

Staying the Course: What Bulk Billing Practices Need to Know







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

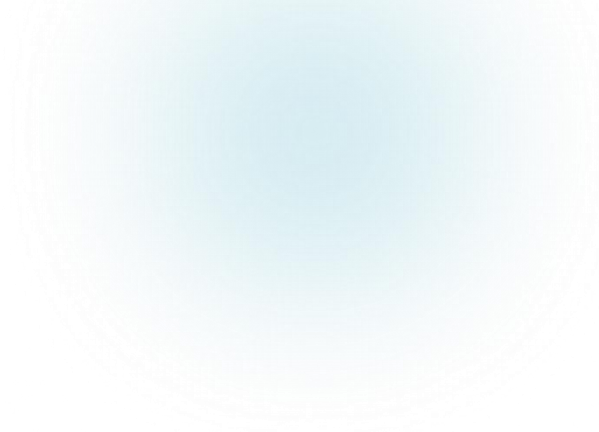


Dr Sian Goodson
Chair RACGP Board & SA
Faculty



Who is this webinar for?

This session is for practices that will continue to bulk bill after 1 November.



Overview of the Program

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



Why the changes are being made?



Make bulk billing more financially viable



Strengthen sustainability in general practice



Protect access to affordable GP care



Support vulnerable groups

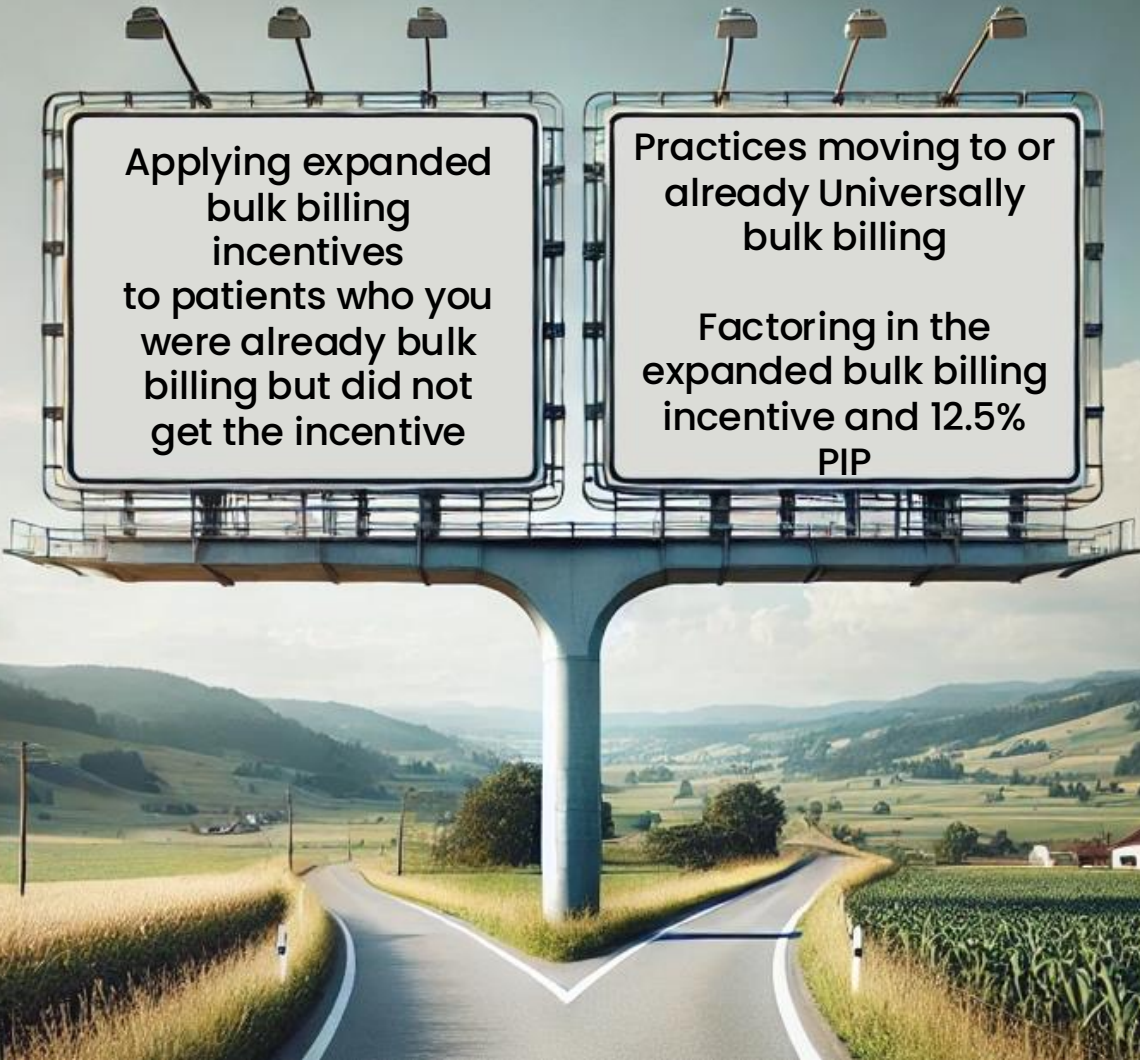


Reduce risk of practices stepping away from bulk billing

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.

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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

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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- (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)*
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

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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

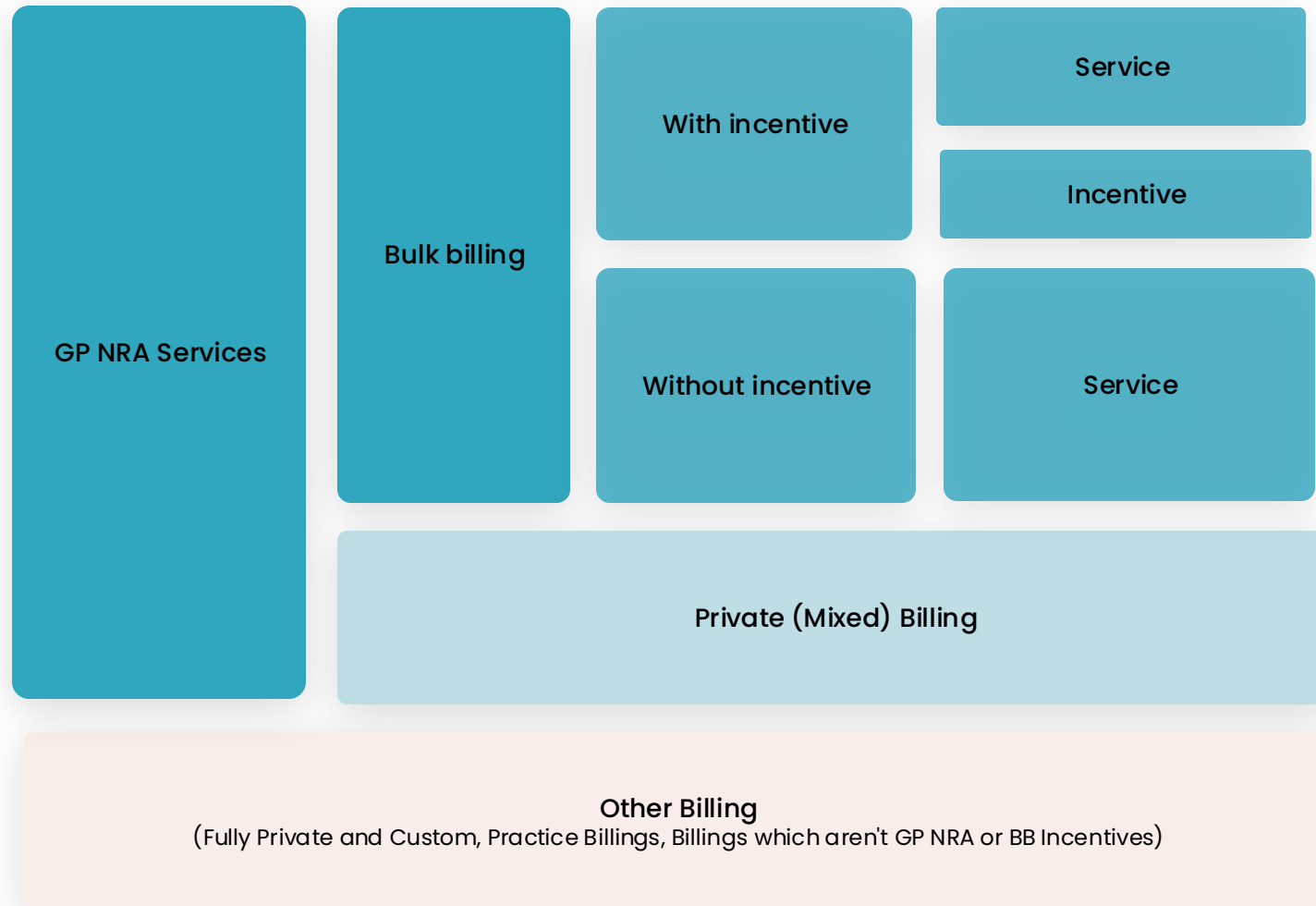
... There are a few exemptions

What you CAN still charge for

... There are a few exemptions

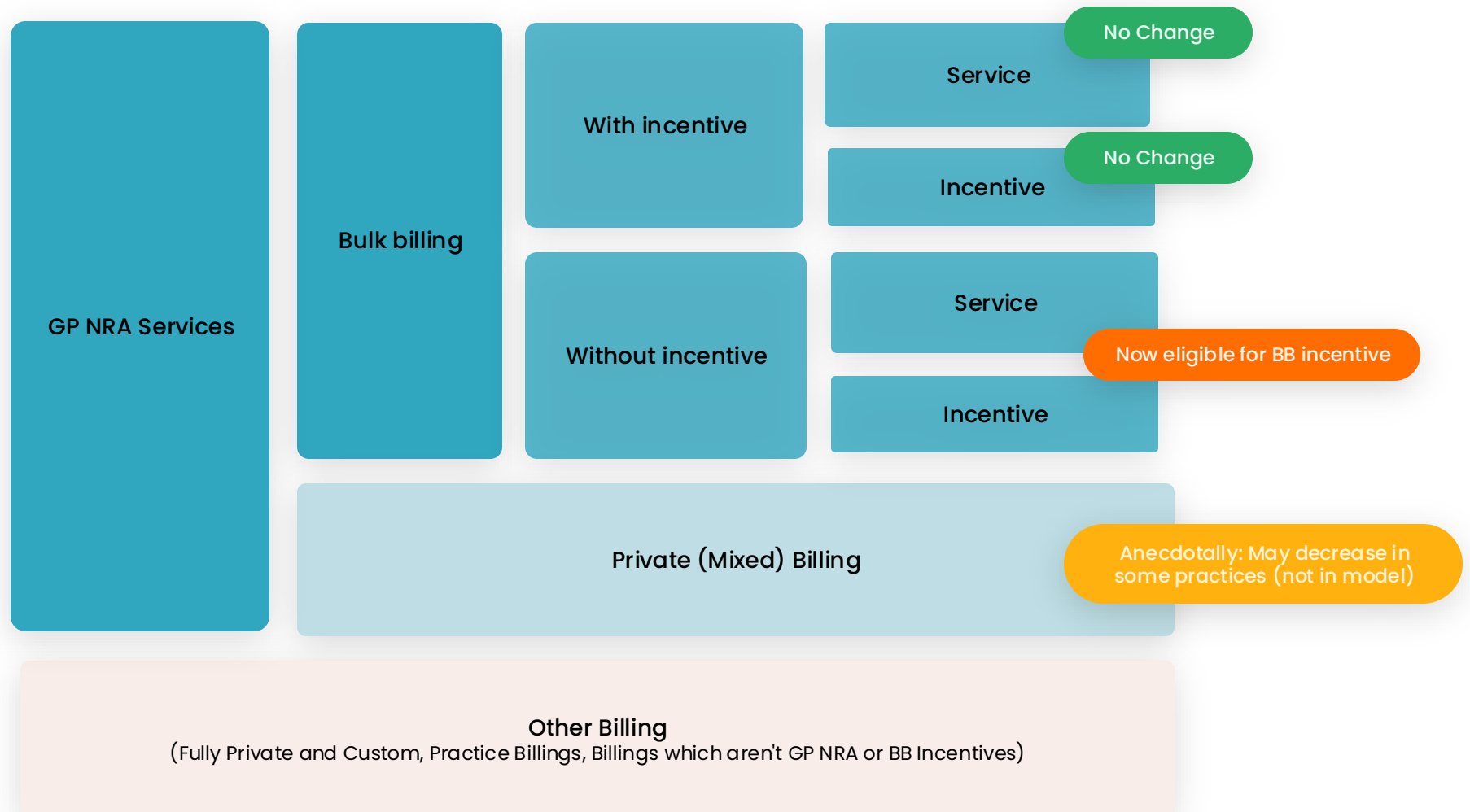
-  Other services not on the BBPIP eligible items list
-  Non-Medicare services (such as cosmetic procedures, employment medicals, insurance reports)
-  Services for non-Medicare eligible patients

All services performed by the practice

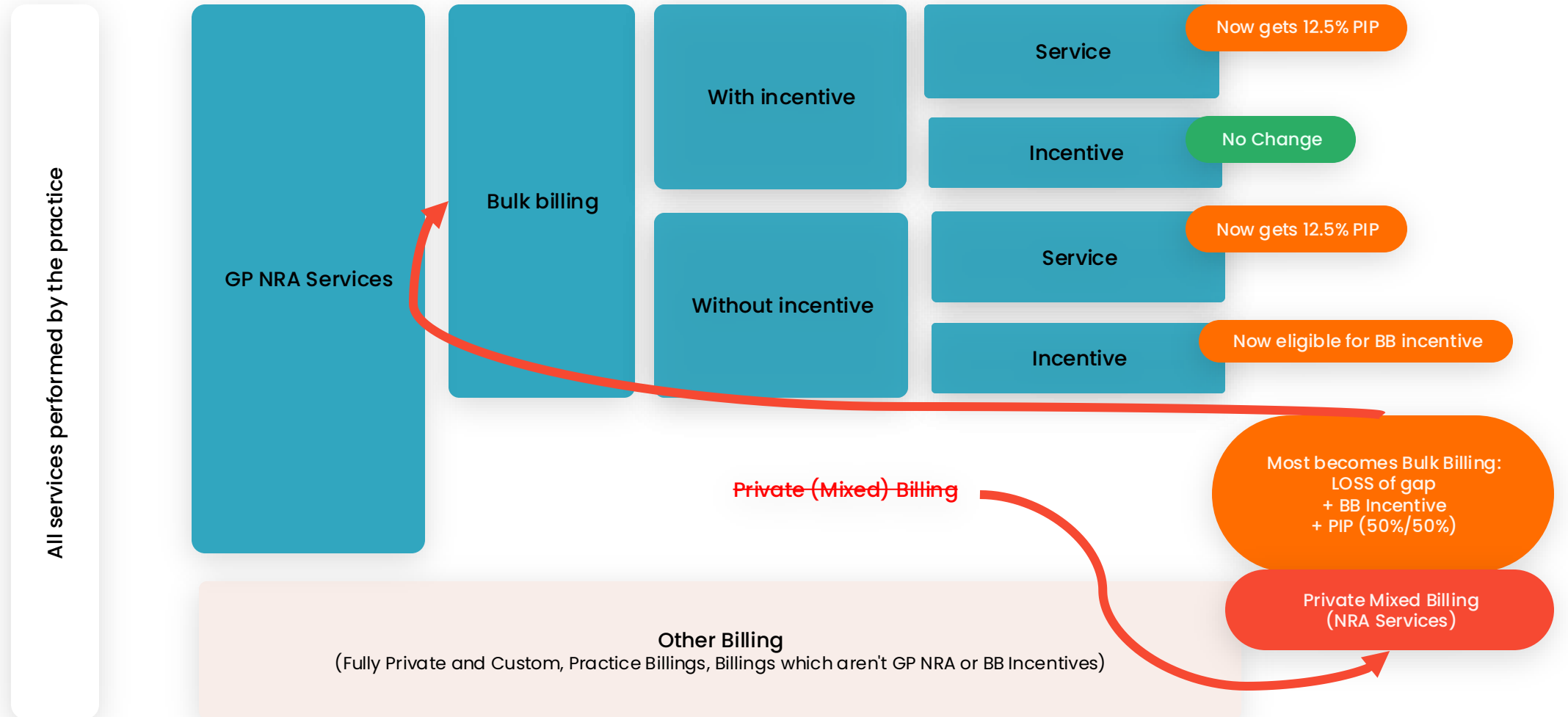


Applying expanded bulk billing incentives
to patients who you were already bulk billing

All services performed by the practice



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



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>





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;

006; 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

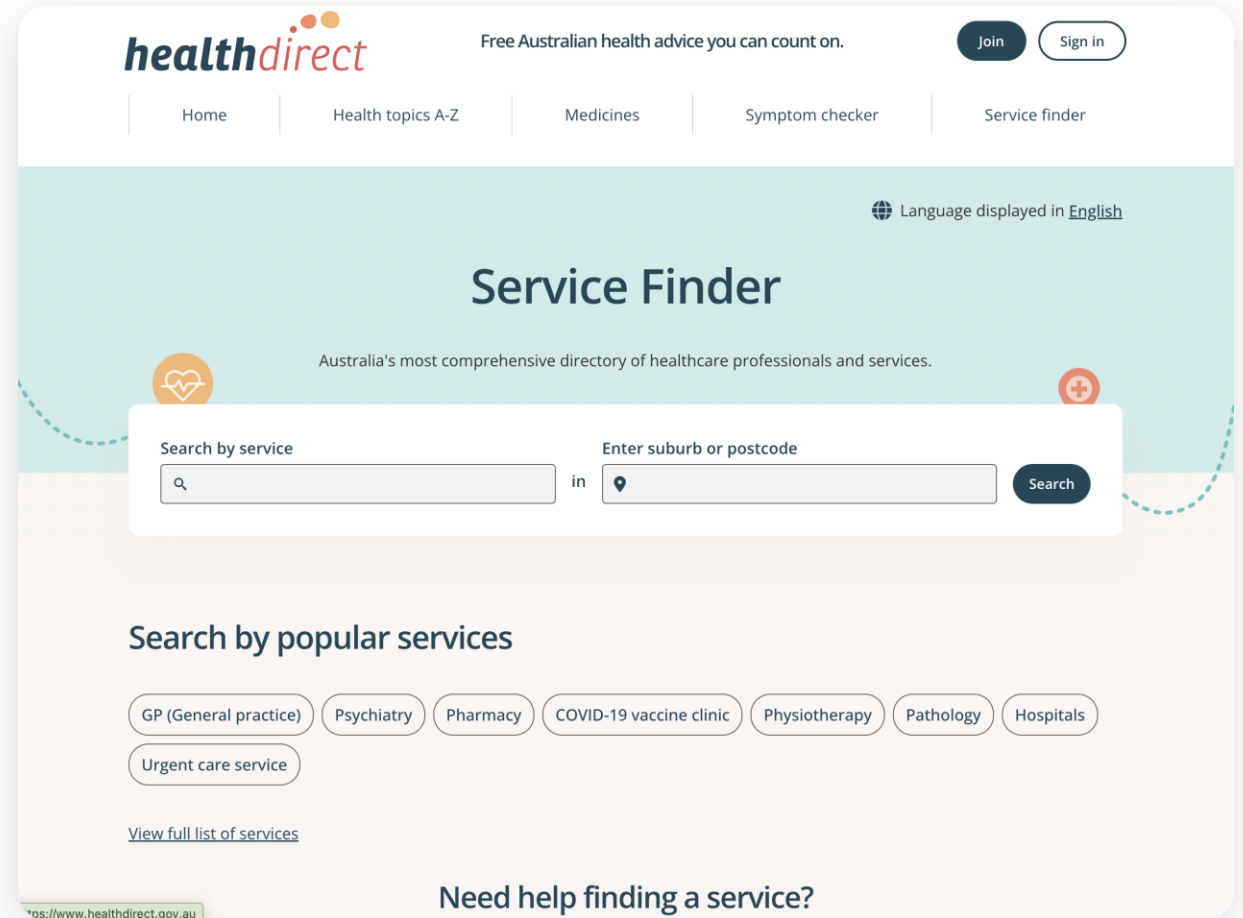
Government Resource GP NRA Items



Promote your participation



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



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.

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.

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

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

Why we are bulk billing

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

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




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

WHAT'S COVERED BY MEDICARE AT OUR CLINIC

We're committed to making care accessible, which is why most doctor appointments at our practice are bulk billed.

Some services are not covered and will have a private fee.

This includes:

- Procedures and treatments such as iron infusions or travel vaccinations
- Non-Medicare services such as cosmetic procedures, employment medicals or insurance reports
- Services for patients who are not eligible for Medicare

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Resource Practice Poster



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



Webinar
**Ask the Department your
questions: Bulk billing
Q&A with DoHA and
RACGP**



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).

Key metrics to monitor as a Bulk Billing Practice



Insights into the key financial, operational and patient access data that bulk billing practices should regularly monitor to stay sustainable

Billing performance and accessibility metrics

Data that gives visibility into how accessible your care is for patients and how sustainable your billing model is.

Bulk Billing percentage

Bulk Billing percentage gives you insights into the proportion of services in your practice that are bulk billed.

-  Regularly review your bulk billing percentage to ensure your practice is meeting BBPIP eligibility requirements
-  Track how consistently bulk billing is applied across patients to spot gaps early and strengthen processes, ensuring every eligible NRA service is bulk billed

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.



Total billings by service date

Tracking billings by service date shows revenue patterns over time, helping practices identify trends in their billing patterns






Monitor total billings by service date to understand how your billings have changed over time



Review patterns to identify periods of growth or decline to understand what's driving the change

Billings per appointment

Billings per appointment gives a clear view of the average revenue generated per patient appointment, helping you understand the value of each consultation.

-  Track billings per appointment to see the average billings generated per patient appointment
-  Monitor this figure to check whether current activity levels are supporting practice sustainability. [Look at GPCCMP / HA.](#)
-  Review trends over time to spot shifts in billings per appointment and understand what's driving them

GPCCMP and Health Assessments

Monitoring Chronic Condition Management and Health Assessments ensures proactive patient care while safeguarding one of the clinic's key sources of revenue.



CCM and Health Assessments make up a large proportion of bulk billing revenue.






Supports proactive patient care. Monitoring helps ensure eligible patients are identified, booked in and care is provided.

Billing workflow metrics

Insights into the key billing workflow data bulk billing practices should monitor for financial sustainability

Outstanding rejections

Outstanding rejections hold up income and can add unnecessary admin. Keeping on top of them ensures your practice gets paid for the services they are providing.

-  Regularly review and action outstanding rejections to keep cashflow steady
-  Avoid write-offs by addressing rejections quickly before claiming periods end
From 1 November 2025, Medicare claims must be resolved within 12 months (down from 24)
-  Identify and fix recurring issues. Is there an opportunity to train staff to minimise rejections

Unbilled appointments

Completed appointments without a billing attached can slip through the cracks. Tracking these regularly helps protect revenue.



Protect cashflow by ensuring all completed appointments have been billed



Monitoring unbilled appointments ensures that you're being paid for the services provided



Identifying unbilled appointments allows practices to spot workflow issues (for example, practitioners not finalising notes or billing) and address them promptly.

Patient access and attendance metrics

Universal bulk billing is designed to make care more accessible. Monitoring attendance data helps practices ensure patients follow through with care, while also reducing wasted time and financial strain.

Unconfirmed appointments

Unconfirmed bookings increase the risk of no-shows and lost revenue. Reviewing these daily helps keep schedules full, improves patient access and ensures smoother workflows.



Reduce no-shows by proactively following up with patients who haven't confirmed, helping to minimise DNAs



Protect practice revenue by ensuring appointment slots are kept full



Improve patient access by chasing up or rescheduling unconfirmed patients, freeing up appointments for others who need timely care



Streamline team workflows by identifying gaps in reminder processes or patient engagement, and adjusting systems to improve confirmation rates

Did not attend (DNA) rate

Monitoring DNA (Did Not Attend) rates gives visibility into how often patients miss appointments without notice. High DNA rates affect both clinic revenue and patient care, making this an important metric to track.

2024

3.68%

Bulk Billing DNA rate


2024


2.08%


Mixed/Private Billing DNA rate


Did not attend (DNA) rate

Monitoring DNA (Did Not Attend) rates gives visibility into how often patients miss appointments without notice. High DNA rates affect both clinic revenue and patient care, making this an important metric to track.

 Protect practice revenue by reducing missed appointments that lead to lost revenue and impact sustainability

 Maximise access to care by lowering DNAs so other patients can be seen promptly

 Support continuity of care by following up with patients who regularly miss appointments to keep care on track




 Improve workflows and patient experience by spotting DNA trends and refining reminders, booking systems or policies

Practice activity and growth metrics

Patient demand may increase under universal bulk billing. Tracking activity and growth helps practices understand whether they are meeting community needs and managing resources effectively.

Practice Utilisation

Monitoring utilisation helps keep appointment books full, sustain revenue and ensure resources meet patient demand.

-  Revenue depends on appointment volumes
-  Highlights workflow gaps like recalls or reminders
-  Supports workforce planning to match patient demand

New patients

New patient insights show how your practice is engaging with the community, supporting practitioner growth and ensuring long-term sustainability



Monitor the number of new patients to see how effectively the practice is attracting and retaining people in the community



Use new patient trends to forecast future demand and revenue opportunities while supporting continuity of care from the very first visit



Insights to understand the impact of new patient growth on practice demand, workforce needs and future revenue opportunities.

Appointment count

Appointment count provides a clear view of how many patients are being seen, giving insight into service demand and capacity at the practice.



Track appointment counts to see how busy each practitioner is and whether they're working to capacity or being under-booked



Filter appointment counts by role to gain insights into activity levels and align workforce planning with demand






Track appointment count trends over time to identify patterns in service demand and highlight the busiest days for better workforce planning.

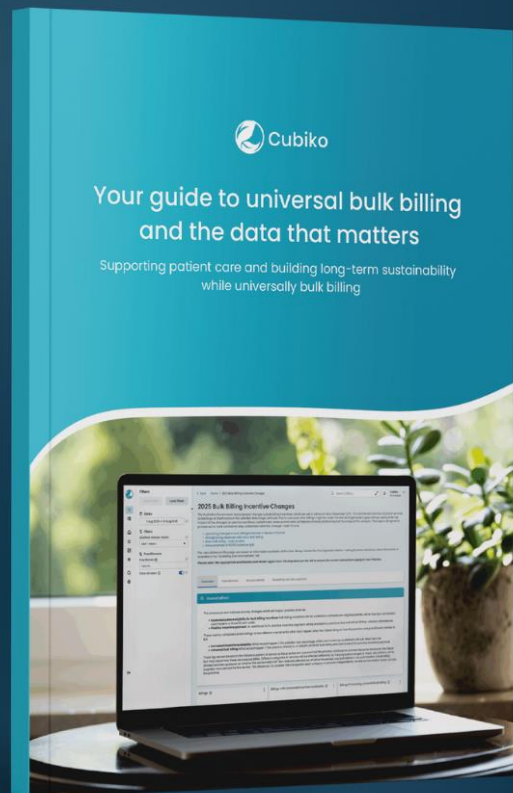
Patient experience and access metrics

Universal bulk billing is about improving access to care. These metrics help you measure how quickly and comfortably patients can be seen, ensuring the intent of the reforms is being met.

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



Resource

Your guide to universal bulk billing and the data that matters



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

For further resources please visit:



Cubiko Resource Hub



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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](#)

Guidance on ensuring compliance while maintaining quality patient care

- Personal responsibility for any MBS service billed using your provider number
- Consider regular practice meetings
- Maintain appropriate patient notes
- Review [Australia's AI Ethics Principles](#) if using AI tools in your practice

Guidance on ensuring compliance while maintaining quality patient care

- We encourage all GPs to bookmark DoHDA's [*Understanding Medicare: Provider Handbook*](#)
- Other resources on Medicare compliance, including the Medicare billing assurance toolkit, are available from our [MBS educational resources webpage](#)

Guidance on ensuring compliance while maintaining quality patient care

- Bulk billed patients cannot be charged any out-of-pocket fees, including registration or membership fees
- The RACGP is not a statutory body and is unable to intervene in individual compliance cases
- Ensure your medicolegal cover aligns with evolving billing models

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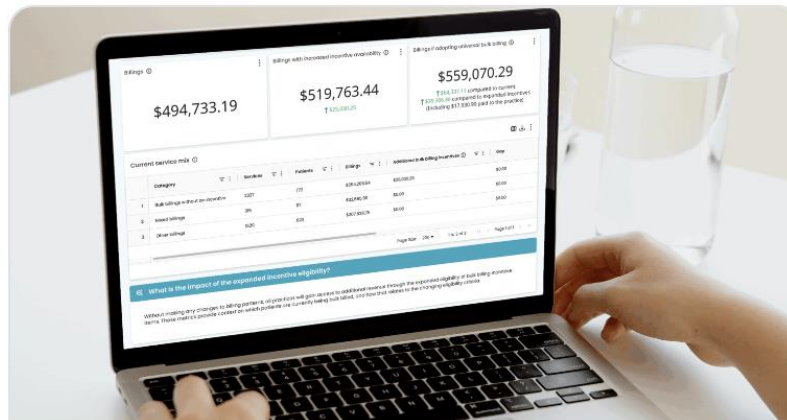
Thursday, 2 October @ 12 PM QLD time

For Private & Mixed Billing Practices

Webinar

Staying Private or Mixed Billing: Navigating the Changes with Confidence

Read more >



Tuesday, 7 October @ 12 PM QLD time

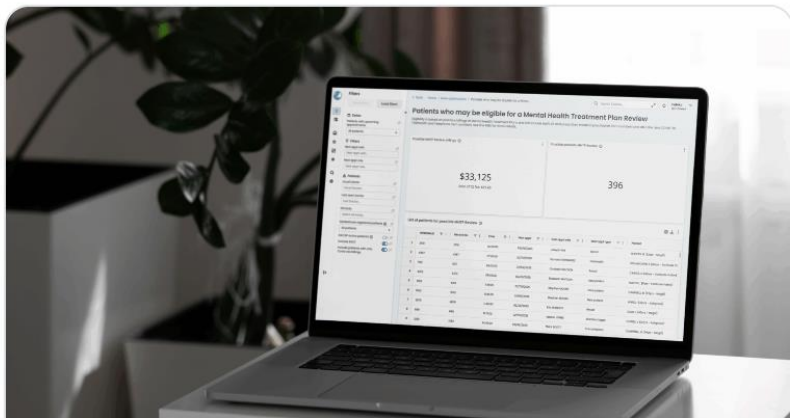
For all Practices making the switch

Webinar

Making the Switch: Practical Steps for Enrolling

Read more >





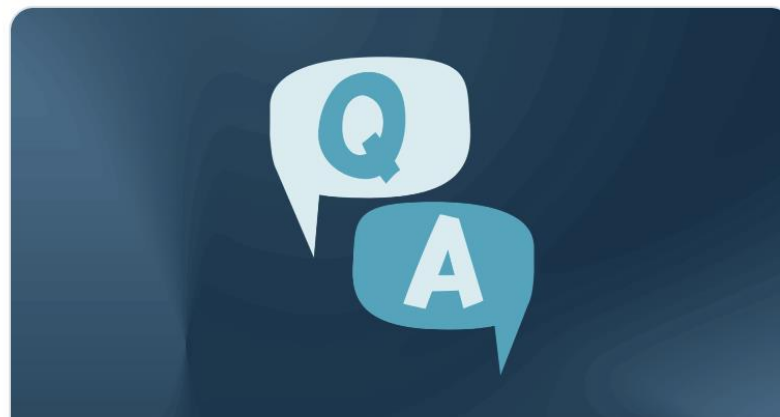
Wednesday, 15 October @ 12 PM QLD time

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 >

