Australian Government
Department of Health, Disability and Ageing

medicare Bulk Billing Practice

NACCHO
National Aboriginal Community Controlled Health Organisation

Managing BBPIP payments in ACCHOs and AMSs

Aboriginal Community Controlled Health Services (ACCHSs) and **Aboriginal Medical Services** (AMSs) are eligible practice types under the Bulk Billing Practice Incentive Program (BBPIP). This fact sheet explains how the GP proportion of a BBPIP payment may be directed to a service bank account when this reflects the provider's work arrangements.

> **Key point:** The 50/50 split is the standard way BBPIP calculates and routes the incentive payment. The department's guidance allows the practice and GP to determine the receiving bank account and how the payment is managed, subject to their work and business arrangements.

How the BBPIP payment works

BBPIP adds 12.5% of the Medicare Benefits Schedule (MBS) benefits paid for eligible services that a participating practice bulk bills. It is split 50/50 between the GP and the practice and is assessed and paid quarterly in arrears. To receive a payment, all eligible providers at the practice must bulk bill all eligible MBS services for all Medicare-eligible patients and meet the program requirements. The BBPIP payment is separate from the MBS benefit and from MBS bulk billing incentive benefits.

What the 50/50 distribution means for an ACCHO or AMS

The 50/50 split describes the program's standard payment calculation. It does not, on its own, determine how funds are managed under a provider's employment or contractual arrangements.

In an ACCHO or AMS employment model, the GP proportion can be paid directly to the practices bank account, where this is consistent with the provider's work arrangements and the service's governance.

The provider and practice should record how the GP proportion will be handled through their relevant employment, contractual and financial processes. Entering an account in HPOS is a payment instruction; it is not a substitute for those arrangements. Each practice and provider should obtain legal, employment, tax or accounting advice where required.

Before a provider updates HPOS

- Confirm the agreed payment arrangement and the practice bank account details
- Check the effect on other MyMedicare incentive payments. Only one bank account can be nominated for all MyMedicare Incentives at each Medicare Provider Number (MPN) location
- Confirm the provider is linked to the correct Organisation Site. Providers working across multiple participating locations must complete the banking setup for each relevant MPN location.

The provider must add or change these details through their individual HPOS account. An HPOS delegate cannot access or change a provider's banking details.

1. Log in to your individual Provider Digital Access (PRODA) account
2. Under My linked services, select Go to service on the HPOS tile
3. If prompted, select No Organisation - Proceed as an individual only
4. In HPOS, select My details, then My personal details, then My banking details
5. Find MyMedicare Incentives for each participating MPN location and select Add or Update
6. Select an existing account or enter the ACCHO or AMS bank account agreed under your work arrangements
7. Read the acknowledgement, select the acknowledgement checkbox and submit. Repeat for each participating location. Changes are generally visible in HPOS within 24 hours.

Important: The nominated account applies to all MyMedicare Incentives for that MPN location, not only BBPIP. If valid banking details are not supplied after four payment quarters, BBPIP payments for that period may be forfeited.

Practice action: set up and reconcile payments

- **Practice proportion:** Add and maintain the practices MyMedicare program banking details in the Organisation Register under Program Registration
- **Provider links:** Link all eligible providers, including locums, to the correct Organisation Site
- **Internal confirmation:** Include confirmation of the provider's banking setup in onboarding and BBPIP checks. Provider delegates cannot verify provider banking details before payment
- **Delegate access:** Where required, ask each provider to approve delegation to My programs. This allows authorised staff to generate forecasts and view MyMedicare payment details. Delegations must be maintained and renewed
- **Reconciliation:** After payment, a provider delegate can use My programs > MyMedicare > Search Payment History to view the payment ID, amount and nominated bank account shown on the payment record. Payment advice is also sent through HPOS.

Supporting community-controlled care

As outlined in the BBPIP Program Guidelines, incentive payments may support the infrastructure and coordination needed to deliver services. In an ACCHO or AMS model, this can include:

- supporting GP salary or non-patient-facing time
- supporting GP capacity within multidisciplinary, team-based care
- employing or allocating time for Aboriginal and Torres Strait Islander health workers and health practitioners, nurses and nurse practitioners
- training and upskilling staff
- telehealth, mobile devices and software for outreach, on-site documentation and care planning

More information

- BBPIP Program Guidelines
- Services Australia: Bulk Billing Practice Incentive Program
- Add or access provider bank account details for MyMedicare Incentives
- Manage delegations in HPOS

Information current as of July 2026. BBPIP requirements and guidance may change. Always check the latest program materials.