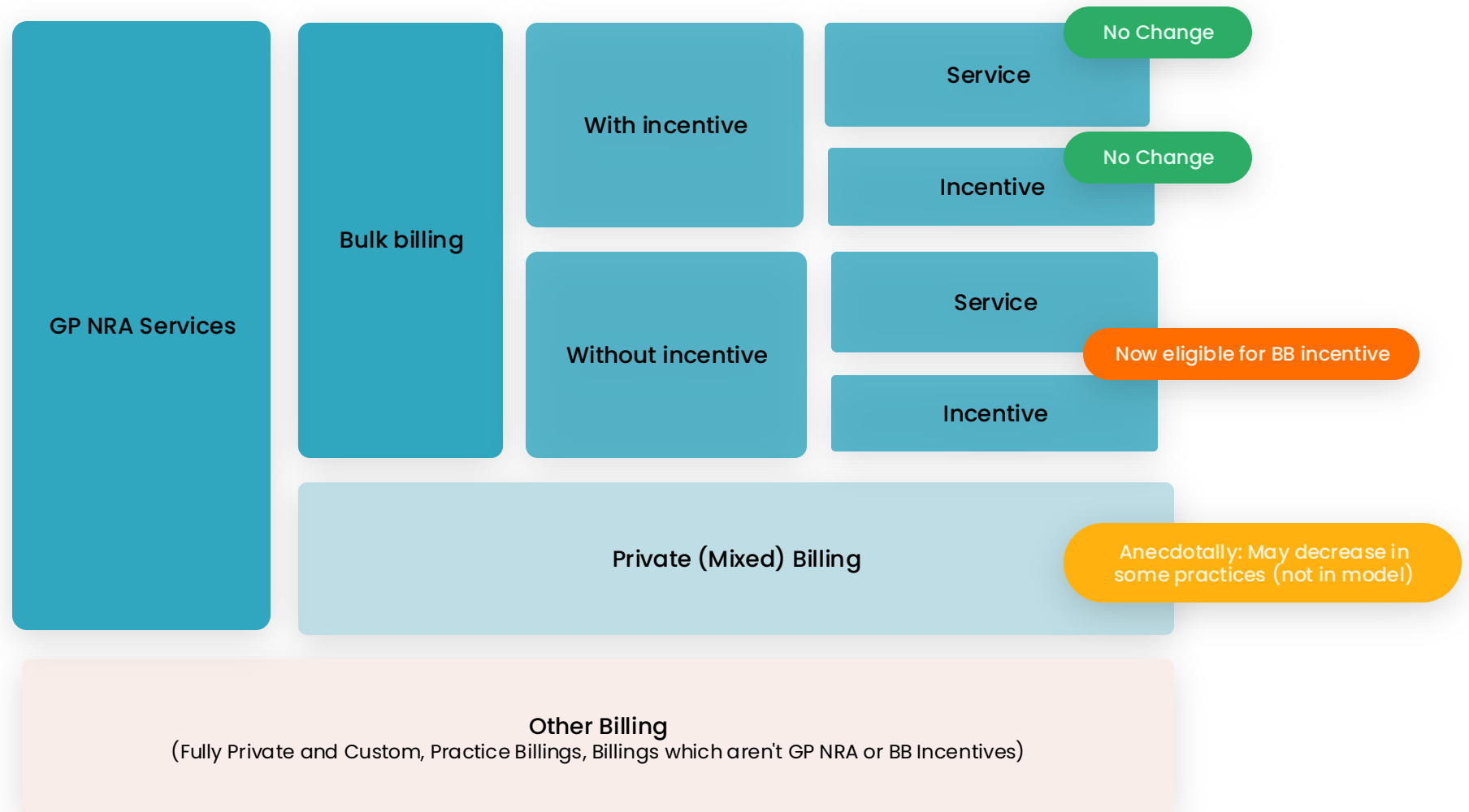


All services performed by the practice

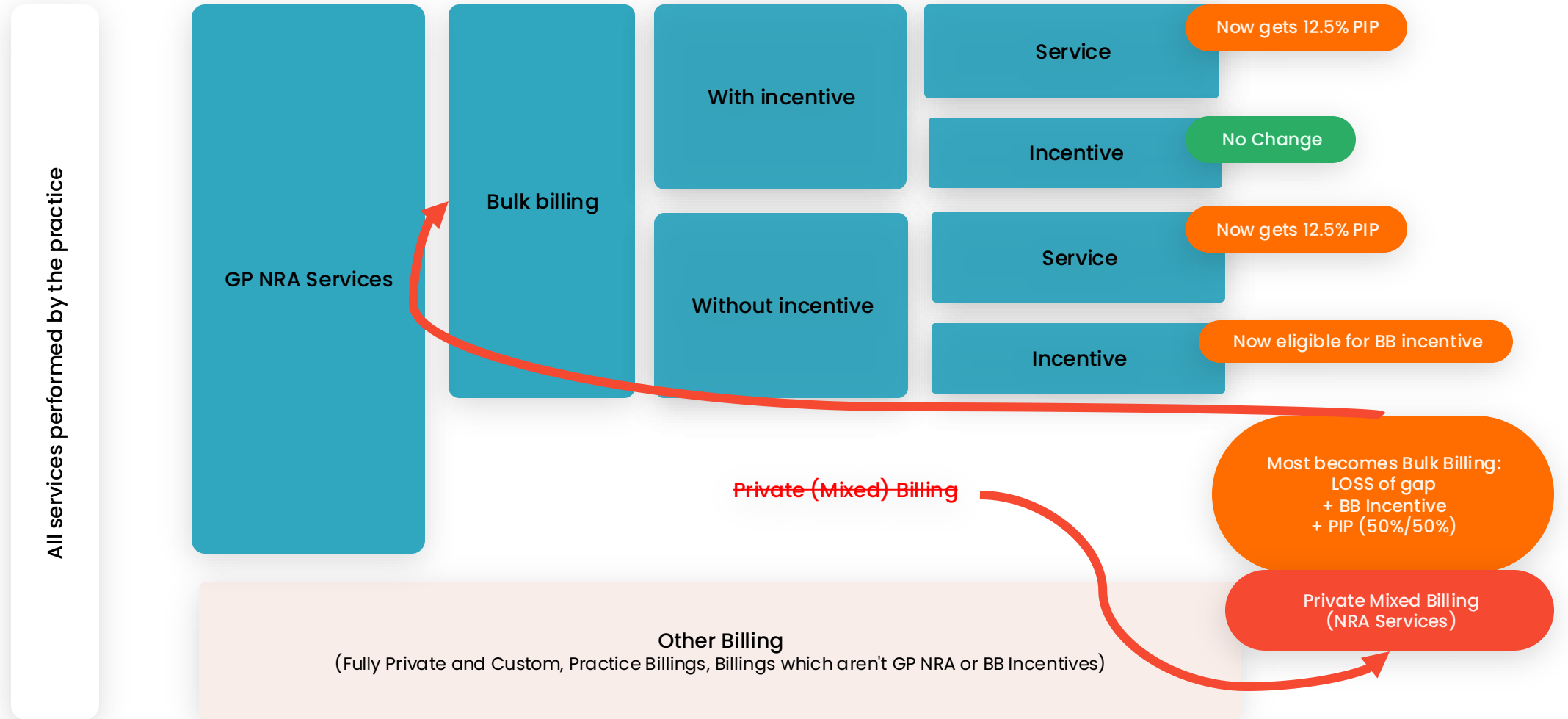


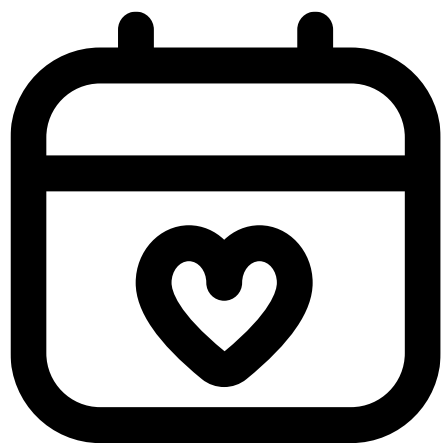
Applying expanded bulk billing incentives
to patients who you were already bulk billing

All services performed by the practice



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





Let's look at 5 Different Hypothetical Practices

- Universal Bulk Billing Practice in MM1
- 91% Private/Mixed Billing Practice in MM1
- 61% Bulk Billing Practice in MM1
- 70% Bulk Billing Practice in MM6
- Universal Bulk Billing Practice in MM5

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

Which practice model/scenario best represents your practice?

- ☐ Universal Bulk Billing Practice in MM1
- ☐ 91% Private/Mixed Billing Practice in MM1
- ☐ 61% Bulk Billing Practice in MM1
- ☐ 70% Bulk Billing Practice in MM6
- ☐ Universal Bulk Billing Practice in MM5

What changes in model?



Normalised Gross to \$100,000



Bulk Billing % and MMM



Appointment Count and
service mix



Practice team, size and focus

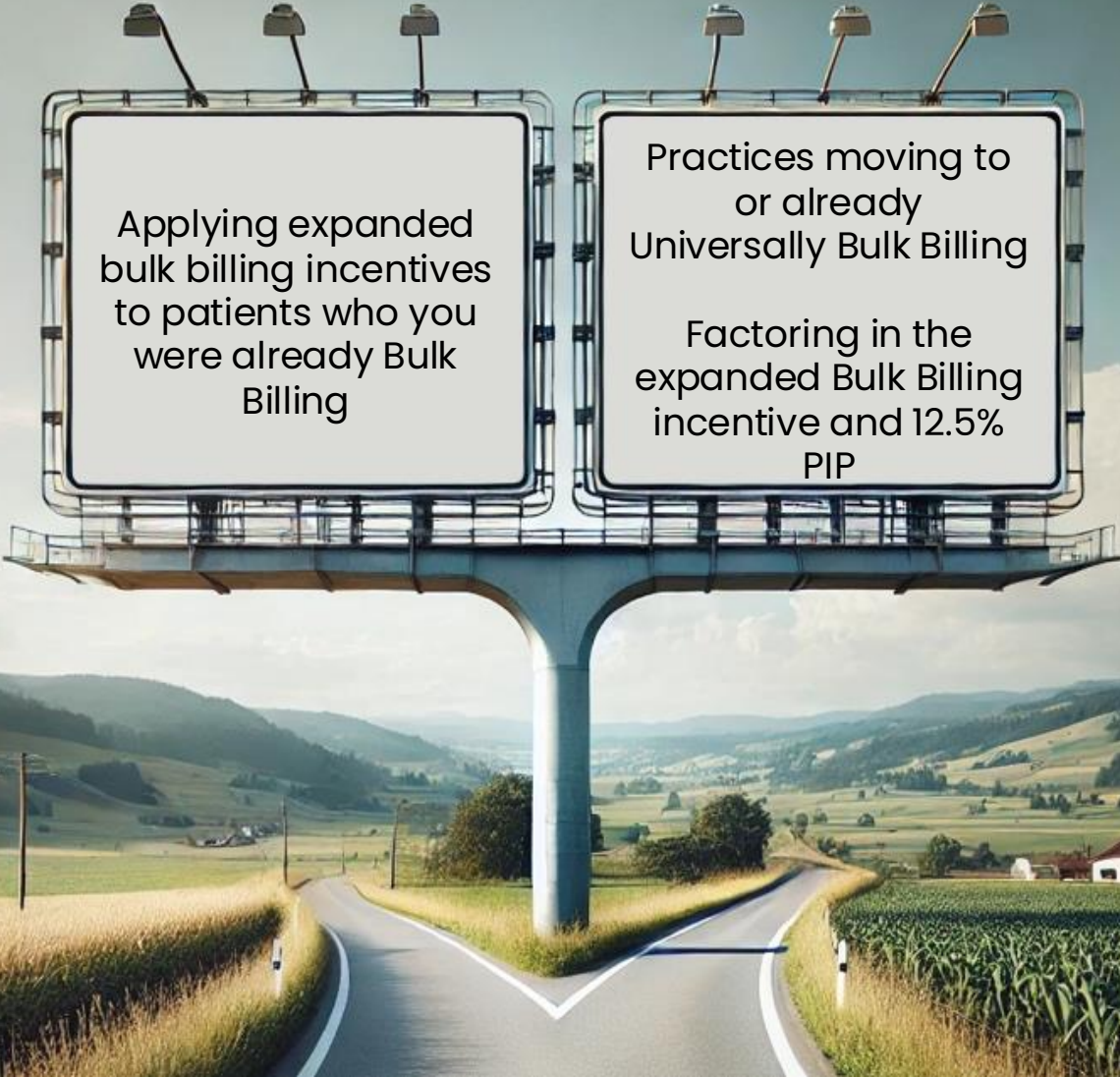


Billings Info / Payer Mix



NRA Mix

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

Practices moving to
or already
Universally Bulk Billing

Factoring in the
expanded Bulk Billing
incentive and 12.5%
PIP

Universal Bulk Billing Practice in MM1

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

\$102,058

2.1 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$113,308

13.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



91% Private/Mixed billing
in MM1

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

\$100,175

0.2 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$87,917

-12.1 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



61% Bulk Billing in MM1

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

\$101,625

1.6 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$105,733

5.7 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



70% Bulk Billing in MM6

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

\$102,966

3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$111,343

11.3 %

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



Universal Bulk Billing Practice in MM5

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

\$103,000

3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$114,250

14.2%

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.



Go Deeper than the Headline – your business model!



Locked into Govt Indexation



Whole Team needs to be onboard



What might change about your service mix / Independence



PIP Split

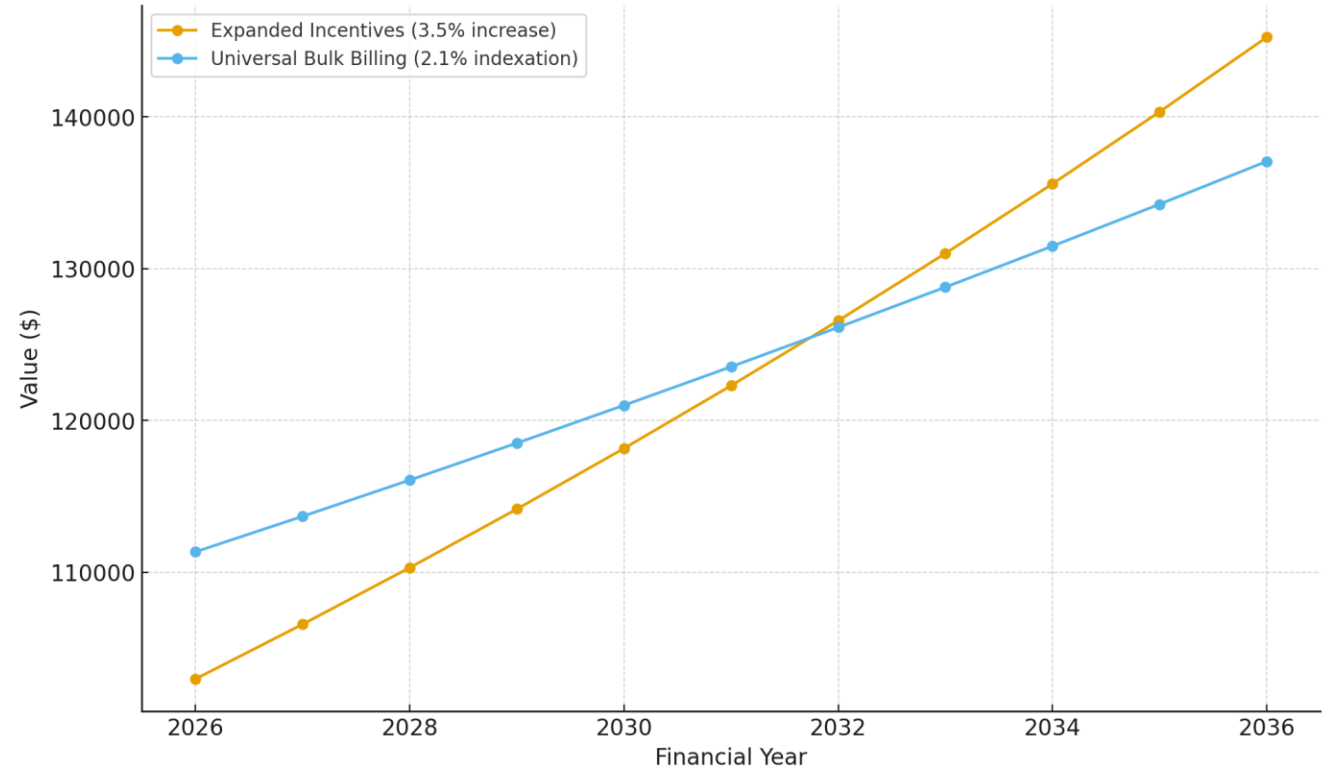
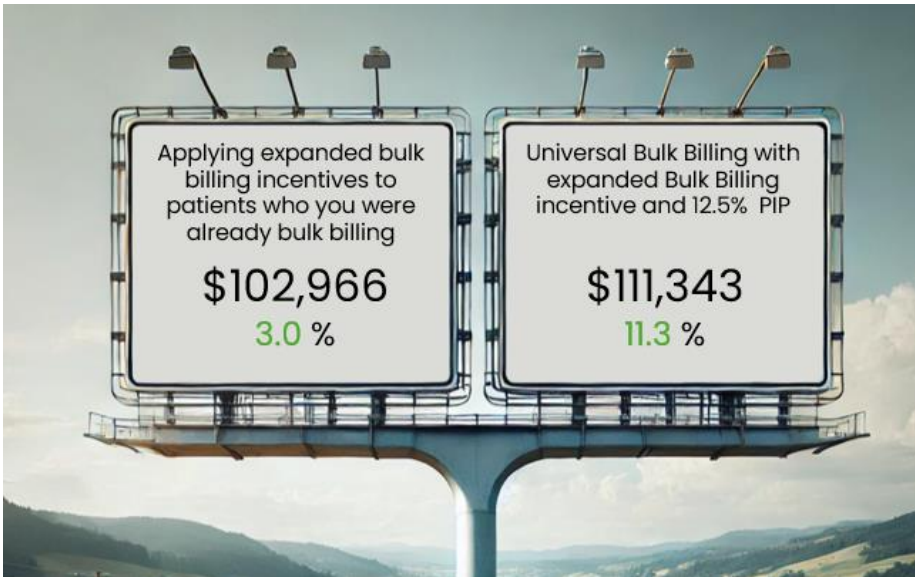


Business model in the Future



Expenses and outgoings

Why all the talk about indexation?



Assumptions:
- Universal Bulk Billing shown as 2.1% average annual indexation
- Expanded Incentives shown as average 3.5% annual combined indexation/fee increase

The graph presented here is based on assumptions for illustrative purposes only. Future indexation rates are unknown.

Practice 1

- MM2 Practice, Billing \$3.8M annually
- 81% eligible items currently bulk billed, 38% without an incentive



Expanded BB Incentives (no change to billing patterns)

- Total – \$342,066 per year
- Practice share at 35% – \$119,723 in additional income

Universal Bulk Billing

- Total – \$630,039 per year
- Practice share at 35% of billing and 50% of PIP – \$264,207

Difference – \$144,484 (32% of current profit)

Practice 1



For

Relatively high existing BB %

Feedback from most doctors positive

No individual doctor worse off under UBB

Lower socio-economic area

Highly competitive area – appointments available

Payroll tax saving of \$22,905 p.a.

Against

Progress had started to reduce BB %

One doctor did not agree with UBB

Risk of low future indexation

Patient expectations that all services will be BB (e.g. procedures, all vaccines)

Patients devaluing services, more frequent visits for minor issues

Increased admin workload, volume of patients (calls, billing, recalls, DNAs)

Client Decision: Intending to Enrol

Practice 2



- MM1 Practice, Billing \$6.5M annually
- 84% eligible items currently bulk billed, 27% without an incentive

Expanded BB Incentives (no change to billing patterns)

- Total – \$246,166 per year
- Practice share at 35% – \$86,158 in additional income

Universal Bulk Billing

- Total – \$316,388 per year
- Practice share at 35% of billing **and** 50% of PIP – \$187,976

Difference – \$101,818 (11% of current profit)

Practice 2



For

Additional revenue estimated at \$101,818

Relatively high existing BB %

12 of 20 doctors better off under UBB

Against

Risk of low future indexation and loss of ability to set own fees

Recent patient education activities & move toward private billing

8 of 20 doctors worse off under UBB

Team (Inc. doctors) reluctant to lose autonomy over their way of work

Potentially not appealing to new doctors (recruitment)

Patients devaluing services & more frequent visits for minor issues

Client Decision: Not intending to enrol

What is out of scope?



Practice Workflows



Patient Care



Other Revenue



Costs and Overheads



Payroll Tax



Team Culture

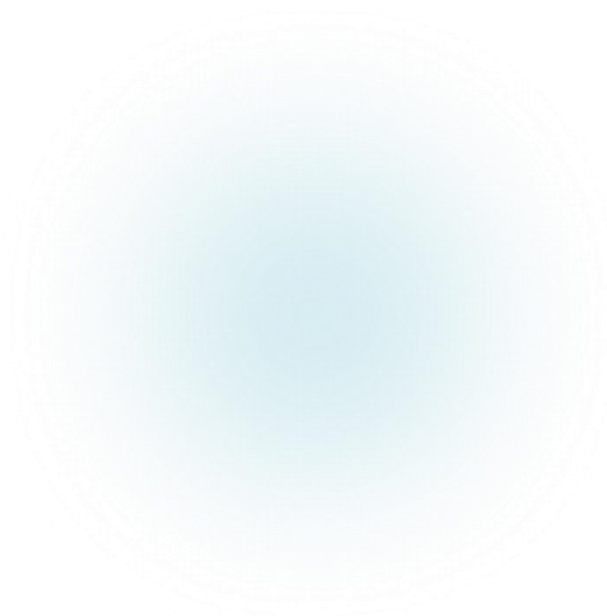
Your data is most important

Every Practice is Different. Every Practitioner is Different.



Pick a month / quarter / year and
rerun it

Doing the numbers



Filters

Save filters

Load filters

Dates

1 Aug 2025 → 31 Aug 2025

Filters

Modified Monash Model

MM1 - Metro

Filter...

MM1 - Metro

MM2 - Regional

MM3 - Large Rural

MM4 - Medium Rural

MM5 - Small Rural

MM6 - Outer Rural

MM7 - Very Remote

Overall effect

The announcement includes two key changes which will impact practice revenue:

- Expanded patient eligibility for bulk billing incentives** Bulk billing incentives will be available to all Medicare-eligible patients, rather than just concession card holders or those 15 and under.
- Incentive payment** An additional 12.5% incentive payment will be available to practices that bulk bill all GP Non-referred attendances. The government has indicated that this payment will be split 50/50 between the practice and the GP.

Billings

\$439,794.52

Billings with increased incentive availability

\$462,670.07

↑ \$22,875.55

Billings if adopting universal bulk billing

\$497,947.04

↑ \$58,152.52 compared to current
↑ \$35,276.97 compared to expanded incentives
(Including \$16,219.34 paid to the practice and \$16,219.34 paid to the GP)

Current service mix

	Category	Services	Patients	Billings	Additional bulk billing incentives	Gap
1	Bulk billings without an incentive	2117	736	\$233,245.64	\$22,875.55	\$0.00
2	Mixed billings	250	95	\$26,263.74	\$0.00	\$0.00
3	Other billings	1294	557	\$180,285.14	\$0.00	\$0.00

practitioners choose to

d services.
payment.

services in the future
se calculations, we've
either a bulk billing
a holistic impact

50/50 split



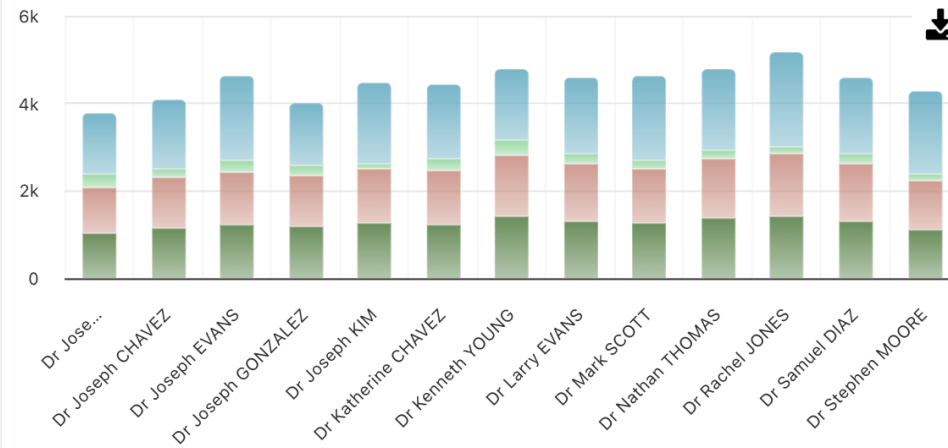
Overview

Practitioners

Service details

Modelling and assumptions

Practitioner impact if adopting universal bulk billing ⓘ



Mix of services by Practitioner ⓘ





My Cubiko

[Daily Review](#)

[Weekly Review](#)

[Monthly Review](#)

[My Diary](#)

[My Patients](#)

[My Billings](#)

[Benchmarking](#)

[My CPD Outcomes](#)

[Bulk Billing Changes 2025](#)

New

Bulk billing changes November 2025

The Australian Government has proposed changes to bulk billing incentives, which are set to roll out on 1st of November 2025. This dashboard analyses historical services and billings at the Practice in the selected date range, and uses that to calculate what billings might be under the new arrangements. It goes without saying that true impact of the changes on practice workflows, patient care, revenue, and costs will depend on many factors beyond the scope of this analysis. This page is designed to provide some hard numbers to help understand what the changes mean for you.

- [Upcoming changes to bulk billing incentives in General Practice](#)
- [Strengthening Medicare with more bulk billing](#)
- [More bulk billing - case studies](#)
- [Announcement of 50/50 incentive split](#)

The calculations on this page are based on information available at the time. Always review the final legislation before making business decisions. More information is available in the "Modelling and assumptions" tab.

Please select the appropriate Modified Monash Model region from the drop down on the left to ensure the correct calculations apply to your Practice.

GP billings with current bulk billing behaviour ⓘ

\$310,005.52

GP billings if adopting universal bulk billing ⓘ

\$326,776.84

(Plus \$15,024.17 paid directly to the practice)

Comparison if adopting universal bulk billing ⓘ

↑\$16,771.32

(Plus \$15,024.17 paid directly to the practice)

Comparison breakdown

These metrics show the individual changes that make up the overall difference between the two scenarios.

Current bulk billing rate ⓘ

92%

Current billings ⓘ

\$292,322.82

Additional bulk billing incentives ⓘ

\$17,682.70

Reduced private billings ⓘ

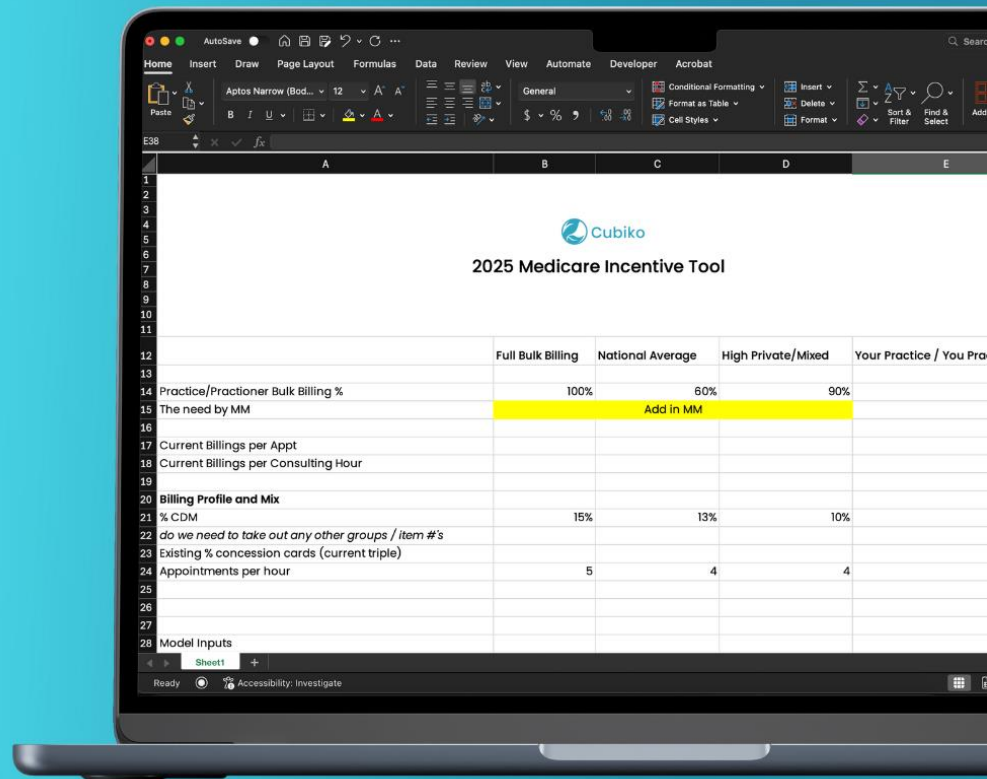
-\$0.00

Bulk billing incentives in lieu of gap ⓘ

\$1,747.15

GP share of incentive payment ⓘ

\$15,024.17



Free Download
2025 Medicare
Incentive Tool



Bulk Billing Incentives Calculator

Disclaimer

The calculator is only intended to provide an estimate of the payments that may be provided to you under Medicare Benefits Schedule (MBS) bulk billing incentives expanded eligibility and the Bulk Billing Practice Incentive Program (BBPIP).

The calculator will be pre-filled with data based on averages on BBPIP MBS eligible services for similar practices in your Modified Monash Model location.

The accuracy and reliability of the estimates produced by the calculator will also depend on the accuracy and reliability of data you enter into the calculator. The estimates generated by the calculator may not be accurate or free from error.

Before relying on the estimates generated by the calculator, you must carefully evaluate the accuracy, completeness and relevance of the estimates for your purposes, and obtain appropriate expert advice relevant to your own particular circumstances.

We make this calculator available on the understanding that you exercise your own skill, care and judgement; and seek independent expert advice with respect to your use. By accessing this calculator, you acknowledge that we will not be liable for any consequential loss.

☐ I accept the terms and conditions of the [Bulk Billing Incentives Calculator Licence Agreement](#).

Start calculator



Australian Government
Department of Health
and Aged Care

Government Resource Bulk Billing Incentive Calculator



Going to join the BBPIP?

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).

Bulk Billing Incentive Resource Hub

A resource hub for all things related to the upcoming bulk billing incentives

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2025 Medicare Incentive Tool

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For Private & Mixed Billing Practices

Webinar

Should We Enrol? Making Sense of the New Incentives

[Read more >](#)



For practices continuing to Bulk Bill

Webinar

Staying the Course: What Bulk Billing Practices Need to Know

[Read more >](#)



For Private & Mixed Billing Practices

Webinar

Staying Private or Mixed Billing: Navigating the Changes with Confidence

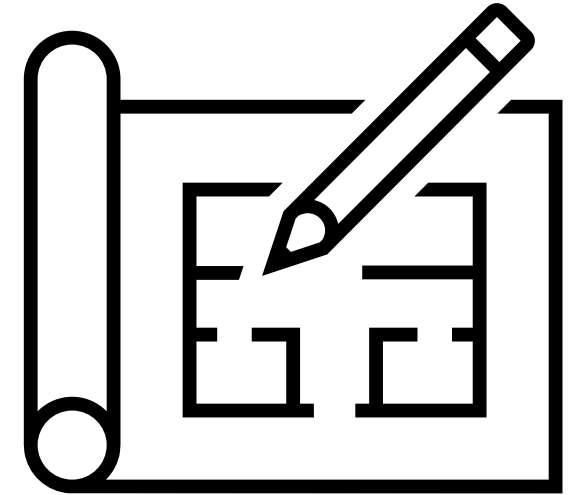
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Resource Hub
Webinars & Resources to
support your practice



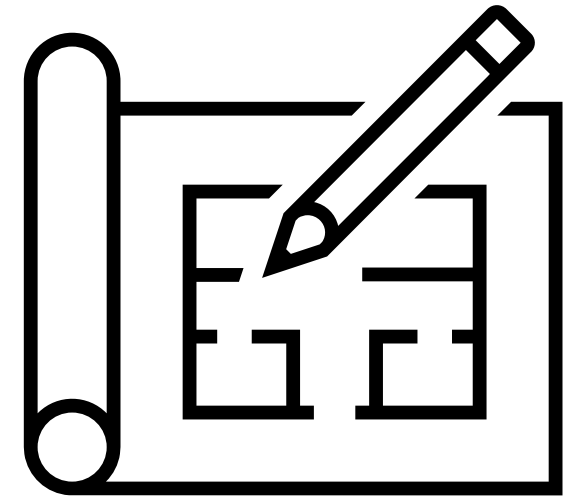
Framework for participation: navigating the maze

- Strategic alignment – check if bulk billing fits your mission, values and patient base
- Evaluate service mix against BB-PIP eligibility and item numbers
- Financial viability – compare incentives with current income
- Use calculators to model impact
- Review costs such as staffing, technology, compliance, and payroll tax
- Note payments are made quarterly in arrears



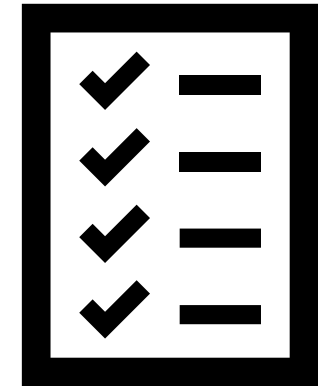
Framework for participation: navigating the maze

- Operational readiness – check billing systems, staff capacity and workflows
- Train staff to have difficult conversations with patients
- Ensure GPs are aligned on BB-PIP requirements and impacts
- Compliance and risk – prepare for Medicare audits and develop billing policies
- Patient experience – communicate clearly using RACGP resources and feedback systems



Governance and accountability

- Appoint a BB-PIP lead to oversee implementation
- Clarify roles across GPs, admin, finance
- Maintain transparency on financial arrangements
- Use software to monitor compliance and claims



Governance and accountability

- Monitor the 50/50 incentive split
- Track billing performance and risks of underbilling
- Seek advice on payroll tax and financial arrangements
- Regular staff training on BB-PIP, MBS, MyMedicare updates
- Gather feedback from GPs and patients
- Refine workflows to improve efficiency and service quality

