



Australian Government

Department of Health, Disability and Ageing

Bulk Billing Practice Incentive Program

Frequently Asked Questions for practices and
GPs

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Upcoming changes to bulk billing in general practice

What is changing from 1 November 2025?

The Australian Government's investment to support bulk billing has two components:

- expansion of eligibility for the Medicare Benefits Schedule (MBS) bulk billing incentive (BBI) items to all Medicare-eligible Australians, and
- establishing the Bulk Billing Practice Incentive Program (BBPIP) which will provide an additional incentive payment when GPs and their practice bulk bill all Medicare-eligible patients for all eligible services.

Currently, the MBS BBIs provide additional payments to GPs when they bulk bill children under the age of 16 and Commonwealth Concession Card holders. From 1 November 2025, GPs will be able to claim MBS BBI items when they bulk bill any Medicare-eligible patient.

Expanded access to MBS BBIs is available to all GPs, regardless of whether they participate in BBPIP.

Additionally, general practices will be able to participate in BBPIP, which will provide an additional 12.5% payment split evenly (50/50) between GPs and practices that bulk bill all Medicare-eligible patients for all [eligible services](#). BBPIP requires that all GPs at the Practice bulk bill all eligible services for all Medicare-eligible patients. For more information on the BBPIP incentive split, refer to the [BBPIP Incentive Payment section](#).

GPs will still be able to claim MBS BBI items for the services they bulk bill.

The full list of MBS items that will need to be bulk billed for a practice to participate in BBPIP can be found on the Department of Health, Disability and Ageing's [website](#).

How will participation in BBPIP benefit my practice?

BBPIP will provide an additional quarterly incentive payment, to the value of 12.5% of MBS benefits for [eligible services](#), to practices that bulk bill every eligible service for every Medicare-eligible patient. The payment will be split evenly (50/50) between the GP and the practice.

This not only benefits participating practices and GPs financially but supports accessible healthcare for all Australians.

This opportunity will also improve patient satisfaction and increase your practice's visibility with branded signage. Sign up for BBPIP and contribute to a healthier community by ensuring patients are supported to access the services they need.

Does my practice have to join BBPIP? What if my practice wants to stop participating?

BBPIP is voluntary. Practices can choose to opt-in or opt-out at any time.

What is the difference between BBPIP and the Practice Incentives Program (PIP)?

BBPIP is linked to MyMedicare, while the Practice Incentives Program (PIP) is not.

Incentive payments under BBPIP will be made through the Organisation Register and MyMedicare capability.

Practices participating in BBPIP will still be eligible for other PIP incentives. For more information on PIP including how to apply, visit the [Services Australia Practice Incentives Program](#) website.

Can I still claim bulk billing incentive items if my practice doesn't join BBPIP?

Yes. GPs and practices that do not participate in BBPIP will be able to claim relevant MBS BBI items for any Medicare-eligible patient they bulk bill.

Are there any changes to MBS items attracting single or triple MBS bulk billing incentives from 1 November 2025?

There will be no change to the MBS items attracting either standard (single) or triple MBS BBIs.

The triple BBI items apply to the most commonly claimed general attendance consultation items, namely:

- All face-to-face general attendance consultations that are:
 - longer than 6 minutes (that is Levels B, C, D and E)
 - in any location (in and out of consulting rooms, residential aged care facilities)
 - at any time (business and after-hours items)
- MBS Level B video and telephone general attendance consultations
- Video and telephone consultations that are longer than 20 minutes (Levels C, D and E (video only)) and the patient is registered with the practice through MyMedicare.

The standard BBI continues to be available for GPs to co-claim when bulk billing with:

- MBS Level A (and equivalent) general attendance consultations
- Level C, D and E video and telephone general attendance consultations where the patient is not enrolled in [MyMedicare](#)
- all other relevant MBS unreferred services, such as antenatal care, mental health services, chronic disease management and health assessments items.

For the most recent advice on MBS items including BBIs, always refer to [MBS Online](#) (Note MN.1.1-MN.1.8 provides information on how to use BBIs and claiming tables).

Eligibility for BBPIP

What are the practice eligibility requirements?

To participate in BBPIP, a practice must:

- Bulk bill all [eligible services](#) for all Medicare-eligible patients
- Advertise their participation in BBPIP
- Be registered with MyMedicare. New practices registering in BBPIP will be exempt from MyMedicare accreditation requirements.
- Register to participate in BBPIP via the Organisation Register. Practices will be able to register to participate in BBPIP from 1 November 2025.

How do practices advertise their participation in BBPIP?

Participating practices will be expected to advertise as fully bulk billing on Healthdirect's [National Health Services Directory](#). Practices will also be required to indicate their participation in BBPIP through signage. This will enable patients to identify GP practices in their area that offer fully bulk billing services.

More information on how to advertise with Healthdirect's National Health Service Directory and how to order promotional materials including signage will be provided to participating practices prior to 1 November 2025.

Does my practice need to be accredited to participate in BBPIP?

Practices already registered in MyMedicare must continue to meet the existing MyMedicare accreditation requirements to participate in BBPIP. This includes being accredited against the [National General Practice Accreditation \(NGPA\) Scheme](#) within 12 months of registering for MyMedicare or under a current exemption.

Practices that are not already registered in MyMedicare will be exempt from the MyMedicare accreditation requirements if they wish to register with MyMedicare and participate in BBPIP. The exemption, available from 1 November 2025, is to ensure patients are not unfairly disadvantaged in accessing bulk billed services if their practice cannot achieve accreditation before BBPIP's launch on 1 November 2025.

Further information regarding MyMedicare accreditation requirements and exemptions will be released prior to 1 November 2025.

If a practice has multiple locations, do all locations need to bulk bill all eligible services to participate in BBPIP?

Each individual practice location will be able to decide if it participates in BBPIP.

Practice locations that decide to participate in BBPIP will need to bulk bill all [eligible services](#) delivered to all Medicare-eligible patients at that location to receive the BBPIP incentive payment.

Practice locations that decide not to participate in BBPIP will not be subject to the bulk billing requirement.

I work at two practices, do both have to participate in BBPIP?

No. BBPIP is voluntary for practices. GPs will only be required to bulk bill all their Medicare-eligible patients for all [eligible services](#) at participating practice locations.

We currently have our books closed. Do we need to take on new patients to the practice?

There is no requirement for practices to take on new patients to participate in BBPIP.

I am a sole provider, can I register in BBPIP?

Yes. Sole providers are eligible to register in MyMedicare and BBPIP.

If a sole provider is already registered with MyMedicare, they are eligible for an accreditation exemption to 31 December 2026.

If a sole provider is not already registered with MyMedicare, but would like to register and join BBPIP, they will be exempt from the MyMedicare accreditation requirements. This exemption from MyMedicare [accreditation requirements](#) is available to all new practices registering in MyMedicare to participate in BBPIP.

Are Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services eligible to participate in BBPIP?

Yes. Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMS) can participate in MyMedicare and BBPIP if they provide Medicare-funded services.

Practices not already registered with MyMedicare but wanting to join BBPIP will be exempt from the MyMedicare accreditation requirements. This exemption from MyMedicare [accreditation requirements](#) is available to all new practices registering in MyMedicare to participate in BBPIP.

Can after hours, Medical Deputising Services and state and territory funded medical services participate in BBPIP?

The department is currently considering the eligibility of different practice types for participation in BBPIP. Once eligibility for specific practice types is confirmed, the department will provide further guidance.

Registration in BBPIP

How can I register for BBPIP and when will the system be available?

Practices will need to:

1. register to participate in MyMedicare (or already be registered in MyMedicare)
2. register to participate in BBPIP via the Organisation Register.

Services Australia is currently building the additional functionality for BBPIP. Practices will be able to register in BBPIP from 1 November 2025.

Accredited practices can prepare in advance by registering for MyMedicare now if not already registered. Instructions on how to register are available on the [Services Australia Health Professional Education Resources website](#).

Further details and instructions on how to register in BBPIP will be provided prior to 1 November 2025.

If I'm already registered in MyMedicare, do I need to register again?

Practices already registered in MyMedicare do not need to register for MyMedicare again. However, practices will need to register for BBPIP via the Organisation Register from 1 November 2025.

Do patients also need to be registered for MyMedicare?

No. Patients do not need to be registered for MyMedicare for the practice to participate in BBPIP. It's a good opportunity to discuss MyMedicare registration with your patients.

BBPIP Eligible Services

What MBS services do I need to bulk bill?

Participating practices must bulk bill every [eligible service](#) for their Medicare-eligible patients, to receive the BBPIP incentive payment. Eligible services include the most common GP services such as time-tiered consultation items, health assessments, mental health treatment items, and chronic disease management items.

The full list of MBS items that will need to be bulk billed for a practice to participate in BBPIP can be found on the department's website. The list of [eligible items](#) are subject to change over time. Changes to the eligible items list will be advertised in advance on the department's website and via communication with peak bodies and partners (including Primary Health Networks). Practices participating in BBPIP will also receive communication on the changes via their Services Australia Health Professional Online Services (HPOS) mailbox.

Do I need to bulk bill non-eligible items (i.e. MBS items not included on the eligible services list)?

BBPIP requires that all GPs at participating practices bulk bill all [eligible services](#) for all Medicare-eligible patients. GPs and practices participating in BBPIP may privately bill non-eligible items (i.e. items not on the BBPIP eligible items list). The list of [eligible items](#) is subject to change over time. Changes to the eligible items list will be advertised in advance on the department's website and via communication with peak bodies and partners (including Primary Health Networks). Practices participating in BBPIP will also receive communication on the changes via their Services Australia HPOS mailbox.

Are services delivered to Department of Veterans Affairs (DVA) patients included in BBPIP?

Participating practices and GPs are required to bulk bill all Medicare-eligible patients, including eligible DVA patients. The 12.5% incentive payment will be paid at 100% of the MBS fee of the original item claimed, even if a DVA payment is also provided.

BBPIP Payments

How often will BBPIP incentive payments be made?

BBPIP payments will be made quarterly in arrears.

The quarterly BBPIP assessment periods are as follows:

- 1 July to 30 September
- 1 October to 31 December
- 1 January to 31 March
- 1 April to 30 June.

BBPIP incentive payments are made within the month following the end of the assessment period.

The inaugural assessment period will only consider MBS benefits earned for the period 1 November 2025 – 31 December 2025, with payments in January 2026.

How will the BBPIP payment be calculated?

The BBPIP payment will be calculated based on the MBS benefits earned from [eligible services](#). Specifically:

- **Payment:** The payment is calculated at 12.5% of the MBS benefits earned for [eligible services](#) bulk billed, during the assessment period. This incentive payment will be paid on top of MBS benefits and the MBS BBIs.
- **Eligibility:** A practice must bulk bill all [eligible services](#) for all Medicare-eligible patients to be eligible for the BBPIP incentive payment.
- **Distribution:** The BBPIP payment will be split evenly (50/50) between the GP and the practice.

How will the BBPIP be paid?

Payments under BBPIP will be made through the Organisation Register and MyMedicare capability.

How will the BBPIP payment be split between practices and GPs?

The BBPIP payment will be split evenly (50/50) between practices and GPs.

MBS bulk billing incentive benefits will continue to be paid directly to the GP.

Why was the decision made to split the BBPIP payment 50/50 between practices and GPs?

The 50/50 split provides an equal allocation of payments to practice and GPs.

The split of the payment recognises the important role of both practices and GPs in delivering bulk billed services to patients.

The BBPIP payment aims to support practices to adjust their business model and make the commitment to become a fully bulk billing practice.

What if a practice doesn't want to split the BBPIP incentive in this proportion?

All participating practices and GPs will receive the incentive based on this split arrangement paid directly into their nominated bank accounts through the Organisation Register and MyMedicare capability.

Practices and GPs may wish to review their business arrangements to take into consideration the BBPIP incentive split.

Do I need to track my practice's bulk billing and provide this information in order to receive the BBPIP incentive payment?

No. Payment assessments will be automated. Services Australia will assess the practice's bulk billing at the end of each quarter to ensure all [eligible services](#) for all Medicare-eligible patients were bulk billed in the previous quarter.

Can I nominate which bank account the BBPIP incentive payment will be paid into?

Yes. The BBPIP incentive payments will be made to the GPs' and practices' nominated bank accounts in the MyMedicare Organisation Register and individual HPOS accounts.

How will BBPIP payments be dated? Will BBPIP payments apply from the date of registration if a practice registers after 1 November?

The calculation for BBPIP payments will commence from the start date the practice has registered for BBPIP. The start date can be backdated up to 1 November 2025 if a practice registers after 1 November 2025.

GP (provider) claims with a *date of service* that is equal to and after this date will be used to determine the payment for BBPIP.

We recommend that practices assess their current situation to determine the most suitable start date. This is especially important for practices that are migrating from a mixed billing to bulk billing practice model, noting practices will need to meet all BBPIP requirements from the date of registration (i.e. bulk bill all eligible services for all Medicare-eligible patients) to be eligible for the incentive payment.

What happens if a practice accidentally bills a patient for a BBPIP eligible MBS item? How does this effect the BBPIP payment?

The Department is aware that errors do occur in the process of submitting Medicare Benefits Schedule (MBS) Claims. Where an error in claiming occurs, a provider can make retrospective changes to previously lodged MBS claims as per existing Medicare processes.

The department is exploring system arrangements to address any errors in claiming that would impact the BBPIP incentive. Further details on how to manage claiming errors will be provided prior to the commencement of the program.

Are there any payroll tax implications for participating in BBPIP?

Payroll tax is the responsibility of state and territory governments with differing approaches across States and Territories.

General practices are private businesses with diverse operating structures and employment models. It is the responsibility of the owner, or the individual in the case of a contractual arrangement, to seek expert advice with regard to their business arrangements.