



Australian Government

medicare

**Bulk Billing
Practice**

Bulk Billing Practice Incentive Program

Program Guidelines

Commonwealth policy and administering entity: Department of Health, Disability and Ageing

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1 Introduction

The Bulk Billing Practice Incentive Program (BBPIP) Program Guidelines (guidelines) provide guidance to practices and providers that participate in BBPIP. The guidelines provide advice on the eligibility requirements, assessment approach, payment system, and the appeals process. Please note, the guidelines are subject to change. Participating practices and providers are responsible for ensuring they refer to the most recent guidelines published on [GrantConnect](https://www.health.gov.au/BBPIP) initially before being made be available on the department's webpage: [health.gov.au/BBPIP](https://www.health.gov.au/BBPIP).

BBPIP is classified as a demand-driven (eligibility-based) grant program. A demand-driven arrangement is a type of grant opportunity where all applicants who meet published eligibility criteria receive funding rather than competing for a limited pool. Funding is provided in response to demand from eligible participants and there is no competitive or merit-based assessment. For BBPIP, funding is provided to all eligible participating practices and providers who meet the criteria outlined in the BBPIP Program Guidelines.

1.1 About the program

BBPIP was announced as part of the 2025-26 Budget as a component of *Outcome 2: Individual Health Benefits, Program 2.1 Medical Benefits* of the department's Portfolio Budget Statements 2025-26.

The objectives of Program 2.1 are to:

- deliver a modern, sustainable Medicare Benefits Schedule (MBS) that supports all Australians to access high-quality and cost-effective professional services
- work with consumers, health professionals, private health insurers, and states and territories to continue strengthening Medicare, and
- provide and improve access to medical and health services for all Australians through a contemporary MBS that is based on clinical evidence, and which supports the provision of high-quality services.

The intended outcome of Program 2.1 is ensuring improved access for all Australians to cost-effective and affordable medicines, medical, dental and hearing services; improved choice in health care services, through guaranteeing Medicare and the Pharmaceutical Benefits Scheme; supporting targeted assistance strategies and private health insurance.

1.2 Need for reform

Universal access to affordable primary care has long been the cornerstone of Australia's Medicare system.

Many Australians do not have easy access to a general practitioner (GP) that bulk bills their services. The recent decline in the bulk billing rate means patients are more frequently asked to contribute to the cost of seeing their GP. Many Australians are now delaying seeing their GP due to the cost of GP services and because they can no longer find a GP to bulk bill them.

BBPIP intends to deliver affordable access to primary care, through improved access to bulk billing GP services. BBPIP complements the expansion of eligibility for MBS bulk billing incentives (BBIs) to all Medicare-eligible patients also announced in the 2025-26 Budget.

The combination of BBPIP and expanded eligibility for MBS BBIs will support the ongoing viability of bulk billing GP practices and encourage greater access to bulk billed services.

Providers 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.

1.3 MyMedicare

MyMedicare is a voluntary patient registration system that is available to all patients, general practices and primary care providers who meet eligibility requirements.

It is part of the government's response to the Strengthening Medicare Taskforce's recommendation to improve continuity of care, strengthen the relationship between the patients and their care team, and enable more integrated, person-centred care.

MyMedicare is the foundation of a stronger, more personalised Medicare. Patients receive tailored, high-quality care from their regular general practice and primary care team.

The Organisation Register and MyMedicare program support a streamlined registration process for general practices and providers in new, existing and health programs. The Organisation Register connects general practices, GPs, patients, MBS claiming and incentives in one central system. The Organisation Register continues to expand to include other health organisations. BBPIP incentive payments are accessed via the Organisation Payment Capability system, using information from the Organisation Register and MBS claiming.

More information on the MyMedicare program can be found on the department's webpage: health.gov.au/our-work/MyMedicare.

1.4 Bulk Billing Practice Incentive Program

Practices participating in BBPIP receive an additional 12.5% incentive payment on every \$1 of the MBS benefits paid from eligible services, split evenly (50/50) between the GP and the practice.

Participating practices must bulk bill every eligible MBS service (Outlined at [Appendix 15.3](#)) for all their Medicare-eligible patients to receive the incentive payment. Eligible MBS services include the most common GP services such as time-tiered consultation items, health assessments, mental health treatment items, and chronic condition management items. The BBPIP incentive payment is in addition to MBS benefits paid, and MBS BBIs are paid independently of the BBPIP incentive payments.

BBPIP is managed by the Department of Health, Disability and Ageing (the department).

1.5 Benefits for Australians

Benefits of BBPIP to Australians include:

- Greater access to bulk billed services
- A reduction in patient out-of-pocket expenses when visiting a practice
- Accessible healthcare for all Medicare-eligible patients
- Certainty that a patient will be bulk billed for eligible services if they attend a BBPIP participating practice.

1.6 Benefits for providers and practices

Benefits of BBPIP to practices and providers include:

- Increased payments for fully bulk billing patients
- Supporting the ongoing viability of bulk billing GP practices
- Improved patient satisfaction
- Increased practice visibility with Medicare Bulk Billing Practice branded signage.

2 Eligibility criteria – Who is eligible to apply

This section sets out eligibility requirements for practices and providers to participate in BBPIP. All eligibility requirements must be met concurrently within an incentive assessment period for the practice and provider to be eligible for payment.

Incentive payments cannot be made if practices and all providers do not jointly satisfy all the eligibility criteria.

2.1 Practice eligibility

To participate in BBPIP, practices must meet all the following requirements:

- Be an eligible practice type (outlined [at Section 2.1.1](#))
- Bulk bill all eligible MBS services for all Medicare-eligible patients (outlined at [Appendix 15.3](#))
- Have all eligible providers (outlined [at Section 2.2](#)) at the practice participate in BBPIP and linked to the practice via the Organisation Register
- Be registered in [MyMedicare](#) (with banking details added for all eligible providers). Practices are required to meet MyMedicare eligibility as outlined in the [MyMedicare Program Guidelines](#). Practices that are not already MyMedicare registered and wish to participate in BBPIP are exempt from MyMedicare accreditation requirements
- [Register to participate in BBPIP](#) via the Organisation Register. Practices can register to participate in BBPIP from 1 November 2025
- Advertise their participation in the program by meeting the BBPIP [Healthdirect and Signage requirements](#) on the department's webpage.

2.1.1 Eligible practice types

The following practice types are eligible to participate in BBPIP:

- **General Practices** - A general practice that provides patient-centred, continuing, comprehensive, coordinated primary health care to individuals, families and communities within a fixed, physical location, often referred to as 'bricks-and-mortar'.
- **Mobile Practice** - A mobile practice that provides patient-centred, continuing, comprehensive, coordinated primary health care that operates without a dedicated physical premises that provides services and conducts consultations at multiple locations.
- **Outreach Practice** - An outreach practice that provides health care services to people living in regional, rural, and remote communities that does not have a traditional 'bricks and mortar' practice location. It brings outreach primary health care to patients where they live or spend time.

- **Sole Provider Practice** - Independent GPs and sole practitioners that provide patient-centred, continuing, comprehensive, coordinated primary health care to individuals, families and communities, either within a fixed, physical location or without a dedicated physical premise.
- **Aboriginal Community Controlled Health Services (ACCHS)** - An ACCHS delivers holistic, comprehensive, and culturally appropriate health care to the community in various locations, comprising of smaller sites linked to the main practice site, or that operate as an extension of the main practice.
- **Aboriginal Medical Services (AMS)** - An AMS delivers holistic, comprehensive, and culturally appropriate health care to the community in various locations, comprising of smaller sites linked to the main practice site, or that operate as an extension of the main practice
- **After Hours Services** – A service that provides care outside the normal opening hours of a general practice, regardless of whether that service deputises for other general practices, or the care is provided physically in or outside of the clinic.
- **Medical Deputising Services** - A service that arranges for, or facilitates, the provision of medical services to a patient by a practitioner (deputising doctor) during the absence of, and at the request of, the patient's regular GP.

The following practice types are not eligible to participate in BBPIP:

- **Medicare Urgent Care Clinics (UCCs)** - Medicare UCCs provide urgent care services for conditions and illnesses that are episodic and not immediately life-threatening, such as closed fractures, wounds, and minor burns.

2.1.2 Practice structures

Practices will be defined by the organisational structure that is established in the Organisation Register. Practices are required to ensure the information provided in the Organisation Register accurately reflects the structure of the practice and that all eligible providers who provide services at the practice are correctly linked.

ACCHS and AMS that choose register their Organisation Sites using the 'Hub and Spoke' model are eligible to participate in BBPIP. Practices operating under this model are considered as a singular organisation for purposes of BBPIP participation and incentive payment eligibility. BBPIP eligible MBS services delivered by any eligible provider linked to the hub, at the hub or any of its spoke locations are required to be bulk billed and are part of the BBPIP assessment and payment for the practice.

For further details on the Organisation Register, visit: [Features of the Organisation Register - Health professionals - Services Australia](#).

2.1.3 Practices with multiple locations

If a practice has multiple organisation sites, each location is able to decide if they participate in BBPIP. The Organisation Site, the physical location at which an organisation operates, is considered a practice for BBPIP. Only the Organisation Site that is participating in BBPIP is required to meet the eligibility criteria to receive the BBPIP incentive payment. All eligible providers at an Organisation Site are required to participate in BBPIP and register via the Organisation Register for a practice to participate.

2.1.4 Practices co-located with other health services

For a practice to participate in BBPIP, all GPs at the practice are required to participate and bulk bill all Medicare eligible patients for all eligible services.

BBPIP is voluntary and each individual practice, or practice location, can decide if they participate. There may be multiple health services delivering general practice services in the same building. For the purposes of BBPIP, to be considered separate practices, businesses must:

- Be located at a separate physical address
- Have a separate entry and no shared facilities, consultation rooms, reception areas or corridors
- Have clear and distinctive business branding, including meeting the [Healthdirect and Signage Requirements](#)
- Be registered as separate organisations or organisation sites in the Organisation Register.

Participating practices may be co-located with Medicare UCCs or state-led health services and health services that do not deliver GP services, such as hospitals, allied health providers or pharmacies. However, any eligible GP service delivered within the physical location of a participating practice must be bulk billed.

2.1.5 MyMedicare registration

Practices participating in BBPIP must be registered in MyMedicare, and maintain MyMedicare eligibility, to receive BBPIP incentive payments. Registration in BBPIP is separate and must be completed via the Organisation Register. Practices already registered in MyMedicare do not need to re-register again for MyMedicare but must still register for BBPIP from 1 November 2025. Further information is available on [Services Australia's webpage](#) (www.servicesaustralia.gov.au/BBPIP).

2.1.6 Accreditation exemption for BBPIP

From 1 November 2025, an exemption to the MyMedicare accreditation requirement is available for practices that are not already MyMedicare registered and participating in BBPIP. This will give an opportunity for non-traditional practices, such as mobile, outreach, sole provider, ACCHS and AMS practices to access BBPIP. This exemption will support equal access to bulk billing services for all Medicare-eligible patients and ensure patients are not disadvantaged due their practice's accreditation status.

Practices utilising the BBPIP accreditation exemption are not automatically entitled to participate in other MyMedicare linked initiatives and incentives. Practices are required to meet the eligibility criteria of these linked initiatives and incentives and the use of the BBPIP exemption may impact this eligibility. Program eligibility details are outlined in program specific guidelines.

Practices can add the BBPIP accreditation exemption through the MyMedicare Program Registration Details screen in the Organisation Site Record. Find out more about how to use the Organisation Register on the [Health Professional Education Resources website](#).

Practices already registered in MyMedicare must continue to meet the existing MyMedicare accreditation requirements to participate in BBPIP.

2.1.7 BBPIP practice registration in Organisation Register

Practices that are already registered in MyMedicare and want to participate in BBPIP are required to [register for BBPIP](#) via the Organisation Register. Registration for BBPIP will be available from 1 November 2025. Further information is available on [Services Australia's webpage](#) (www.servicesaustralia.gov.au/BBPIP).

Please note, completion of a BBPIP Expression of Interest (EOI) form is not registration for BBPIP.

2.1.8 Patient MyMedicare registration

Patients do not need to be registered with MyMedicare for their services to be counted toward BBPIP incentive payments. However, practices are encouraged to provide information to patients about the benefits of MyMedicare and assist with registering.

More information on patient registration can be found in the [MyMedicare Program Guidelines](#).

2.1.9 Healthdirect and Signage Requirements

Practices participating in BBPIP must promote their participation in BBPIP by meeting all the requirements set out in the [BBPIP Healthdirect and signage requirements](#) on the department's webpage.

Practices are assessed against the [BBPIP Healthdirect and signage requirements](#). Requirements are subject to change and practices are responsible for ensuring they meet the most recent requirements.

The following practice types are exempt from meeting the physical signage requirements set out in the [BBPIP Healthdirect and signage requirements](#):

- Aboriginal Community Controlled Health Services (ACCHS);
- Aboriginal Medical Services (AMS);
- Outreach practices;
- Mobile practices
- Other practices without a physical location

All participating practices are still required to meet the Healthdirect requirements set out in the [BBPIP Healthdirect and signage requirements](#).

2.1.10 Change of business structure for BBPIP signage

Where a practice has undergone an organisational change including a merger, sale or amalgamation, participating practices are required to be registered for BBPIP under the new organisation arrangement and meet the [BBPIP Healthdirect and signage requirements](#) under the new business name and structure.

2.1.11 Not meeting signage requirements and BBPIP exclusion

Practices may be excluded from BBPIP at the discretion of the department and be directed to undertake offboarding activities if they consistently do not meet the [BBPIP Healthdirect and signage requirements](#) for BBPIP participation.

2.2 Provider eligibility

To be eligible to participate in BBPIP, providers must

- Be one of the following:
 - Vocationally registered GP or;
 - Non-vocationally registered GP or;
 - a GP registrar; and
- Have a valid Medicare Provider Number for the eligible practice
- Be working at a MyMedicare eligible practice
- Be linked to a MyMedicare eligible practice in the Organisation Register that is recorded as participating in MyMedicare and BBPIP
- Hold an eligible specialty code (outlined in [Appendix 15.2](#))
- Bulk bill all eligible services for all Medicare-eligible patients.

2.2.1 Locums

Locums delivering services at a participating BBPIP practice are required to meet the BBPIP requirements. Eligible services delivered by locums at participating practices are required to be bulk billed and are part of the BBPIP assessment and payment for a practice.

Locums are required to apply for a Medicare Provider Number for each BBPIP practice location they deliver services at, no matter the length or regularity of their servicing. Locum Medicare Provider Numbers are required to be linked to the participating practice through the Organisation Register and provide bank details.

BBPIP incentive payments are paid to eligible locums as the servicing provider even if they are not the payee provider on an MBS claim.

2.3 Non-eligible practices and providers - Who is not eligible to apply

Practices and providers are not eligible to participate in BBPIP if:

- Their organisation does not meet the eligibility requirements listed in Section 2 Eligibility Criteria; or
- Their organisation is included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme'.

2.4 Opt out and opt in processes

Participation in BBPIP is voluntary. Practices can opt out and opt in at any time. Opting out may affect future payments to the practice and provider. Practices can opt back in should they choose to recommence participating in BBPIP in the future.

Practices must opt out through Health Professional Online Services (HPOS) and declare that the practice is opting out and no longer wishes to participate in BBPIP.

Practices already participating in BBPIP and deciding to opt out / opt in within the assessment period will be assessed for the whole assessment period. To receive incentive payments practices must meet all eligibility requirements and agree to comply with BBPIP Program Guidelines.

3 Bulk billing requirements

Bulk billing is a process where a patient assigns their Medicare benefit for a service to a provider, and the provider accepts this benefit as **full payment for the service**. A patient cannot be asked to pay an additional charge for a service which is bulk billed. Practices and providers must meet all the requirements associated with bulk billing and the claiming of MBS items as set out in the [Health Insurance Act 1973](#), and other legislation, regulations and directions.

More information on bulk billing can be found on the Services Australia website: [Claim Medicare bulk bill payments](#).

3.1 Eligible services

A practice and all providers participating in BBPIP must bulk bill all BBPIP eligible MBS services to be eligible for the BBPIP incentive payment. The full list of BBPIP eligible MBS services is outlined at [Appendix 15.3](#).

Practices and providers participating in BBPIP may charge co-payments for non-eligible MBS items or services (i.e. items or services not on the BBPIP eligible MBS services list at Appendix 15.3).

The BBPIP eligible MBS services are subject to change at any time. Changes to the eligible services 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.

3.1.1 Claiming errors

Where an error in claiming occurs, a provider can make retrospective changes to previously lodged MBS claims as per existing Medicare processes.

Administrative arrangements are also in place in the event of a claiming error.

3.2 Eligible patients

Practices and providers participating in BBPIP will be required to bulk bill all Medicare-eligible patients, including eligible DVA patients, for BBPIP eligible MBS services. Medicare eligibility requirements can be found on the department's webpage: [About Medicare](#).

Practices and providers can check a patient's Medicare eligibility via the Electronic Claim Lodgement and Information Processing Service (ECLIPSE): [Verify patient eligibility with ECLIPSE - Health professionals - Services Australia](#).

Patients are not required to be registered for MyMedicare for the practice to participate in BBPIP.

3.2.1 Situations where a patient cannot be bulk billed

Administrative arrangements are in place for circumstances where a practice cannot bulk bill an eligible patient for an eligible service and continue to be eligible for BBPIP incentive payments, including where a practice:

- Cannot determine if a patient is eligible for Medicare, or
- Cannot bulk bill a patient as they do not have a Medicare Card Number, for example a newborn baby, newly arrived migrant or overseas visitor under a reciprocal healthcare agreement.

If a patient legitimately cannot be bulk billed at the time of the service, the practice may proceed as per their usual protocol for the service. Administrative arrangements are in place for BBPIP to ensure the practice and provider remain eligible for the incentive while legitimately charging of private fees in situations where a Medicare eligible patient cannot be bulk billed. Under these arrangements, eligible services that are privately billed to Medicare-eligible patients do not contribute to the 12.5% incentive payment amount.

3.3 Provider bulk billing requirements

All providers at a BBPIP participating practice must bulk bill all eligible MBS services for all Medicare-eligible patients to be eligible for the BBPIP incentive payment.

If a provider works across multiple practices, they are only required to bulk bill eligible MBS items at practices participating in BBPIP.

It is the responsibility of medical practitioners to ensure they are meeting the requirements of each MBS item that they claim.

3.3.1 Charging additional fees while bulk billing

Charging additional fees to guarantee bulk billing or for a bulk billed service is not permitted under section 20A (1) of the *Health Insurance Act 1973*, with one exception for un-funded vaccines. When bulk billing, the provider must accept the Medicare benefit as full payment of the medical expenses incurred, and cannot charge additional fees such as:

- Administration fees.
- Subscription style fees, including registration, recordkeeping, bookkeeping or co-operative membership fees, or any fees charged periodically/annually to 'guarantee' bulk billing services to patients.
- Fees for any consumables required to perform the service, such as bandages and wound dressing (excluding vaccines where they are not funded by a government program).
- Any additional payment for the bulk billed service.

These fees cannot be charged regardless of when a fee is charged (for example annually, quarterly, before, or after a service).

If a service is not rendered to a patient and there is no Medicare benefit paid (i.e. due to a "no show" or late cancellation), a provider may consider raising a non-attendance/cancellation charge privately, where the patient is made aware in advance of the cost under the principle of informed financial consent.

However, providers are encouraged to consider the appropriateness of charging cancellation fees to patients while participating in BBPIP. Practices should consider communications and patient engagement activities to reduce missed appointments.

3.3.2 Charging of fees for non MBS services

Ultimately the decision on whether to bill an MBS item is a matter for the practitioner who provides the service. Where no MBS item has been billed, the service is not counted for the purposes of BBPIP.

Where no MBS item has been billed, a provider may consider charging the patient a private fee, where the patient is made aware in advance of the cost under the principle of informed financial consent.

However, providers are encouraged to consider the appropriateness of charging a private fee to patients for services that would otherwise be billed under an MBS item (where the patient would be eligible to receive a Medicare benefit) while participating in BBPIP.

4 Incentive payments - Funding available

The Australian Government has announced a total of \$768.4 million from 2025-26 to 2026-27 for BBPIP.

Table 1: Funding Available (GST exclusive)

2025-26 FY (\$M)	2026-27 FY (\$M)	Total (\$M)
251.332	517.057	768.389

These amounts are indicative only and actual annual funding will be determined by the achievement of servicing requirements.

4.1 Funding period

Practices will participate in BBPIP unless the practice chooses to opt out of BBPIP.

4.2 How BBPIP incentive payments are made

BBPIP incentive payments are administered by Services Australia. Participating practices and providers will receive the incentive payment based on the 50/50 split arrangement paid directly into their nominated bank accounts through the Organisation Register and MyMedicare system payment capability. Practices and providers may wish to review their business arrangements to take into consideration the BBPIP incentive payment split.

The payment is calculated at 12.5% for every \$1 of the MBS benefits paid for eligible services that are bulk billed during the assessment period. This incentive payment will be paid on top of MBS benefits. MBS BBIs are paid independently of the BBPIP incentive payments.

Providers and practices must each have a MyMedicare bank account nominated to receive payment. If a provider delivers services across multiple locations (Organisation Sites), they must nominate a MyMedicare bank account for each location.

To receive BBPIP incentive payments:

- **Practices** must nominate MyMedicare program banking details in the Organisation Register under Program Registration.
- **Providers** must nominate MyMedicare Incentive program banking details in their individual HPOS account under 'My details' and selecting 'My personal details'.

For more information on bank details, visit Services Australia [update bank details for MyMedicare Incentives](#).

The provider or practice will be notified via HPOS if a payment fails due to missing or incorrect bank account details and will be required to update this information to receive payment. Payment advice will be sent via HPOS after each payment.

If the practice and providers fail to provide banking details after four payment quarters, any BBPIP incentive payments for that period are forfeited.

4.3 Payment eligibility

In any given assessment period, to be eligible to receive BBPIP incentive payments, all providers and practices must meet BBPIP:

- Eligibility criteria; and
- Bulk billing requirements for the assessment period.

4.4 Payment amounts

If a practice and provider are eligible to receive a BBPIP incentive payment, a payment of 12.5% of MBS benefits from bulk billed eligible services each assessment period is paid to eligible practices and providers. The incentive payment is distributed between the provider and practices, as follows:

- 50% of the BBPIP Incentive paid to the provider
- 50% of the BBPIP Incentive paid to the practice.

If an eligible service is delivered to an eligible DVA patient, the 12.5% incentive payment is paid in reference to the MBS fee of the original item claimed. Additional DVA payments may also be eligible to be claimed in line with DVA requirements and guidelines.

With each assessment period, the previous three assessment periods are also reassessed. During a reassessment, providers and practices may be assessed as having an underpayment or an overpayment for the relevant assessment period and will receive an additional payment or payment advice from Services Australia via HPOS or a letter. See [Section 6.2.1 Reassessments](#), for further information.

4.5 Organisational Change and BBPIP incentive payments

Practices must meet the organisation change requirements outlined in the [MyMedicare Program Guidelines](#), including the notification and evidence requirements for notifying organisational changes.

The new practice owner must notify Services Australia of any organisational changes within seven days of the date of the change.

If a practice relocates to a new site, the practice owner is required to process the relocation through the relocation function in the Organisation Register.

4.6 Eligibility assessments to monitor eligibility

Practices and providers can access eligibility assessments via the 'View Payment Eligibility' tab in the MyMedicare system through HPOS to monitor and confirm their eligibility and incentive payment details for BBPIP. These assessments let BBPIP registered practices track and manage their bulk billing activities.

Forecast assessments are based on available point-in-time data. Forecast assessments **are not** used to determine final BBPIP incentive payments and the final BBPIP incentive payment assessment may change based on updated data.

Forecast assessments can only be generated once per day per user. Practices and providers are encouraged to actively monitor their progress towards receiving BBPIP incentive payments throughout an assessment period using forecast assessments. Final assessments are created for each practice and provider following the end of the assessment period and are used for final BBPIP incentive payment determination. Practices and providers can review final assessments to confirm they have met eligibility for BBPIP incentive payments using the 'Search assessments' function.

Further information on how to create and search for eligibility assessments is available at [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

5 Administration

5.1 Program documents

Before registering for funding, BBPIP participants must read and understand all documents and information relating to BBPIP found on [GrantConnect](#). Any alterations and addenda¹ will be published on GrantConnect and by registering on this website, participants will be automatically notified of any changes.

GrantConnect is the authoritative source for grants information, however the department takes no responsibility if a registered user fails to become aware of any addendum notices or of other published material. Registered users are encouraged to regularly check GrantConnect for updates.

A practice's registration in BBPIP will count as the application for this grant opportunity.

For this funding, participants must:

- Read all available documentation about BBPIP provided on GrantConnect
- Provide all the information requested, and
- Meet all eligibility criteria.

Practices are responsible for ensuring that information provided during the registration process is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your registration from further consideration.

¹ Alterations and addenda include but are not limited to corrections to currently published documents, changes to close dates/times and Frequently Asked Questions (FAQ) documents.

5.2 The funding arrangement

The practice's registration in MyMedicare and BBPIP, followed by the first incentive payment provided, taken together, will form the department's agreement with the practice. When completing BBPIP registration, practices must agree to comply with the BBPIP Program Guidelines. The Commonwealth may recover funds if practices are non-compliant with the guidelines.

6 Payment assessments - Selection process

The Bulk Billing Practice Incentive Program is designed to achieve Australian Government objectives

BBPIP is characterised as a grant opportunity that delivers funding to contribute to the Department of Health, Disability and Ageing's (the department) Outcome 2. The department works with stakeholders to plan and design the program according to the [Commonwealth Grant Rules and Principles 2024 \(CGRPs\)](#).



BBPIP opens

We publish the grant opportunity guidelines on [GrantConnect](#).



You (the practice) registers for MyMedicare and opts in to BBPIP

For the purposes of BBPIP, the application process is a practice's registration for MyMedicare and BBPIP. Practices must meet all the eligibility criteria to be considered for funding.



We assess eligibility for funding

We assess practice's registration against the eligibility criteria, including an overall consideration of value with money.



Funding decisions are made

The Decision Maker decides which applications are successful.



We notify you of the outcome

We advise you of the funding outcome through Health Professional Online Services.



Payment is made

For the purposes of BBPIP, we enter a grant (funding) agreement with you when you receive your first quarterly payment.



Evaluation of BBPIP

We evaluate your registration and BBPIP as a whole. We base this on information you provide to us and that we collect from various sources.

6.1 Payment assessments

6.1.1 Assessment periods

Providers and practices are assessed to determine if they are eligible to receive incentive payments through an assessment process.

The 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.

The inaugural assessment period will only consider 1 November 2025 – 31 December 2025.

6.1.2 Assessment period start date

Assessment of eligibility starts on the date a practice registers for BBPIP in the MyMedicare system via the Organisation Register.

Practices already participating in BBPIP and deciding to opt out/in within the assessment period are assessed for the whole quarter.

Practices can backdate their BBPIP registration in the Organisation Register by 180 days when selecting a start date. This may be subject to change, extension or removal at any time.

Provider MBS item claims with a date of service that is equal to or after the assessment start date are used to determine incentive payments.

6.1.3 Assessment date

Assessment of providers and practices' eligibility for each assessment period is performed by Services Australia, beginning on the first business Monday following the end of the assessment period. Following the assessment, a Quality Assurance process is undertaken by Services Australia prior to the approval and release of payments via the Reserve Bank of Australia.

6.1.4 Assessment approach

Payments are assessed against the eligibility stated in the BBPIP Program Guidelines published at the time of assessment.

As the Commonwealth's delegate with authority under section 32B of the FF(SP) Act, Services Australia decides which funding to approve having considered the availability of funding for the purposes of the grant opportunity.

Services Australia's decision is final in all matters, including:

- The approval of the funding, and
- The funding amount to be awarded in line with BBPIP funding guidelines.

6.1.5 Partial and pro-rata payments

Providers and practices are not eligible for partial or pro-rated payments if bulk billing requirements are not met from their date of registration.

6.2 Payment periods

Incentive payments are made by Services Australia within the month following the end of the assessment period.

6.2.1 Reassessments

With each assessment period, the previous 3 assessment periods are also reassessed for practices and providers where the system identifies that:

- Changes have been made to circumstances, including provider/practice relationship dates
- Changes to MyMedicare eligibility, including accreditation and exemptions
- Changes have been made to MBS service items claimed, including any new, amended or deleted MBS claims
- Late MBS claims for services delivered have been submitted to Medicare after the end of the relevant assessment period
- Fraudulent MBS claims have been detected.

During a reassessment, providers and practices may be assessed as having an underpayment or an overpayment for the relevant assessment period and will receive an additional payment or payment advice from Services Australia via HPOS or a letter. See section [9.3.1 Debt recovery and offsetting payments](#), for further information.

7 Notification of outcomes – Payment of Incentives

Successful practices will receive an incentive payment as described at [Section 7.1 Payment delivery](#).

7.1 Payment delivery

BBPIP incentive payments are administered by Services Australia. Participating practices and providers will receive the incentive payment paid directly into their nominated bank accounts through the Organisation Register and MyMedicare capability.

Providers and practices must each have a MyMedicare bank account nominated to receive payment. If a provider delivers services across multiple locations (Organisation Sites), they must nominate a MyMedicare bank account for each location.

To receive BBPIP incentive payments:

- **Practices** must nominate MyMedicare program banking details in the Organisation Register under Program Registration.
- **Providers** must nominate MyMedicare Incentive program banking details in their individual HPOS account under 'My details' and selecting 'My personal details'.

The provider or practice is notified via HPOS if a payment fails due to missing or incorrect bank account details and are required to update this information to receive payment. Payment advice is sent via HPOS after each payment.

If the practice and/or providers fail to provide banking details after four payment quarters, any BBPIP incentive payments for that period are forfeited.

8 What incentive payments can be used for

BBPIP incentive payments may be used to support the infrastructure and coordination needed to deliver services. For example:

- **Staffing and workforce support:**
 - Hiring or allocating time for GPs, nurse practitioners, practice nurses, Aboriginal and Torres Strait Islander health workers, and Aboriginal and Torres Strait Islander health practitioners
 - Training and upskilling staff
- **Administrative support:**
 - Coordinating patient registration in MyMedicare
 - Managing care team linkages and service documentation
- **Technology and equipment:**
 - Telehealth setup for remote consultations
 - Mobile devices or software for on-site documentation and care planning.

9 Announcement of payments

BBPIP eligible funding will be published on GrantConnect annually in aggregate by jurisdiction as it aligns with existing MBS servicing requirements.

9.1 Legislative requirements

All providers, practices and medical practitioners are required to meet all the legislative requirements associated with the delivery of eligible MBS items. All providers, practices and medical professionals are responsible for ensuring their delivery of services does not conflict with requirements of any other programs or legislation that applies to the provider or practice.

The department recognises the Australian Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse, and the Commonwealth Child Safe Framework. As such, the department expects that all practices and providers (grant recipients) comply with all Australian law relating to employing or engaging people who work or volunteer with children. This includes working with children checks and mandatory reporting; and the department may request an annual statement of compliance with this requirement.

9.2 Failure to meet program requirements

Practices that fail to meet program requirements, including [BBPIP Healthdirect and signage requirements](#), may have their BBPIP incentive payments withheld or lose eligibility to participate in BBPIP.

9.2.1 Withholding/refusing payments

The department reserves the right to withhold or refuse payment, including if:

- The practice does not meet the eligibility requirements for either MyMedicare or BBPIP;

- The practice's accreditation has expired or was not current at the point-in-time date;
- A practice has undergone an organisational change (sale or amalgamation) or closure and Services Australia was not provided with the details prior to release of payments;
- The practice or providers have provided incomplete or inaccurate practice details;
- A practice and/or provider is the subject of investigation or compliance action relating to other Australian Government programs; and/or
- Non-compliance.

If payments have been withheld from either a practice or provider, Services Australia will advise the practice or provider in writing about required information for payments to be released.

9.3 Integrity and Compliance

The department is responsible for ensuring compliant health provider claiming under all its programs including the MBS and Practice Incentives such as BBPIP.

The Australian Government is committed to ensuring public funding reaches those who need it and is equally committed to making sure funds are not being diverted through non-compliance. Non-compliance adds to the cost of programs and services which taxpayers fund. There are consequences for those who bill non-compliantly or who are caught committing fraud against the Commonwealth. A debt could be acquired, assets seized, or the relevant person can be faced with a criminal record or imprisonment.

The department monitors claiming data, collects intelligence and carries out targeted data analysis to find non-compliance such as incorrect claiming, inappropriate practice and fraud. Compliance action will be taken against health providers and practices claiming MBS and/or Bulk Billing Practice Incentive benefits where legislative and/or policy or program requirements have not been met.

For the purpose of the Department of Health, Disability and Ageing audit programs, practices must retain practice documentation for a period of six years. If a practice is unable to provide evidence to verify that it meets the eligibility requirements, or to substantiate claims, the department may seek to recover past payments.

The department and Services Australia reserve the right to undertake actions including the following for compliance actions:

- Offsetting payments
- Exclusion of a practice or provider from participating in BBPIP
- Banking holds
- Debt recovery
- Write offs/waivers.

9.3.1 Debt recovery and offsetting payments

After each BBPIP incentive payment, practices and providers receive a reference to the payment in HPOS. Practices and providers should check this payment advice to ensure accuracy of each assessment period and advise Services Australia through HPOS if there are any incorrect payments. Any overpayments or debt recovery will be recovered through future claims assessments or debt recovery processes, on the condition that the practice and/or provider are still participating in BBPIP.

Services Australia or the department may take action to recover BBPIP incentive payments if:

- An administrative error has caused incorrect payments
- The practice or provider has made false or misleading claims, or
- The practice does not inform the department or Services Australia about changes that affect eligibility for BBPIP incentive payments.

If an underpayment is identified, the practice or provider will receive an additional payment. If an overpayment is identified, this amount may be deducted from (offset against) future payment/s. The practice and/or provider may be required to repay the amount in circumstances where future payments cannot be reduced.

9.4 Exceptional circumstances

The department and Services Australia have the capacity to consider exceptional circumstances when reviewing a decision. Exceptional circumstances are circumstances that are unusual, uncommon, or unexpected, including an unexpected event that has affected the practice or provider, such as a natural disaster or other serious unforeseen disruption to the business.

The department must consider all declarations and supporting documentation when reviewing a decision and balance the rights of the practice or provider with the prudent use of public monies and administration. When considering a request for a waiver of the BBPIP Program Guidelines the following issues are to be considered:

- Has the claim been disrupted by unusual, uncommon, or unexpected events that have impacted the ability to provide supporting evidence or take necessary actions within the required time limits? If yes, then exceptional circumstances may be in play.
- Would the practice or provider be eligible for the payment if the claimed exceptional circumstances had not occurred? This determines the Claimant's eligibility for the payments in dispute.
- Are the exceptional circumstances out of the control of the Claimant? If yes, then exceptional circumstances may be in play.
- Could the Claimant have reasonably been expected to do more to ensure that the claim was approved? If not, then exceptional circumstances may be in play.
- Did Services Australia, the department or any of its agents provide timely and appropriate advice, information, and service to enable the Claimant to meet the requirements for the approval of the claim? If not, then exceptional circumstances may be reasonable.

9.5 Conflicts of interest

Conflicts of interest for Australian Government staff are handled as set out in the Australian Public Service Code of Conduct (Section 13 (7)) of the [Public Service Act 1999](#). As conflicts of interest, real or apparent, cannot always be avoided, practices and providers must disclose details of any material personal interest of the connection with the department and Services Australia. This obligation is analogous to the general duty to disclose interests under section 29 of the *Public Governance Performance and Accountability Act 2013*.

9.6 Privacy and Data

The department treats personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes:

- What personal information is collected
- Why personal information is collected, and
- Who the personal information is shared with.

Personal information can only be disclosed to someone else for the primary purpose for which it was collected unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

As part of registering in BBPIP, the practice and provider declares their ability to comply with the *Privacy Act 1988* (the Act) and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information collected, used, stored, or disclosed in connection with the activity. Accordingly, practices and providers must not do anything, which if done by the department would breach an Australian Privacy Principle as defined in the Act.

The information provided to the department may be shared with other Commonwealth entities for purposes including government administration, statistical, research, or service delivery, according to Australian laws. The department may share BBPIP registration information with The Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) for the purposes of the Australian General Practitioner Training Program (AGPT).

Further privacy policy information from Australian Government agencies involved with MyMedicare is also available from the following websites:

- [Services Australia](#)
- [Australian Digital Health Agency](#)
- [Department of Veterans' Affairs](#).

9.7 Confidential Information

Other than information available in the public domain, practices and providers agree not to disclose to any person, other than the department or Services Australia, any confidential information relating to BBPIP, without prior written approval from the department.

The obligation will not be breached where the practice or provider are required by law, Parliament, or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

The department may at any time require a practice or provider to arrange for practices or providers, employees, agents or subcontractors to provide a written undertaking relating to non-disclosure of the department's confidential information in a form considered acceptable by the department.

The department will keep any information in connect with the BBPIP agreement confidential to the extent that it meets all of the three conditions below:

1. The practice or provider clearly identifies the information as confidential and explain why the department should treat it as confidential
2. The information is commercially sensitive, and
3. Revealing the information would cause unreasonable harm to the practice, provider or someone else.

The department will not be in breach of any confidentiality agreement if the information is disclosed to:

- Any member of the assessment process and other Commonwealth employees and contractors to help the department manage the program effectively
- Employees and contractors of the department to research, assess, monitor and analyse the programs and activities
- Employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery
- Other Commonwealth, State, Territory or local government agencies in program reports and consultations
- The Auditor-General, Ombudsman or Privacy Commissioner
- The responsible Minister or Parliamentary Secretary, and/or
- A House or a Committee of the Australian Parliament.

The agreement may also include any specific requirements about special categories of information collected, created or held under the agreement.

9.8 Freedom of Information (FOI) requests

All documents in the possession of the Australian Government, including those about BBPIP, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to documents held by Australian Government entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. Access may be refused if a document contains "exempt" material, such as commercially valuable information or the personal or business information of a third party.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health, Disability and Ageing
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

10 Probity

10.1 National Anti-Corruption Commission Act 2022 (NACC Act)

The [NACC Act](#) came into effect on 1 July 2023. The NACC enhances integrity in the Commonwealth public sector by deterring, detecting and preventing corrupt conduct involving commonwealth public officials. Grantees will generally be considered 'contracted service providers' under the NACC Act and may be investigated by the NACC for corrupt conduct.

Officials and grantees should be aware of their obligations under the NACC Act.

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct, and is consistent with the CGRPs.

These guidelines may be amended periodically by the department. When this happens, the revised guidelines will be published on GrantConnect. By registering on this website, you will be automatically notified of any changes to these guidelines.

You should be aware of your obligations under the [National Anti-Corruption Act 2022](#), noting that under the Act grantees will generally be considered 'contracted services providers'. See the [Fact Sheet](#) for more information.

10.2 Review of Decision (RoD)

Providers and practices can seek a RoD related to the BBPIP incentive payments and assessments. If a practice disagrees with a program decision and wishes to seek a review, the provider or authorised contact person/owner(s) of the practice must complete the RoD form ([MyMedicare Incentives Review of decision form \(IP034\) - Services Australia](#)) and provide Services Australia with supporting documentation within 28 calendar days of receiving the program decision.

The department and Services Australia will review the program decision against the published guidelines at the time of the event, and the outcome of the review will be advised in writing. If providers or practices are not satisfied with the RoD outcome, they can request reconsideration via a second review.

If not satisfied with the outcome of a second review, practices or providers may ask the Formal Review Committee to reconsider the decision. For further details about the RoD process, please contact Services Australia.

10.3 Evaluation

The department will evaluate BBPIP to measure how well the outcomes and objectives have been achieved. The department may use program data and information from practices and providers for this purpose. The department may also interview practices and providers or ask for more information to help understand the impact of BBPIP and to evaluate how effective the program is in achieving its outcomes.

11 Tax

BBPIP payments are treated as assessable income for taxation purposes, unless specifically exempted by law. It is the practice and providers responsibility to determine any taxation obligations that arise from receiving these payments. The department recommends seeking independent professional advice or contacting the Australian Taxation Office to discuss individual circumstances. Payments made under BBPIP are not subject to Goods and Services Tax (GST). The department will comply with the Australian Taxation Office and Department of Finance guidelines regarding GST.

12 Further information, feedback and enquiries

For further information, feedback and enquiries relating to BBPIP can be found below:

Email: Bulkbillingpractice@Health.gov.au

Website: Health.gov.au/BBPIP

For further information on processes for health professionals please contact:

Phone: 132 150

Website: servicesaustralia.gov.au/BBPIP.

13 Complaints

Complaints by patients, providers and practices regarding the BBPIP will be managed in accordance with the department's [Complaints Management Policy](#). The complaints process helps the department deliver fair outcomes to complainants, identify systemic and emerging issues, inform policy and service improvements through data, and strengthen public trust and relationships.

- For general complaints, individuals can contact the department through several avenues:
 - Via an [online complaints form](#)
 - Email: enquiries@health.gov.au
 - Call: 1800 020 103 (Available Monday-Friday 8.30am-5pm)
 - Mail: GPO Box 9848, Canberra, ACT 2601, Australia.
- Alternatively, for Medicare-specific complaints, individuals can contact Services Australia:
 - Via an [online form](#)
 - Call: 1800 132 468 (Available Monday-Friday 8am-5pm)
 - Via myGov account: Sign in, from the 'Contact Us' section of the menu and select 'Medicare feedback'

- Mail: Services Australia Complaints and Feedback, Reply Paid 7800, Canberra BC ACT 2610 (Centrelink and Medicare).

14 Disclaimer

These guidelines are the basis on which the BBPIP incentive payments are made. While it is intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion.

The Australian Government may alter arrangements for BBPIP at any time and without notice.

The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.

15 Appendix

15.1 Glossary of terms

Term	Definition
Aboriginal Community Controlled Health Services (ACCHS)	A primary health care service initiated and operated by the local Aboriginal community.
Accreditation	A formal program in which trained independent reviewers assess a general practice's evidence of implementation of the RACGP <i>Standard for general practices</i> .
Bulk billing	A process where a patient assigns their Medicare benefit for a service to a provider and the provider accepts this benefit as full payment for the service.
Eligible provider	Medical Practitioner who holds an eligible speciality code, as outlined in Appendix 15.2, and is linked to the practice in the Organisation Register. Eligible providers can be a vocationally registered GP, non-vocationally registered GP or GP registrar. Eligible providers must have a valid Medicare Provider Number and be eligible to deliver MBS services.
Aboriginal Medical Services (AMS)	A health service coordinating and providing advice on matters relating to improving the health and social and emotional wellbeing of the Aboriginal and/or Torres Strait Islander community that it serves.
Commonwealth Grants Rules and Principles 2024 (CGRPs)	The Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. The <u>CGRPs</u> contain the key legislative and policy requirements and explain the better practice principles of grants administration.
Commonwealth Child Safe Framework	in response to the Royal Commission into Institutional Responses to Child Sex Abuse, the Australian Government has introduced the <u>Commonwealth Child Safe Framework</u> , a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities.
DVA	Department of Veterans' Affairs.
General practice	General practice for the purposes of accreditation is defined by the RACGP <i>Standards for general practices</i> . In order for a practice or health service to seek accreditation, it must provide comprehensive, patient-centred, whole-person and continuous care; and its services must be predominantly* of a general practice nature. *More than 50% of the practice's general practitioners' clinical time (i.e., collectively), and more than 50% of

Term	Definition
	services for which Medicare benefits are claimed or could be claimed (from the practice) are in general practice.
General Practitioner	GPs are doctors who have completed training in general practice.
Grant	for the purposes of the CGRPs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth: <ul style="list-style-type: none"> a. under which relevant money² or other <u>Consolidated Revenue Fund (CRF)</u> money³ is to be paid to a grantee other than the Commonwealth; and b. which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRPs.
Health Professional Online Services (HPOS)	A secure channel accessed through Provider Digital Access (PRODA) for health professionals and their delegates to do business with Services Australia online.
MBS (Medicare Benefits Schedule)	A listing of the medical services subsidised by the Australian government, providing information on the amount Medicare will rebate for each service.
Modified Monash Model (MMM)	A classification system that categorises locations in Australia based on geographical remoteness and population size, used to allocate healthcare resources and incentives.
MyMedicare	A voluntary patient registration program aiming to formalise the relationship between patients, their general practice, GP, and primary care teams.
National Health Services Directory	National directory of health services and provider information in Australia.
National Redress Scheme	The <u>National Redress Scheme</u> for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy came into effect on 1 January 2021.

² Relevant money is defined in the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), chapter 1, section 8 Dictionary.

³ Other CRF money is defined in the PGPA Act. See section 105 Rules in relation to other CRF money.

Term	Definition
National Anti-Corruption Commission (NACC)	The National Anti-Corruption Commission (NACC) is an independent Commonwealth agency. It detects, investigates and reports on serious or systemic corruption in the Commonwealth public sector. The Commission operates under the National Anti-Corruption Commission Act 2022.
Organisation Register	<u>The Organisation Register</u> allows health organisations to register and participate in government health care programs.
Organisation Site	The physical location where a health service is provided, as reflected in the Organisation Register.
Patient	A person who is eligible to receive Medicare or Department of Veterans' Affairs services.
PBS Program	described within the entity's <u>Portfolio Budget Statement</u> , PBS programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.
Public Governance, Performance and Accountability Act 2013 (PGPA Act)	The <u>PGPA Act</u> establishes a system of governance and accountability for public resources with an emphasis on planning, performance and reporting. It applies to all Commonwealth entities and Commonwealth companies.
Ultimate Organisation	The recognised legal entity that is considered to have hierarchical control of an organisation registered in the Organisation Register.
Value with money	<p>Value with money in this document refers to 'value with relevant money' which is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources, and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> • the quality of the project proposal and activities • fitness for purpose of the proposal in contributing to government objectives • that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved; and • the potential grantee's relevant experience and performance history.

15.2 BBPIP eligible specialty codes

Version 1 – As of 1 November 2025

Specialty	Description	Specialty	Description
104	Other Health professional - pre 1/11/96	450	North Coast NSW GP Training
130	Vocational Register	451	Victoria Felix Medical Education
131	RACGP Trainee	452	Rural Health Ed/Dev West (RHEDWEST)
132	FRACGP	453	GPET - GPlogic
133	RACGP Trainee Post 1/11/96	454	GPET - GP Synergy
134	RACGP Trainee 1/1/99	455	GPET - Beyond Medical Education
176	Remote Vocational Training Scheme	456	GPET - Southern GP Training
177	Queensland Country Relieving Program – QCRP	457	GP Training - Murray City Country Coast
178	Prevocational General Practice Placements Program	458	GP Training - Eastern Victoria GP Training
179	Special Approved Placements Program (SAPP)	459	GP Training - South Eastern Queensland
180	Temporary Resident Doctor (TRD)	460	GP Training - James Cook University
182	Occupational Trainee (OT)	461	GP Training - GP Synergy Ltd Western NSW
186	RURAL OTHER MEDICAL PRACTITIONER	462	GP Training - GP Synergy Ltd Lower Eastern NSW
188	MedicarePlus OMPs Participation Program	463	GP Training - GPEx
189	MedicarePlus OMPs Ongoing > 5 years Program	464	GP Training - Western Australia GPET
190	Local Rural/Remote Relief (RLRP)	465	GP Training - GP Synergy North Eastern NSW
194	AMDS Program Approved Placement	466	GP Training - Tasmanian GP Ed and Training
196	ACRRM Program Approved Placement	467	GP Training - NT GP Education

Specialty	Description	Specialty	Description
197	APED Program Approved Placement	468	ACRRM - GP Pathway
198	Temporary Resident Other Medical Practitioners (TROMP) Program Approved Program	470	ACRRM Fellowship Program - ACRRM
199	AFTER HOURS OMPS PROGRAM	471	AGPT - ACRRM
430	GPEA/GPET	472	ACRRM Independent Pathway post 1/1/2019
431	GPET Stuart - Fleurieu GP Training	473	RVTS - ACRRM
432	GPET Training Valley to Coast	474	AGPT - RACGP
433	GPET Institute of GP Education	475	RVTS - RACGP
434	GPET Sydney Institute of GP Ed	476	RACGP Fellowship Program - RACGP
435	GPET Went West	477	ACRRM Fellowship Program - Health
436	GPET NT GP Education	478	RVTS - Health
437	GPET Central and Sthn QLD	479	RACGP Fellowship Program - Health
438	GPET Tropical Medical Education	480	MDRAP
439	GPET Rural and Regional QLD	481	Pre Fellowship Program (PFP)
440	GPET Adelaide to Outback	483	GP Training-Murrumbidgee Local Hlth District Trial
441	GPET Tasmania GP Ed and Training	484	GP Training - Riverland Mallee Coorong LHN
442	GPET Gippsland	485	ACRRM - Fellowship Programme
443	GPET Greater Green Triangle	486	RACGP - Fellowship Programme
444	GPET VIC Metropolitan Alliance	530	General Practitioner - Approved by Health
445	GPET WA Ed and Training Alliance	532	Fellow of ACRRM
446	Bogong Regional Training Network	540	Specialist General Practitioner
447	Central West Consortium Ltd	615	Outer Metro OMPs
448	Coast City Country GP Training Inc	616	Outer Metro Specialist Trainees

Specialty	Description	Specialty	Description
449	New England Area Training Service P/L	617	Metropolitan Workforce Support Program

15.3 BBPIP eligible MBS services

Version 1 – As of 1 November 2025

The following MBS items are considered eligible services for BBPIP.

Care Category	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; 52; 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; 92011; 92715; 92716; 92717; 92718; 92719; 92720; 92721; 92722; 92723; 92724; 92725; 92726; 92731; 92732; 92734; 92735; 92736; 92737; 92738; 92739; 92740; 92741; 92742
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Care Category	MBS Item Number
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; 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; 5267; 92210; 92211
GP NRA – Flag Fall and Other Support Payments	90001; 90002

Please note: eligible services are subject to change. Servicing requirements will be assessed against the eligible services at the time of delivery.

Practices and providers are not required to bulk bill non-eligible services to receive BBPIP incentive payments.

All information in this publication is correct as of 05 January 2026.