



Bulk Billing Incentives

From 1 January 2020, the classification system used to determine eligibility for higher (rural) Bulk Billing Incentives will be updated and targeted to rural and remote areas rather than metropolitan areas or larger towns.

Bulk Billing Incentives encourage medical practitioners to provide bulk billed services to vulnerable patient groups, such as people with concession cards and children under 16 years of age in rural and remote areas and smaller communities.

All doctors who bulk-bill are able to claim Bulk Bill Incentives.

Changes to the (rural) Bulk Billing Incentives will ensure that the higher incentives will be payable to areas now classified as rural.

Eligibility for the rural Bulk Billing Incentive will be based on doctor location and in areas classified as MM 2-7 under the MMM 2019. The latest updates to the Modified Monash Model (MMM) geographical classification system replace the Rural Remote and Metropolitan Areas (RRMA) that dates back to 1991.

What the changes mean:

Areas previously considered metropolitan under the RRMA classification, such as Kiama (NSW), Russell Island (Qld), and Jam Jerrup (Vic), will now be recognised as rural and practitioners in those areas will gain access to the rural bulk billing items.

Areas with some of the highest concentration of doctors in Australia, and that have had significant population growth since 1991 (i.e. population greater than 20,000) will no longer be eligible. These include: Canberra (ACT), Gosford-Wyong (NSW), Maitland (NSW), Newcastle (NSW), Queanbeyan (NSW), Sunshine Coast (Qld), Gawler (SA), Geelong (Vic), Melton (Vic), Mornington Peninsula (Vic), Pakenham (Vic), Baldivis (WA), Ellenbrook (WA), Mandurah (WA).

Doctors in metropolitan areas who no longer have access to the higher incentive items to bulk-bill vulnerable patients can still access Bulk Billing Incentives.

The following MBS items will transition from RRMA to remoteness classification MMM:

Bulk Billing Incentives – MM 1	
MBS Item	Benefit**
10990	\$6.40
64990	\$6.00
74990	\$6.00

Rural Bulk Billing Incentives – MM 2 – 7*	
MBS Item	Benefit**
10991	\$9.65
64991	\$9.10
74991	\$9.10

*The amount of the incentive is the same across all MM 2 – 7 locations.

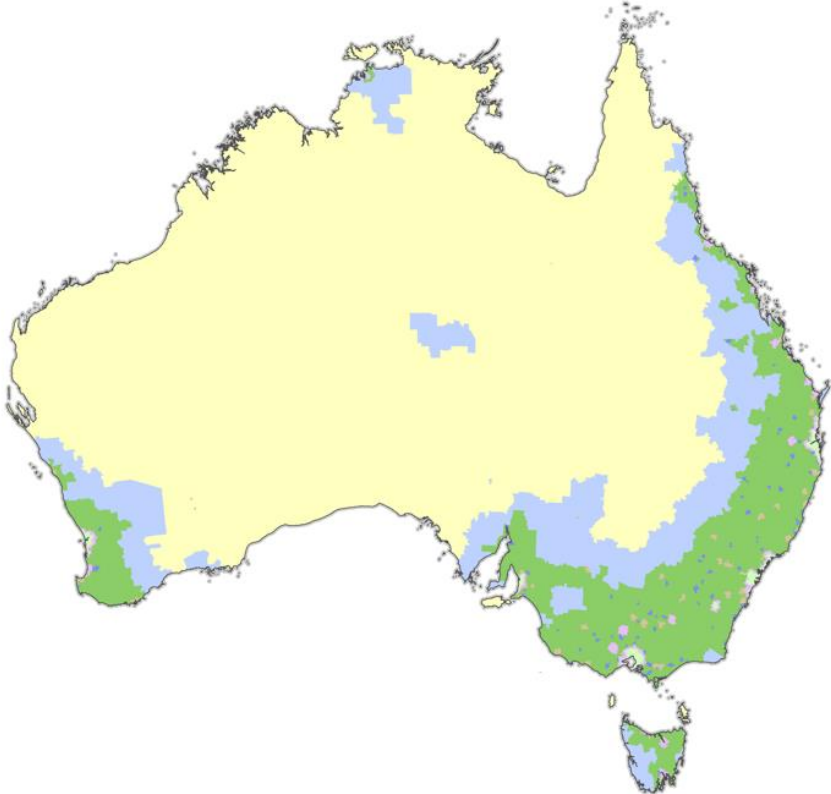
**Benefit = 85% of the Scheduled fee.

A map showing the MMM 2019 geographical classifications is available at www.doctorconnect.gov.au, noting that changes come into effect from 1 January 2020.

For more information contact rural.distribution@health.gov.au

Modified Monash Model 2019 updated using the latest census data (2016)

The model was developed to better target health workforce programs to attract health professionals to more remote and smaller communities. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), and town size.



Health programs will begin transitioning to the new MMM 2019 from 1 January 2020.

The MMM is used to determine eligibility for a range of health workforce programs, such as rural Bulk Billing Incentives, Workforce Incentive Program, Bonded Medical Program.

- MM1 Metropolitan
- MM2 Regional centres
- MM3 Large rural towns
- MM4 Medium rural towns
- MM5 Small rural towns
- MM6 Remote communities
- MM7 Very remote communities

Modified Monash Category (MMM 2019)	Description (including the Australian Standard Geographical Classification – Remoteness Area (2016))
MM 1	Metropolitan areas: Major cities accounting for 70% of Australia’s population All areas categorised ASGS-RA1.
MM 2	Regional centres: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are in, or within a 20km drive of a town with over 50,000 residents. For example: Ballarat, Mackay, Toowoomba, Kiama, Albury, Bunbury.
MM 3	Large rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 and are in, or within a 15km drive of a town between 15,000 to 50,000 residents. For example: Dubbo, Lismore, Yeppoon, Busselton.
MM 4	Medium rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 or MM 3, and are in, or within a 10km drive of a town with between 5,000 to 15,000 residents. For example: Port Augusta, Charters Towers, Moree.
MM 5	Small rural towns: All remaining Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas. For example: Mount Buller, Moruya, Renmark, Condamine.
MM 6	Remote communities: Remote mainland areas (ASGS-RA 4) AND remote islands less than 5kms offshore. For example: Cape Tribulation, Lightning Ridge, Alice Springs, Mallacoota, Port

Modified Monash Category (MMM 2019)	Description (including the Australian Standard Geographical Classification – Remoteness Area (2016))
	Hedland. Additionally, islands that have an MM 5 classification with a population of less than 1,000 without bridges to the mainland will now be classified as MM 6 for example: Bruny Island.
MM 7	Very remote communities: Very remote areas (ASGS-RA 5). For example: Longreach, Coober Pedy, Thursday Island and all other remote island areas more than 5kms offshore.

A map showing MMM 2019 can be viewed at doctorconnect.gov.au