



Medicare Incentives Unpacked: The Data Behind the Big Changes Coming to General Practice




PRESENTED BY

Chris Smeed

Co-Founder and CEO, Cubiko




Thu 3rd April
12:30pm AEDT
30min Duration

The background is an abstract composition of textures. On the left, there is a vibrant green area with a fine, pebbled texture. On the right, there is a warm orange area with a similar pebbled texture. In the center, a white, slightly translucent area with a subtle, organic pattern overlaps the other two colors.

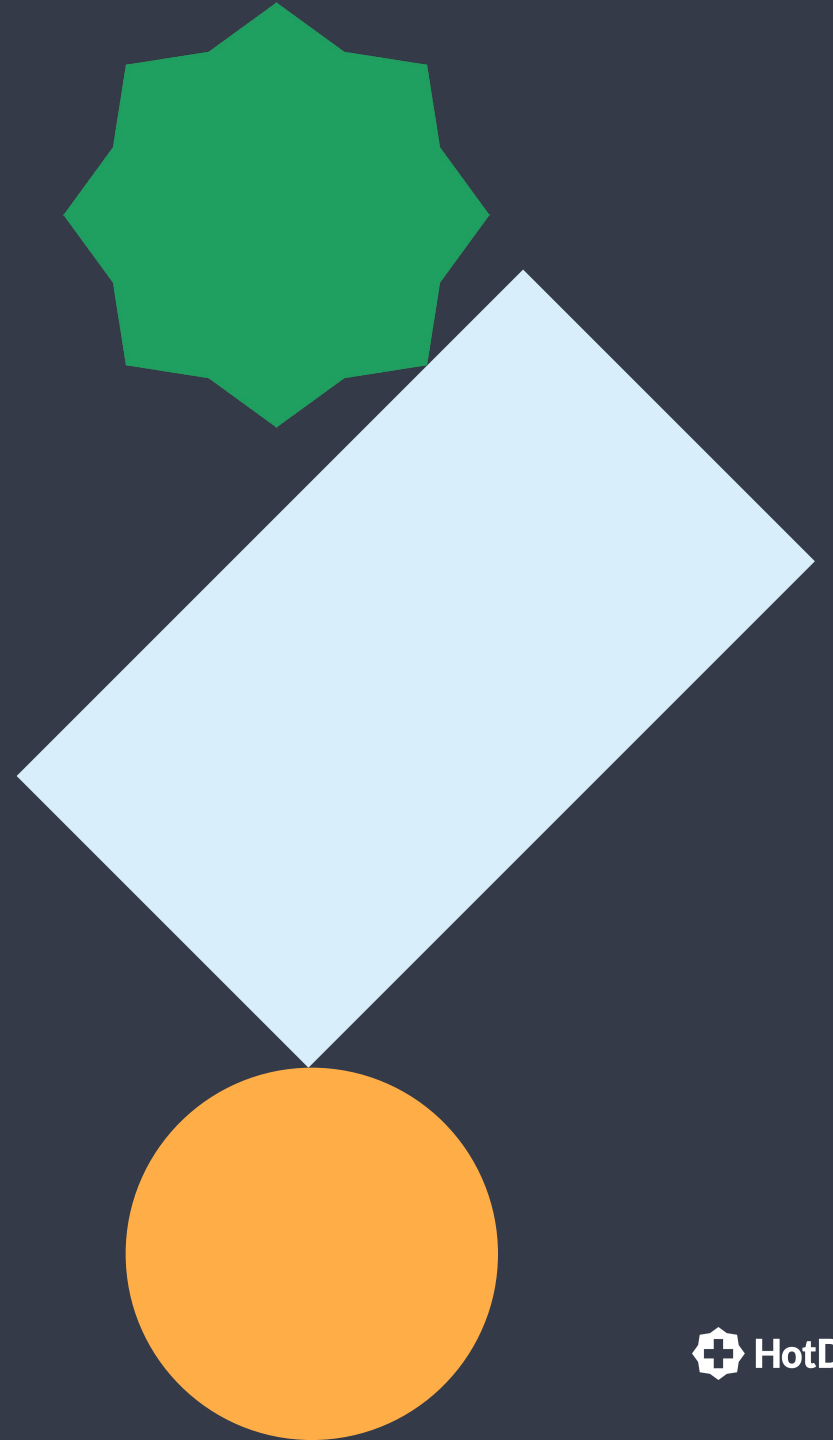
**In the spirit of reconciliation, HotDoc
acknowledges the Traditional Custodians of
country throughout Australia and their
connections to land, sea and community.**

**We pay our respect to their elders past and
present and extend that respect to all Aboriginal
and Torres Strait Islander peoples today.**

Before we begin -

- This session is being recorded & you will be sent a link 4-6 hours after this session has concluded with the recording & resources.
- Use the Q&A tool on your screen to submit a questions through the session & we will address at the end. If we don't get a chance to address during the LIVE session, we will reach out to you afterwards to discuss further.
- In the “related content” you'll find our further feedback form.
- Your CPD certificate will be accessible at anytime, you can access via the  certificate icon on your console.
- Have a play around with the console/ icons on your screen, it's an interactive experience.
- Please take some time to complete our feedback survey to let us know what you thought of today's session.


How can HotDoc
help with these new
incentives...




PRODUCT FEATURE

Sync MyMedicare Registration

Access to the MyMedicare field in BP, opens the door to use information in other HotDoc products

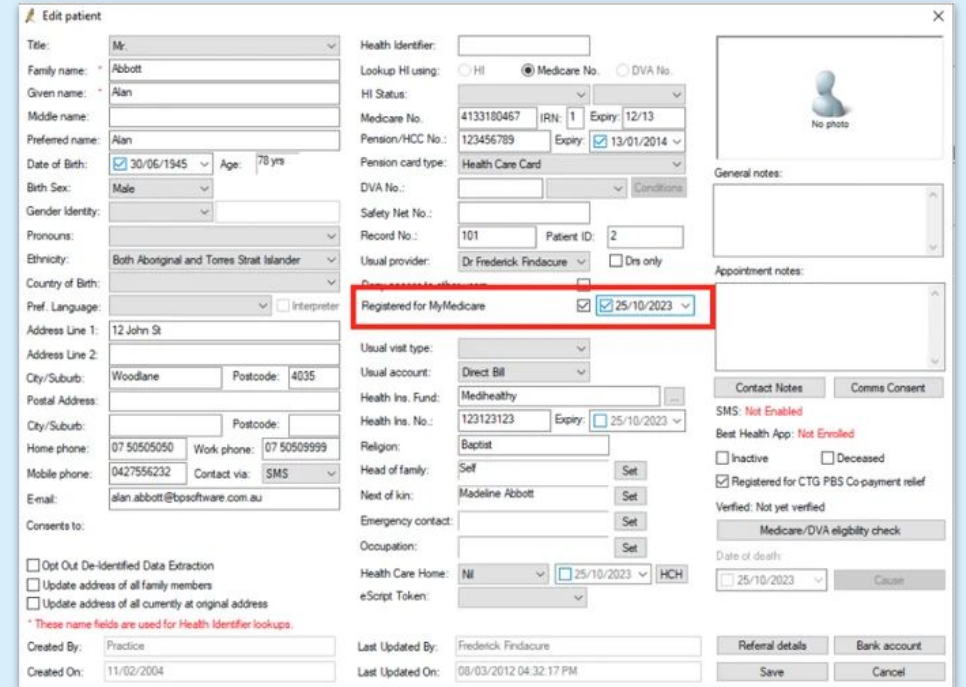
 **MyMedicare Broadcast template**
Ability to target patient registered or not registered

 **MyMedicare Inform Campaign**
Ability to target patients not yet registered

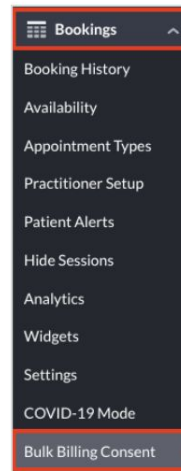
Bulk Billing Consent Forms

Capture patients written consent in order to bulk bill their telehealth consultation.

 **Face to Face Bulk Billing Consent COMING SOON**



The screenshot shows the 'Edit patient' form with various fields for patient information. The 'Registered for MyMedicare' checkbox is checked, and the date is set to 25/10/2023. A red box highlights this section.



The screenshot shows the HotDoc navigation menu with the 'Bulk Billing Consent' option highlighted.

Telehealth consent for bulk billed items

Send notification to request patient consent

Patients will automatically be sent a push notification, email or SMS requesting their consent, for all Telehealth appointments, including those booked via HotDoc or through your practice and if their invoice is billed to Medicare.

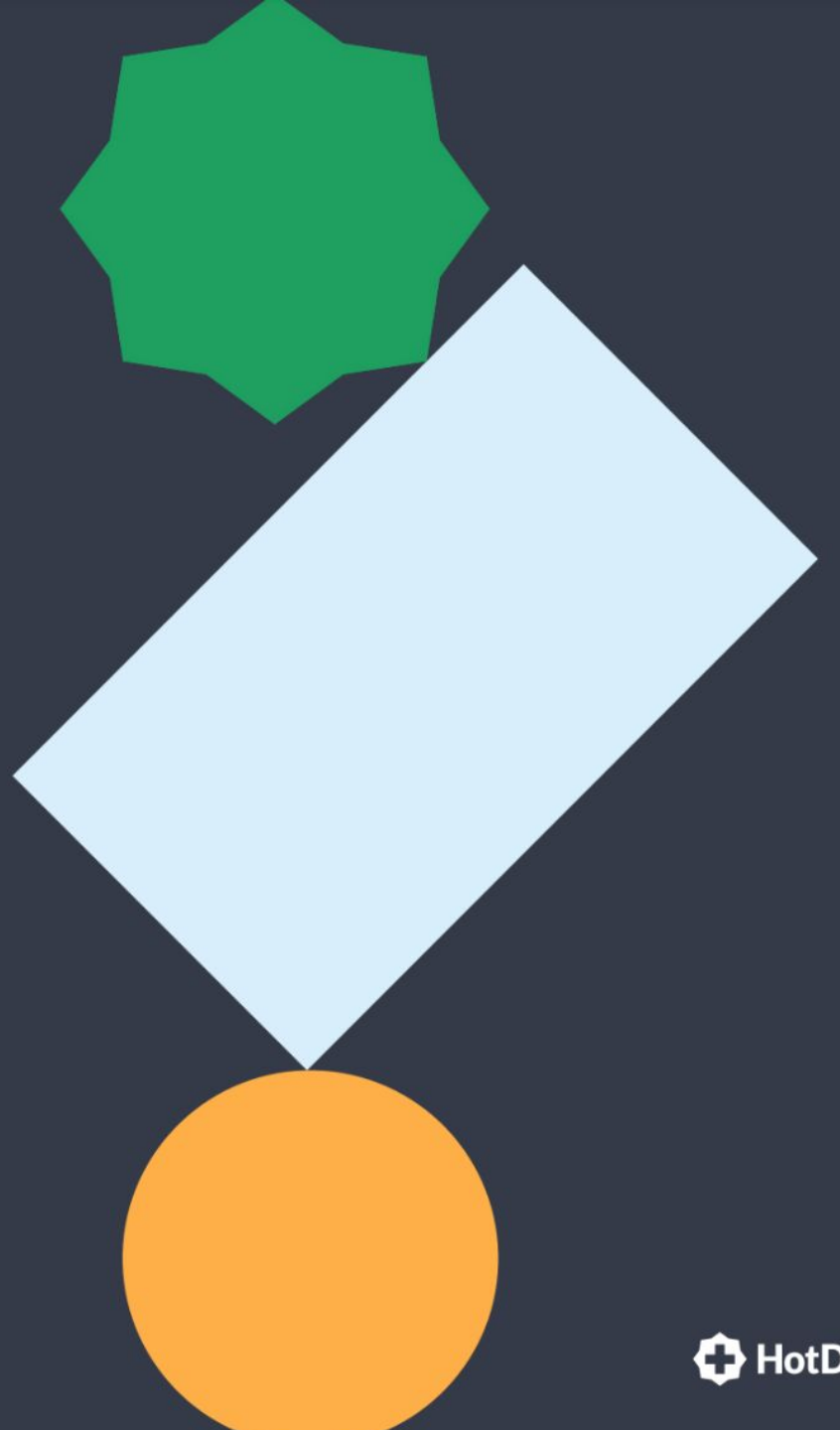
Once the patient has given their consent, a PDF will be saved into their patient file in Best Practice.

If the patient has not given consent, we will resend a second push notification, or email or SMS from 9am the next day. If they do not respond to this final request, you will be required to follow up with the patient directly. Click on any request below to view more details.

[Learn more about how we capture bulk billing consent](#)

Save

Questions



DON'T SHOOT THE MESSENGER

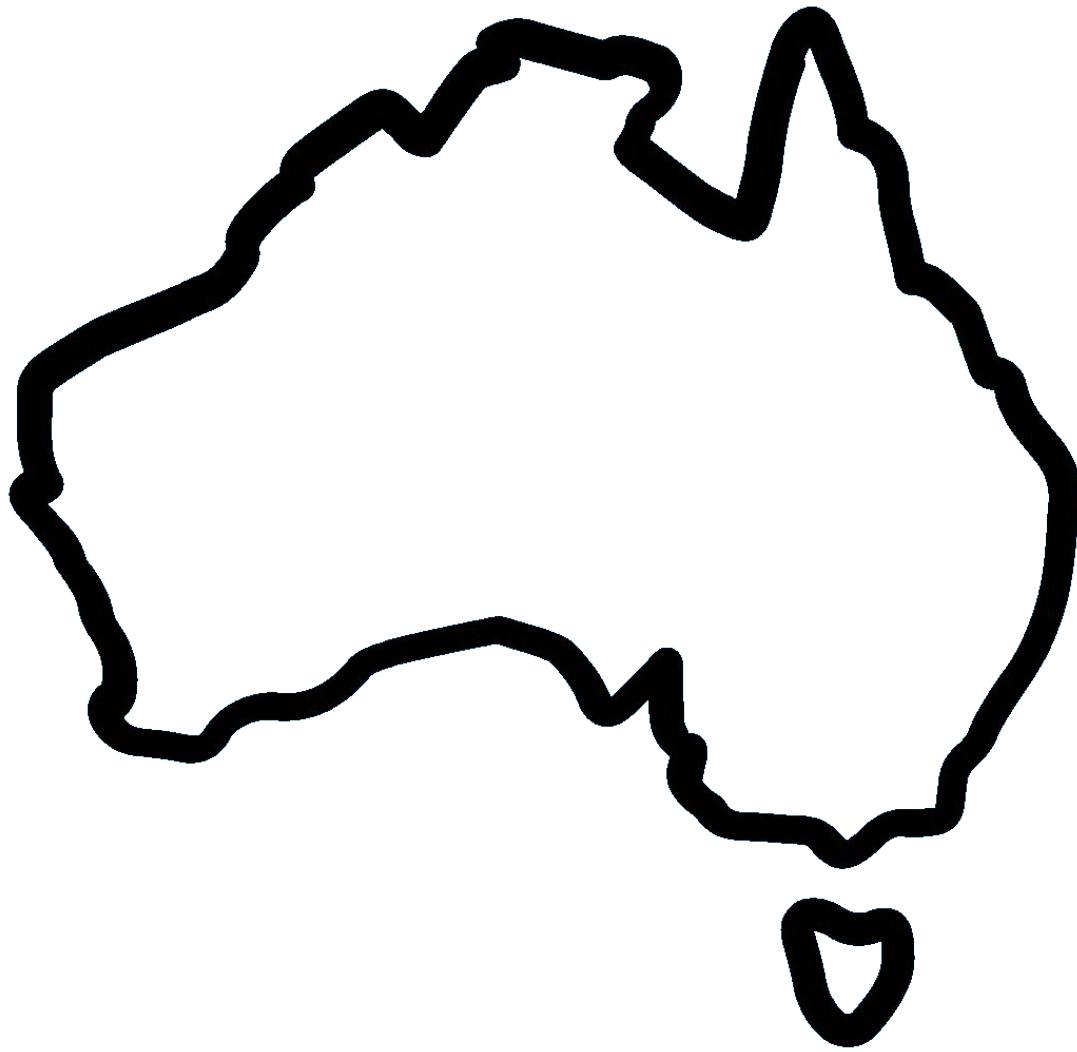


I am the messenger – please don't shoot me 😊

Recent health announcements

- 9 February: Women's health package (\$573.3 million)
- 23 February: Medicare funding and workforce proposals (\$8.5 billion)
- 2 March: Urgent Care Clinics (\$644 million)

All three announcements target increased access to bulk-billed general practice services



2,000+ practices

using






Australian Government

Department of Health and Aged Care

Strengthening Medicare with more bulk billing

The Australian Government is investing \$7.9 billion to expand eligibility for bulk billing incentive items to all Australians and to create the Bulk Billing Practice Incentive Program to support General Practices across the country to bulk bill every patient.



Expanded bulk
billing incentives

Universally bulk
billing
with the
Bulk Billing Practice
Incentive Program

Expanding eligibility for bulk billing incentives.

- **Now:** Incentives only for bulk billing kids under 16 and concession card holders
- **From 1 Nov 2025:** Incentives available for any Medicare-eligible bulk billed patient

Expanding eligibility for bulk billing incentives.

Category 8 - MISCELLANEOUS SERVICES

MN.1.1

Bulk Billing Incentives

SUMMARY

Bulk billing incentives (BBIs) are additional payments made to medical practitioners when they bulk bill eligible patients for unreferral services (NB this includes almost all general practice services).

~~Eligible patients are:~~

- ~~• Under 16 years of age, or~~
- ~~• A Commonwealth concession card holder. Information on Commonwealth concession cards is available from [Services Australia](#) .~~

Expanding eligibility for bulk billing incentives.


The value of MBS bulk billing incentives depends on the service provided and the location.

Bulk billing incentives are scaled and increase in regional, rural and remote communities, as determined using the [Modified Monash Model](#) location classification.

Location Classification	MMM Category	Incentive Amount	Approx. % of Metro Value
Metro	MMM1	\$20.65	
Regional Centres	MMM2	\$30.15	150%
Large-Medium Rural Towns	MMM3-4	\$31.95	160%
Small Rural Towns	MMM5	\$34.05	170%
Remote Communities	MMM6	\$35.80	180%
Very Remote Communities	MMM7	\$39.65	190%

Other things to note

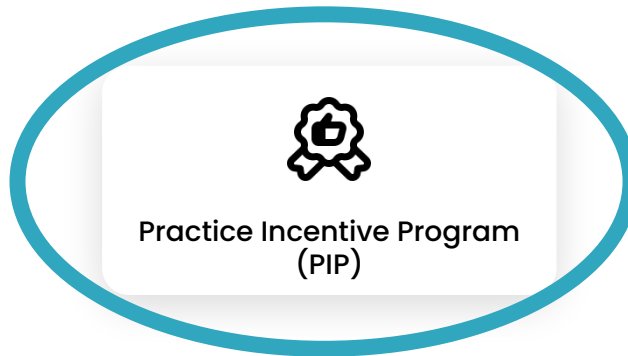
- No changes to what is “tripled” and what is not.
- Will get even if you do not sign up for Practice Incentive.



Expanded bulk
billing incentives

Universally bulk
billing
with the
Bulk Billing Practice
Incentive Program

What is a PIP?



The Practice Incentives Program (PIP) provides financial incentives to general practices (not individual doctors) for improving patient care through initiatives like PIP QI (Quality Improvement), eHealth, Indigenous Health, and Aged Care Access.

Payments go directly to the practice, and how they're used is up to practice management.

Bulk Billing Practice Incentive Program (12.5%)

Starts 1 November 2025 – New bulk billing incentive program begins.

Optional for practices – Practices can choose whether or not to participate.

Eligibility requirement – Must bulk bill every eligible service for every patient. All GP's must participate.

Incentive payment – Payment is an additional 12.5% on every dollar of MBS benefit from **eligible services**.

Revenue split – The 12.5% payment is shared between the GP and the practice. We do not know how that split works yet.

Bulk Billing Practice Incentive Program (12.5%)

When will it be paid? – Every quarter in arrears

Advertise – You will need advertise as a fully bulk billing clinic, list on Healthdirect and the government will provide marketing materials.

MyMedicare – to participate there is no requirement for the patient to be registered with MyMedicare with the practice.

Payroll Tax – Every state/territory will be different. Evolving quickly – stay tuned.

Can ACCHOs and AMS participate – Yes if they provide Medicare-funded services.

Bulk Billing Practice Incentive Program (12.5%)

- Incentive payment – Payment is an additional 12.5% on every dollar of MBS benefit from **eligible services**.
- Its **not** on everything!
- “GP NRA items” refers to General Practitioner Non-Referred Attendances under the MBS.
- These are services provided by GPs to patients without a referral from another healthcare professional.

Bulk Billing Practice Incentive Program
Eligible services (also known as GP NRA
items) by Primary Care Service Type

<https://www.health.gov.au/resources/publications/bulk-billing-practice-incentive-program-eligible-services>

Key Categories of Eligible GP Items (BBPIP)

1. GP Consults (A–E)

- Includes Level A (brief) through to Level E (extended) consults.
- Common MBS item numbers: 3, 23, 36, 44, 123, etc.

2. Other Primary Care

- Covers general attendances like health assessments, antenatal services, and telehealth.
- Includes items like 701, 703, 705, 707, 715, and more.

3. Mental Health Care

- Items for mental health treatment plans, reviews, and consultations.

4. Chronic Disease & Complex Care Management

- For care plans, reviews, team care arrangements, etc.

5. After Hours Services

- Items for services delivered outside normal consulting hours.

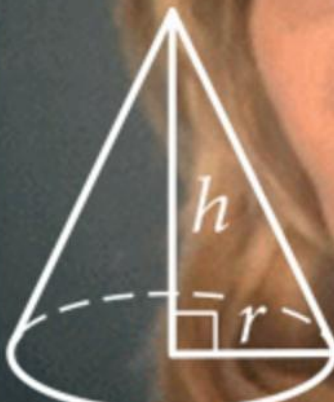
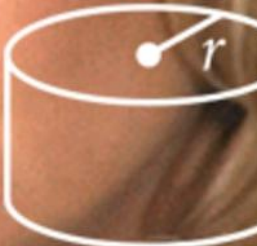
6. Flag Fall & Support Payments

- Includes home visit loading and related incentives.




$A = \pi r^2$
 $C = 2\pi r$

$V = \frac{1}{3} \pi r^2 h$





$V = \pi r^2 h$

	30°	45°	60°
sin	$\frac{1}{2}$	$\frac{\sqrt{2}}{2}$	$\frac{\sqrt{3}}{2}$
cos	$\frac{\sqrt{3}}{2}$	$\frac{\sqrt{2}}{2}$	$\frac{1}{2}$
tan	$\frac{\sqrt{3}}{3}$	1	$\sqrt{3}$



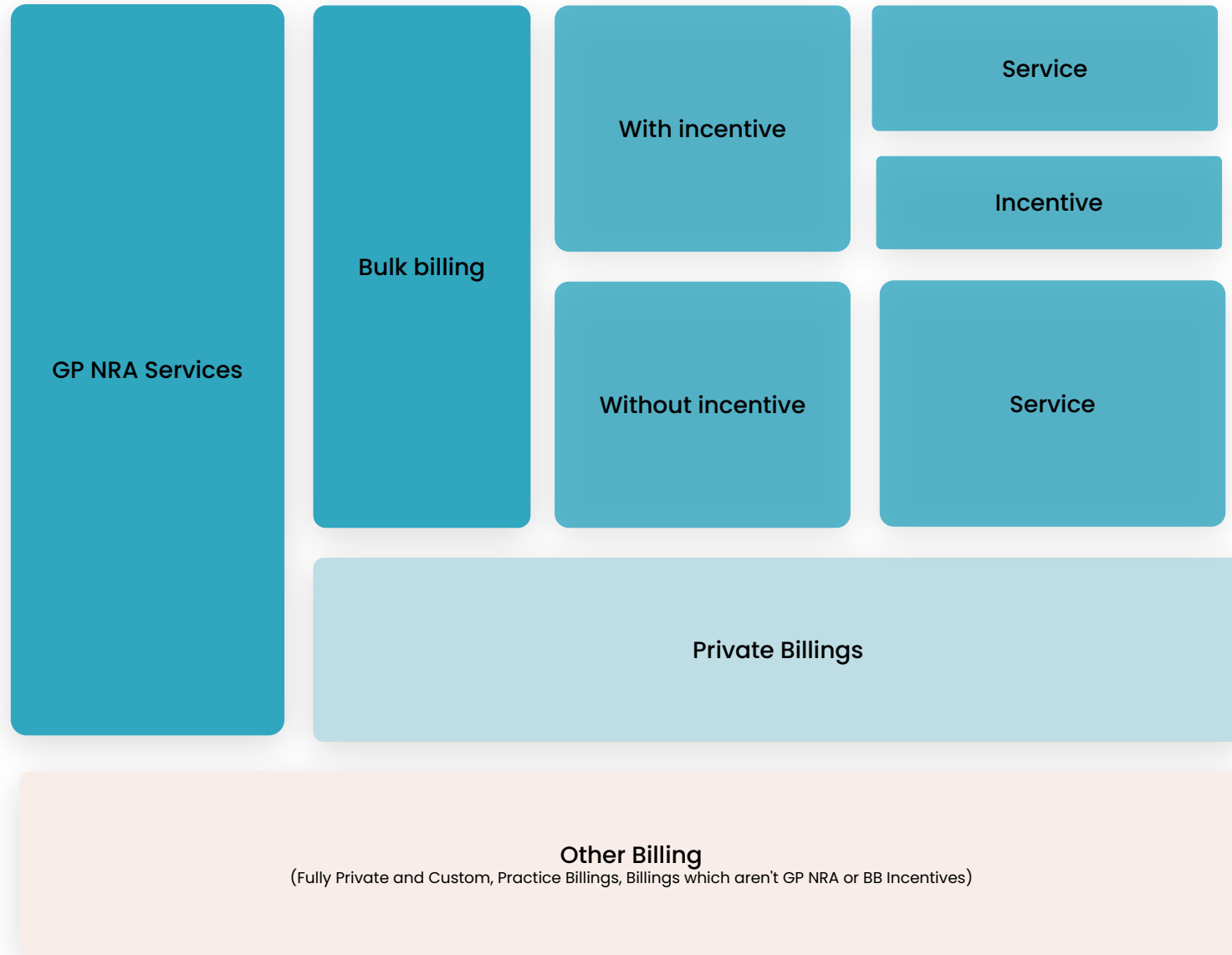
$\int \sin x dx = -\cos x + C$
 $\int \frac{dx}{\cos^2 x} = \operatorname{tg} x + C$
 $\int \operatorname{tg} x dx = -\ln|\cos x| + C$
 $\int \frac{dx}{\sin x} = \ln\left|\operatorname{tg} \frac{x}{2}\right| + C$
 $\int \frac{dx}{a^2 + x^2} = \frac{1}{a} \operatorname{arctg} \frac{x}{a} + C$
 $\int \frac{dx}{x} = \ln|x| + C$



$ax^2 + bx + c = 0$
 $a\left(x^2 + \frac{b}{a}x + \frac{c}{a}\right) = 0$
 $x^2 + 2\frac{b}{2a}x + \left(\frac{b}{2a}\right)^2 - \left(\frac{b}{2a}\right)^2 - \frac{c}{a} = 0$
 $(x + \frac{b}{2a})^2 - \frac{b^2 - 4ac}{4a^2} = 0$

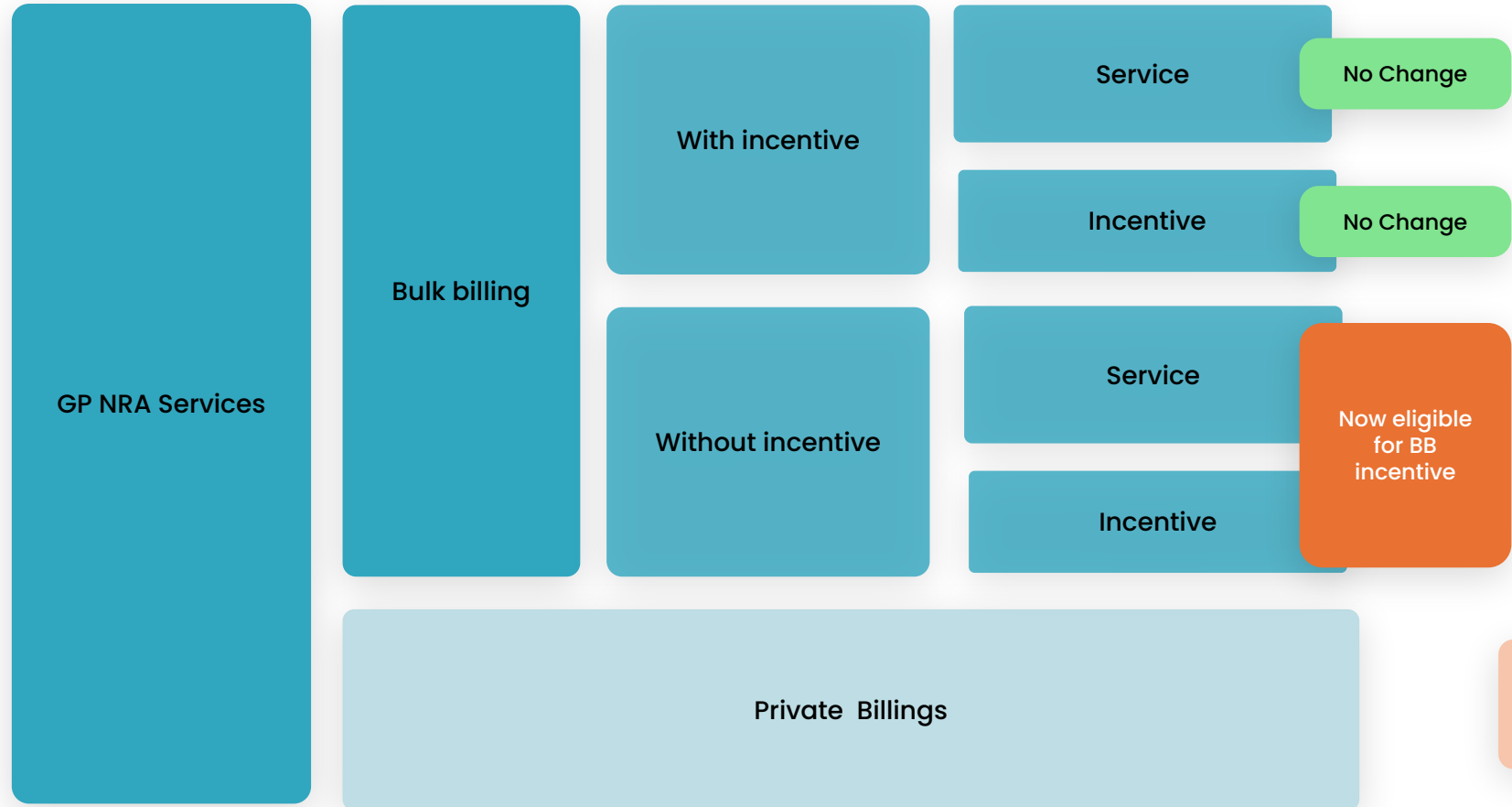
Current Gross Billings Mix

All services performed by the practice



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

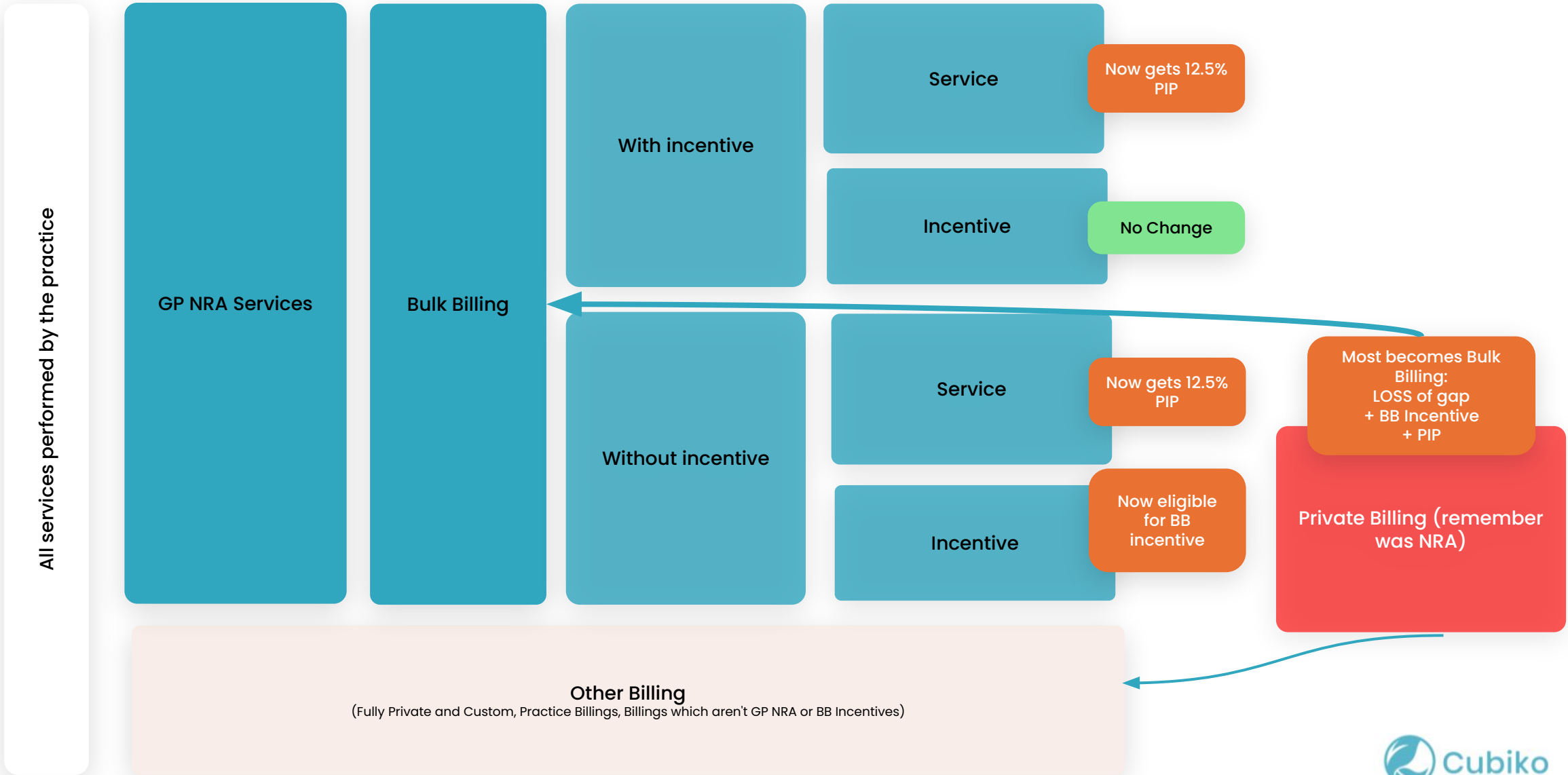
All services performed by the practice



Anecdotally: May decrease in some practices (not in model)

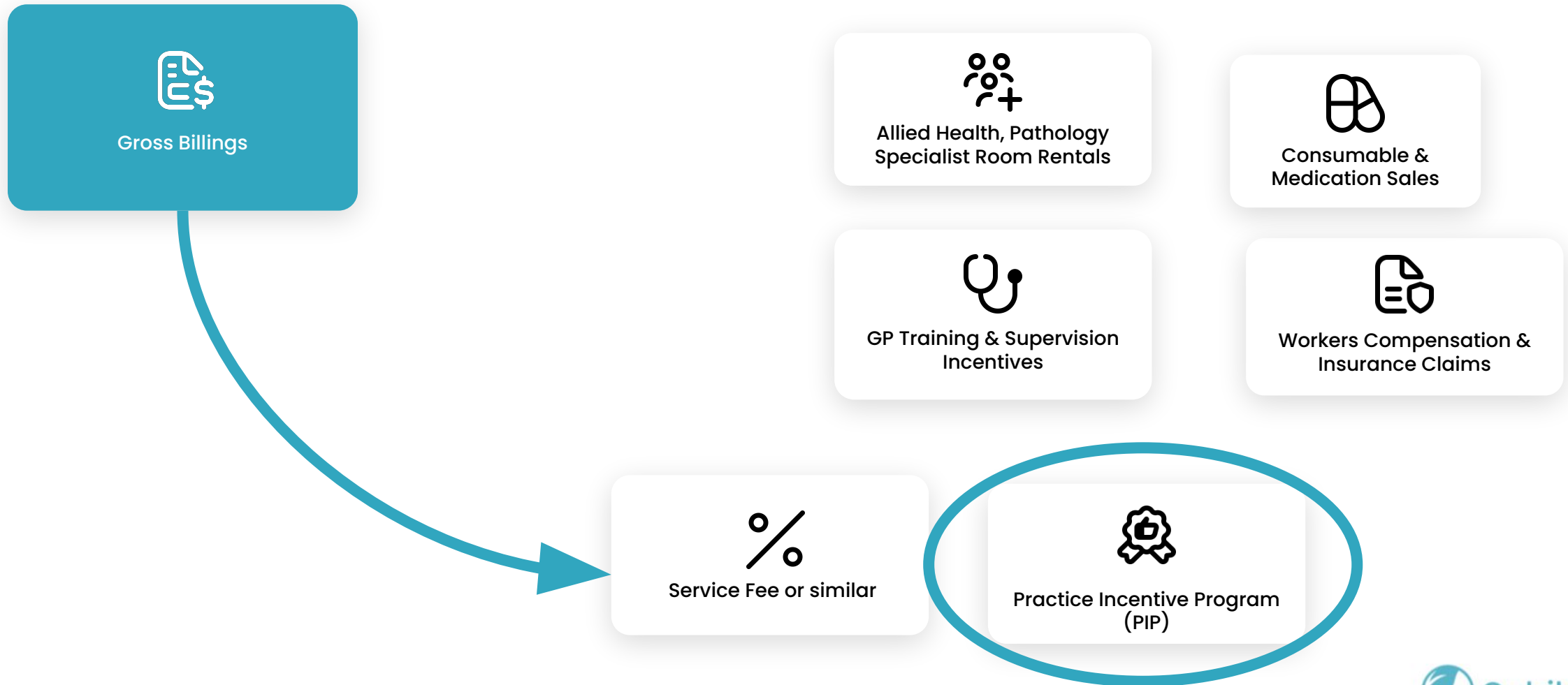
Other Billing
(Fully Private and Custom, Practice Billings, Billings which aren't GP NRA or BB Incentives)

Universally Bulk Billing - Factoring in the expanded bulk billing incentive and 12.5% PIP





The business of General Practice is complex



Let's look at 5 Different Hypothetical Practices

- Universal Bulk Billing Practice in MM1
- 91% Private Billing Practice in MM1
- 61% Bulk Billing Practice in MM1
- 70% Bulk Billing Practice in MM6
- Universal Bulk Billing Practice in MM5

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

What changes in model?



Normalised Gross to \$100,000



Bulk Billing % and MMM



Appointment Count and
service mix



Practice team, size and focus

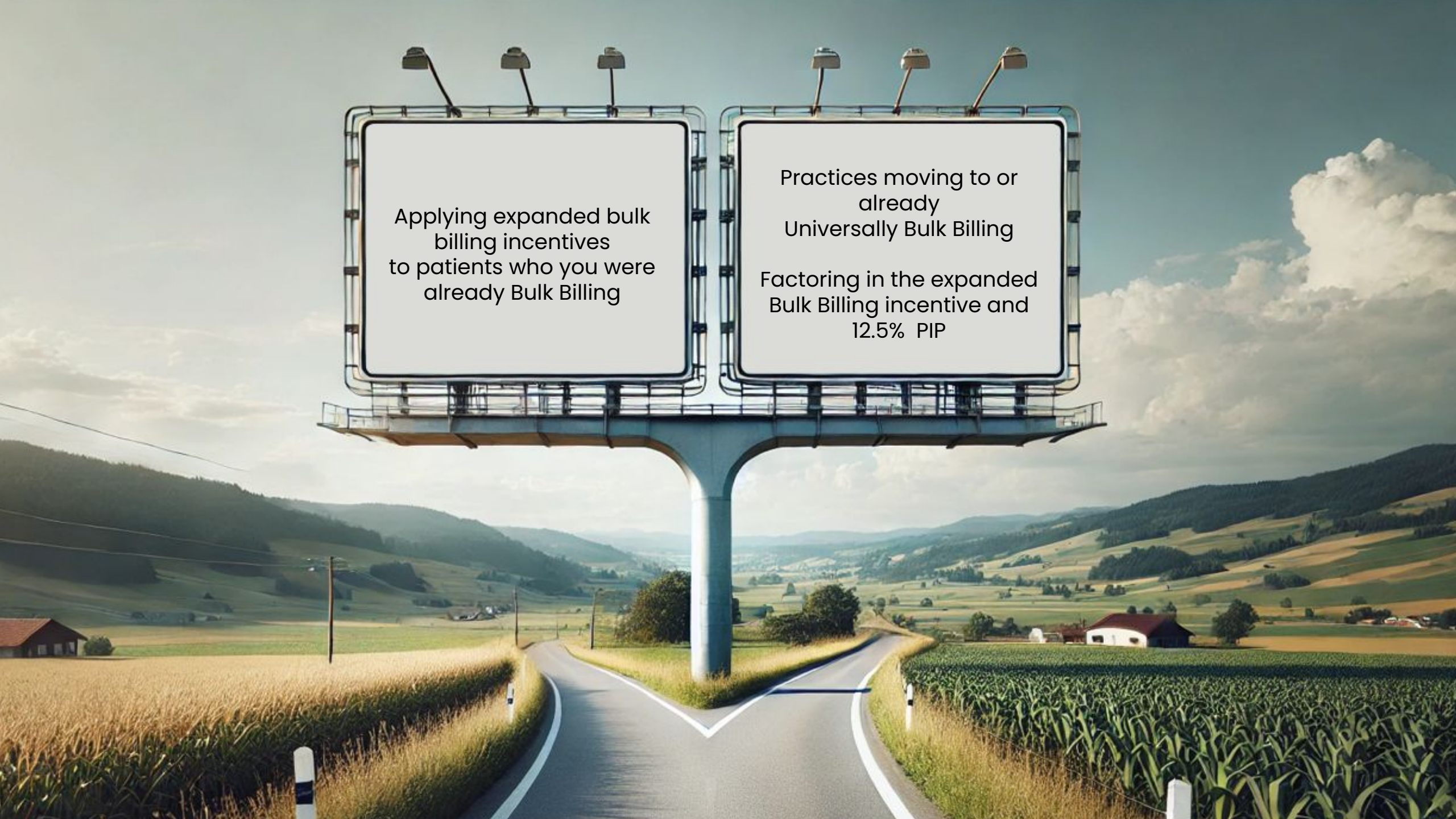


Billings Info / Payer Mix



NRA Mix

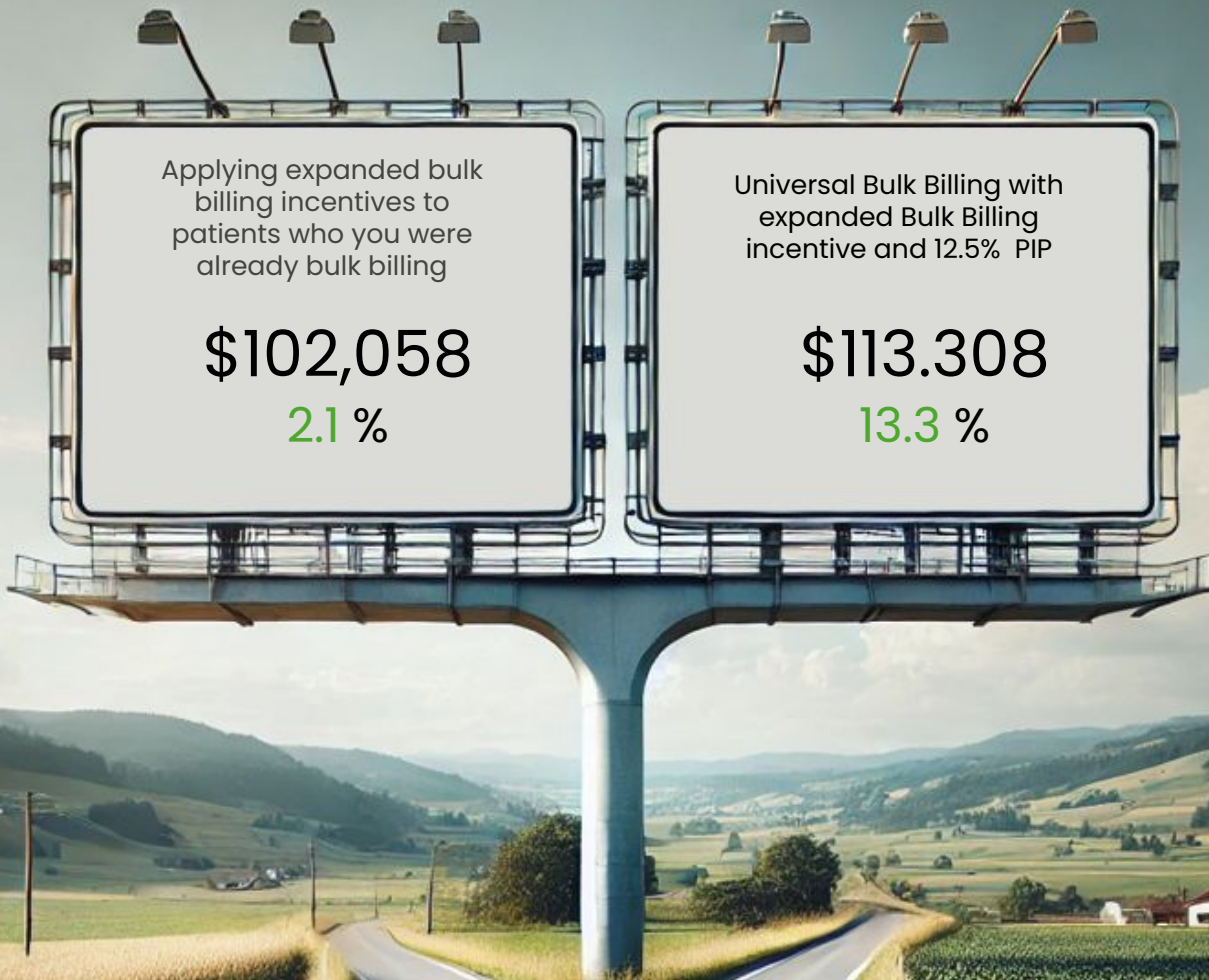
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Applying expanded bulk
billing incentives
to patients who you were
already Bulk Billing

Practices moving to or
already
Universally Bulk Billing

Factoring in the expanded
Bulk Billing incentive and
12.5% PIP



Universal Bulk Billing Practice in MMI

The models presented are based on fictional practices, using best estimates of typical practice parameters. They are for illustrative purposes only.

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

\$100,175
0.2 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$87,917
-12.1 %

91% Private Billing in MM1

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

\$101,625
1.6 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$105,733
5.7 %

61% Bulk Billing in MM1

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


\$102,966
3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$111,343
11.3 %

70% Bulk Billing in MM6

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

\$3,000
3.0 %

Universal Bulk Billing with
expanded Bulk Billing
incentive and 12.5% PIP

\$114,250
14.3 %

Universal Bulk Billing Practice in MM5

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Go Deeper than the Headline – your business model!



Locked into Govt Indexation



Whole Team needs to be onboard



What might change about your service mix / Independence



PIP Split



Business model in the Future



Expenses and outgoings

What is out of scope?



Practice Workflows



Patient Care



Other Revenue



Costs and Overheads



Payroll Tax



Team Culture

Most Important is your data

These are 5 examples – your practice will be different!

Every Practice is Different

Every Practitioner is Different

Pick a month / quarter / year
and rerun it

More recent is better! Things are always changing 😊

In Cubiko

Let's get started.

Plan and perform at your best for every patient, every day.

Consulting utilisation last week

60%

Last week's billings

\$118,421

Patients per consulting hour last week

4.1

New patients last week

88

Summary

Clinic Insights

Clinic Optimisation

Financial Insights

Integrations

MyMedicare

Industry Updates

Proposed 2025 Bulk Billing Changes

Insights based on practice data to help understand the impact of the proposed bulk billing changes for 1st of November 2025.

In Cubiko

Overall effect

The proposal includes two key changes which will impact practice revenue:

- **Expanded patient eligibility for bulk billing incentives** Bulk billing incentives will be available to all Medicare-eligible patients, rather than just concession card holders or those 15 and under.
- **Practice incentive payment** An additional 12.5% practice incentive payment will be available to practices that bulk bill all GP Non-referred attendances.

Filters

Saved filters

Dates

1 Feb 2025 → 28 Feb 2025

Filters

Modified Monash Model:

MM1 - Metro

Filter...

MM1 - Metro

MM2 - Regional

MM3 - Large Rural

MM4 - Medium Rural

MM5 - Small Rural

MM6 - Outer Rural

MM7 - Very Remote

Billings ⓘ

\$153,375.75

Billings with increased incentive availability ⓘ

\$155,491.30

↑\$2,115.55

Billings if adopting universal bulk billing ⓘ

\$166,285.23

↑\$12,909.48 compared to current
↑\$10,793.93 compared to expanded incentives

Current service mix ⓘ

Category	Services	Patients	Billings	Additional bulk billing incentives ⓘ	Gap
Bulk billings with an incentive	2537	809	\$116,522.70	\$0.00	\$0.00
Bulk billings without an incentive	148	120	\$11,114.35	\$2,115.55	\$0.00
Mixed billings	176	153	\$17,730.30	\$0.00	\$7,206.70
Other billings	148	136	\$8,008.40	\$0.00	\$3,191.30

Page Size: 200 1 to 4 of 4 Page 1 of 1

What is the impact of the expanded incentive eligibility?

Without making any changes to billing patterns, all practices will gain access to additional revenue through the expanded eligibility of bulk billing incentive items. These metrics provide context on which patients are currently being bulk billed, and how that relates to the changing eligibility criteria.

Additional bulk billing incentives ⓘ

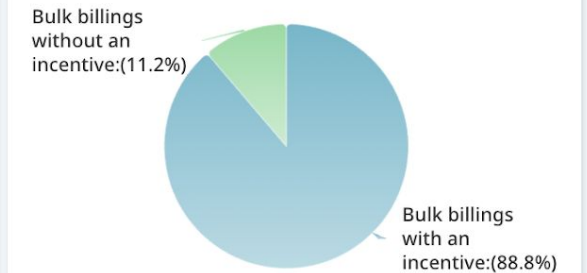
↑ \$5,555.60

138 additional 'single' incentives
214 additional 'triple' incentives

Bulk billed services based on patient eligibility ⓘ

	Commonwealth Seniors Health Card	DVA Card (Gold/White)	Health Care Card	No Concession Card	Pensioner Concession...
16 years and over	20	8	509	341	1,941
15 years and under			101	157	52

Was an incentive charged for a bulk billing? ⓘ

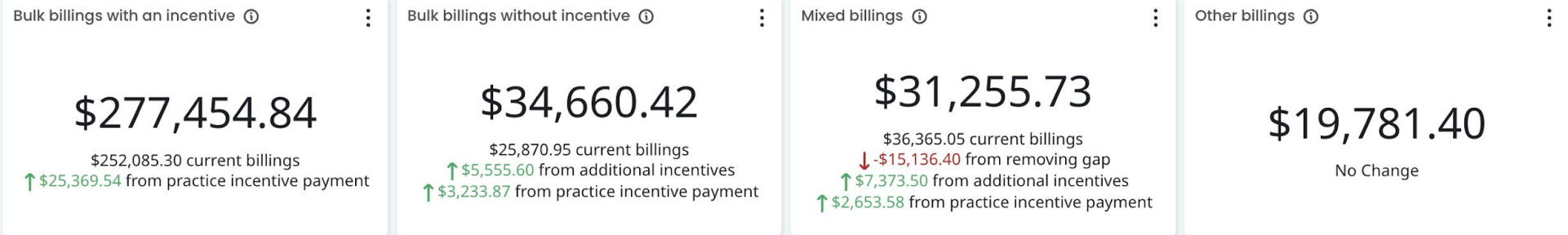


What is the impact if the practice universally bulk bills?

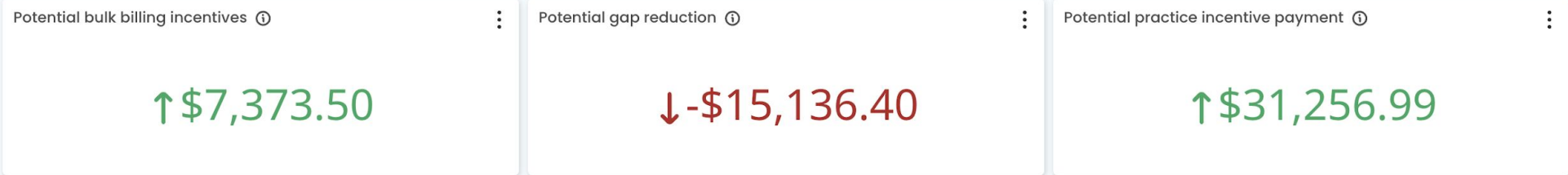
If the practice already bulk bills all GP Non-referred attendances, or adopts universal bulk billing in the future, then the impact of the announcement is substantially larger. There are three main numbers to consider:

- **Potential gap reduction** If the practice adopts universal bulk billing, relevant services where a private gap is currently charged would instead be bulk billed. Any gap currently charged on these services would no longer be available.
- **Potential bulk billing incentives** If the practice adopts universal bulk billing, relevant services where a private gap is currently charged would instead be bulk billed. Revenue from bulk billing incentives would be available for these services.
- **Practice incentive payment** If the practice adopts universal bulk billing, the practice would be eligible for a 12.5% loading payment on all GP Non-referred attendances.

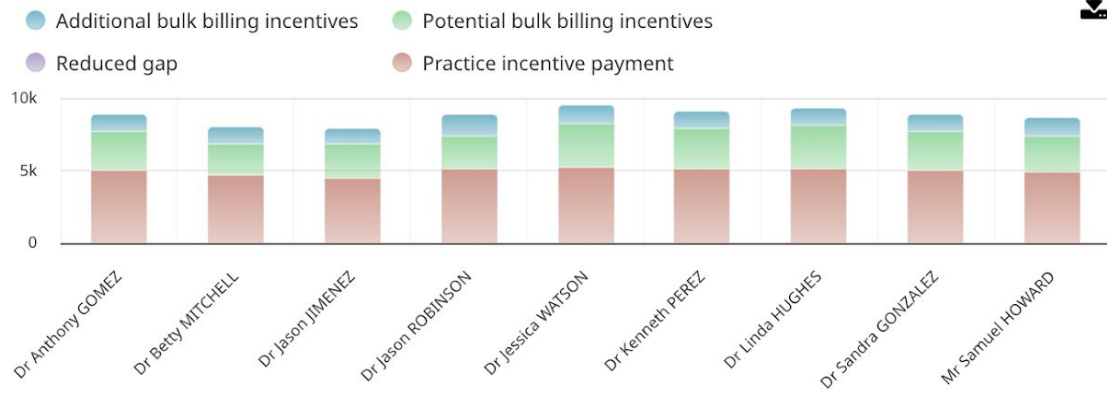
The changes affect each category of billing differently. It's important to evaluate the impact on each category of services, as well as the overall effect on all services provided.



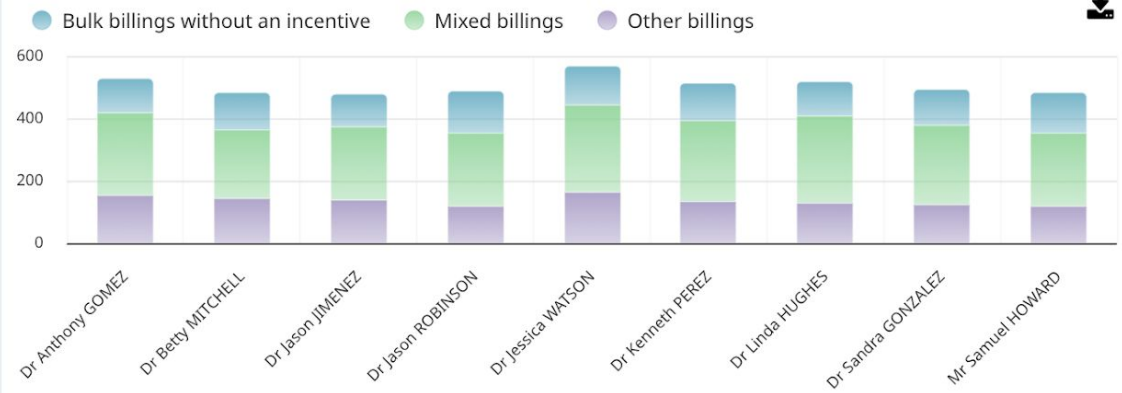
These metrics show the combined impact of adopting universal bulk billing. They don't include additional incentives for services which are already bulk billed, as these can be claimed regardless of the practice's billing model. The 12.5% practice incentive payment applies to all GP-NRA billings at the practice, but is only available if the practice universally bulk bills.



Practitioner impact if adopting universal bulk billing ⓘ



Mix of services by Practitioner ⓘ



Practitioner breakdown of impact ⓘ

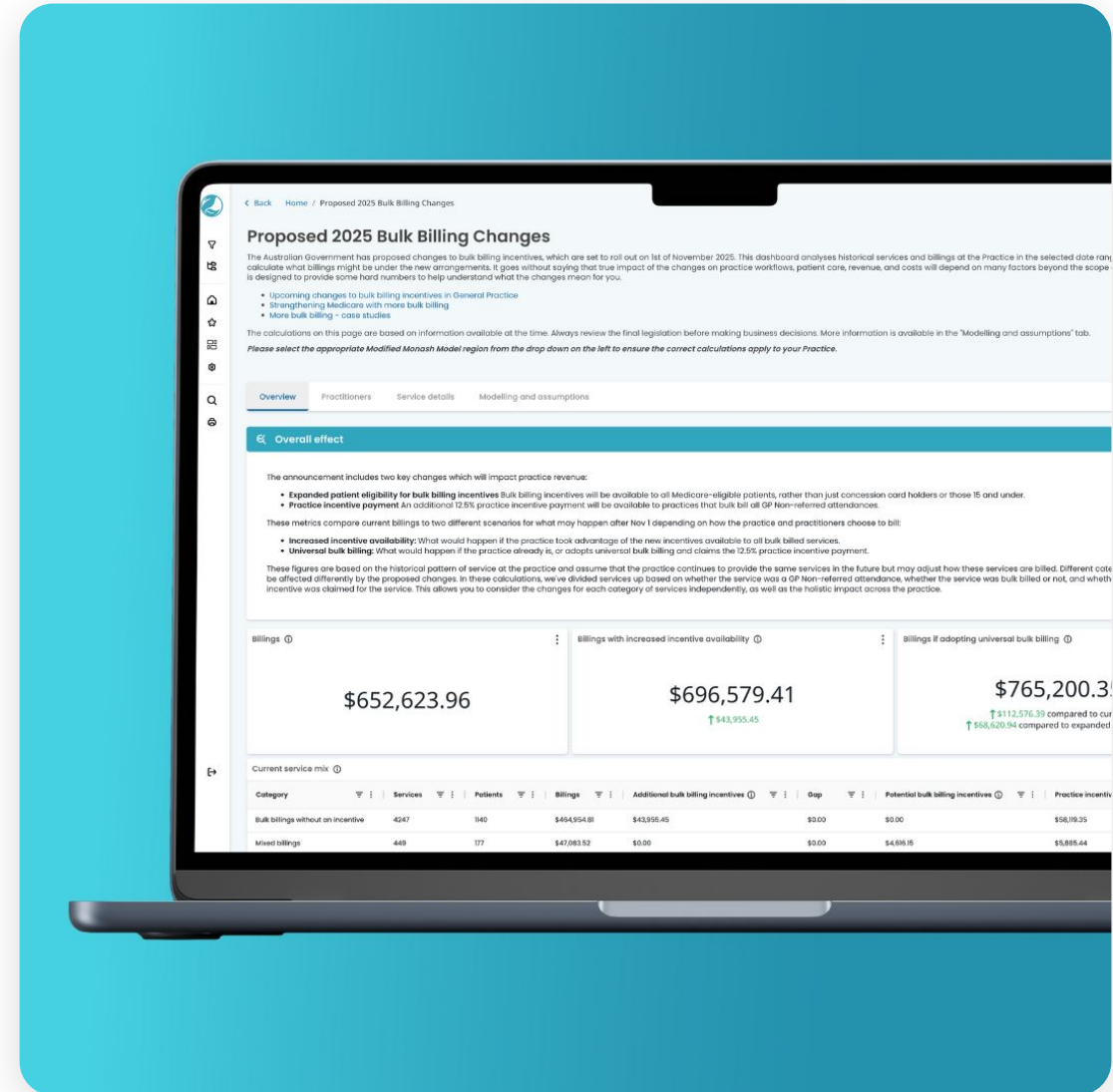
Name	Services	Billings	Additional bb incentives ⓘ	Gap	GP-NRA Gap	Potential bb incentives ⓘ	Practice incentive payment
Dr Anthony GOMEZ	528	\$53,150.41	\$1,169.80	\$0.00	\$0.00	\$2,718.55	\$4,978.93
Dr Betty MITCHELL	484	\$50,276.34	\$1,177.45	\$0.00	\$0.00	\$2,190.85	\$4,646.95
Dr Jason JIMENEZ	477	\$47,834.30	\$1,077.35	\$0.00	\$0.00	\$2,390.25	\$4,455.97
Dr Jason ROBINSON	488	\$50,610.20	\$1,441.00	\$0.00	\$0.00	\$2,347.55	\$5,070.31

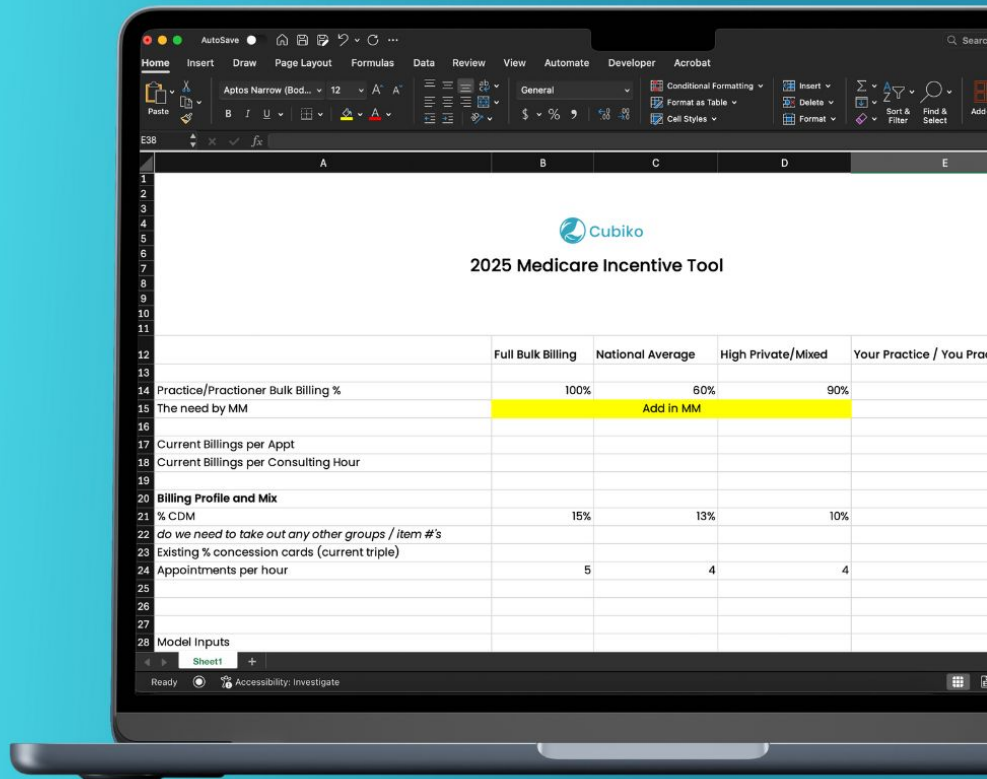
Overview Practitioners **Service details** Modelling and assumptions

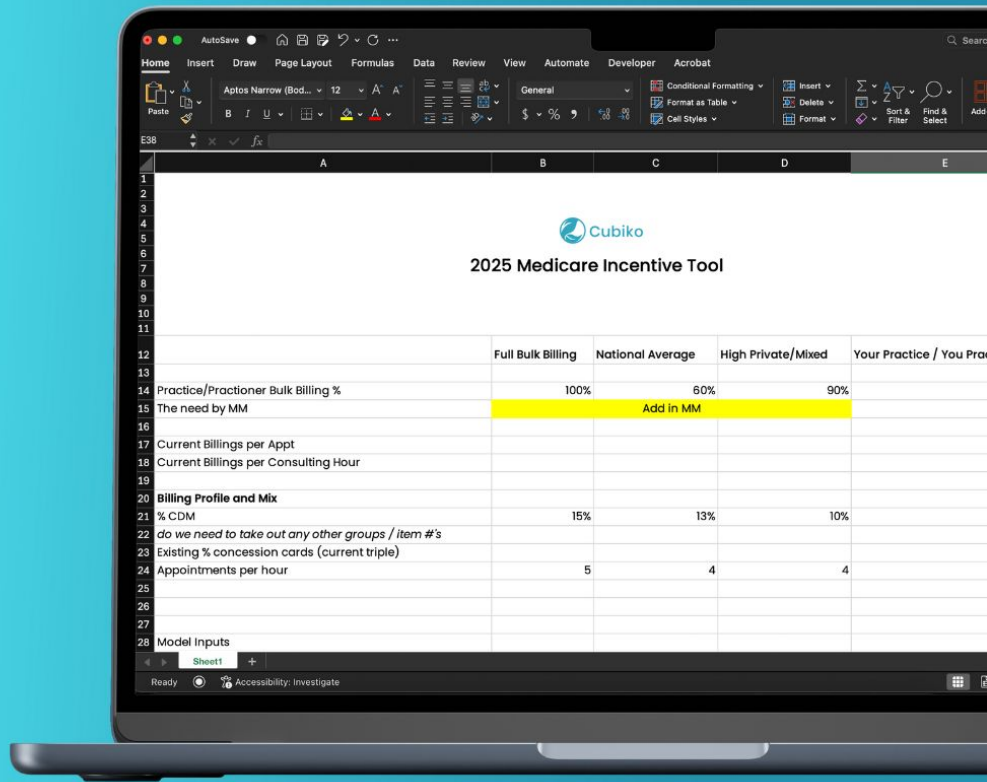
Impact on individual services ⓘ 📄 ⬇️ ⋮

Category	Service id	Service date	Item	Practitioner name	Patient id	Patient age ⓘ	Patient concession card
Mixed billings	17822	01/03/2025	Item 3	Dr Anthony GOMEZ	1986	18	DVA Card (Gold/White)
Mixed billings	33495	01/03/2025	Item 723	Dr Anthony GOMEZ	1423	43	DVA Card (Gold/White)
Mixed billings	33494	01/03/2025	Item 91890	Dr Anthony GOMEZ	1423	43	DVA Card (Gold/White)
Other billings	18090	01/03/2025	Item 10997	Dr Anthony GOMEZ	236	75	DVA Card (Lilac/Orange)
Other billings	3127	01/03/2025	Custom item	Dr Anthony GOMEZ	5541	59	No Concession Card
Other billings	374	01/03/2025	Item 10997	Dr Anthony GOMEZ	1882	40	DVA Card (Gold/White)
Other billings	11761	01/03/2025	Item 10997	Dr Anthony GOMEZ	1113	26	DVA Card (Lilac/Orange)
Mixed billings	375	01/03/2025	Item 3	Dr Anthony GOMEZ	1882	40	DVA Card (Gold/White)
Mixed billings	1089	01/03/2025	Item 732	Dr Anthony GOMEZ	3352	73	No Concession Card
Mixed billings	1087	01/03/2025	Item 23	Dr Anthony GOMEZ	3352	73	No Concession Card
Bulk billings without an incentive	38131	01/03/2025	Item 732	Dr Anthony GOMEZ	3916	5	Commonwealth Seniors Health
Bulk billings without an incentive	18089	01/03/2025	Item 44	Dr Anthony GOMEZ	236	75	DVA Card (Lilac/Orange)

Book a Demo
To see our Medicare
Incentive Dashboard in
action



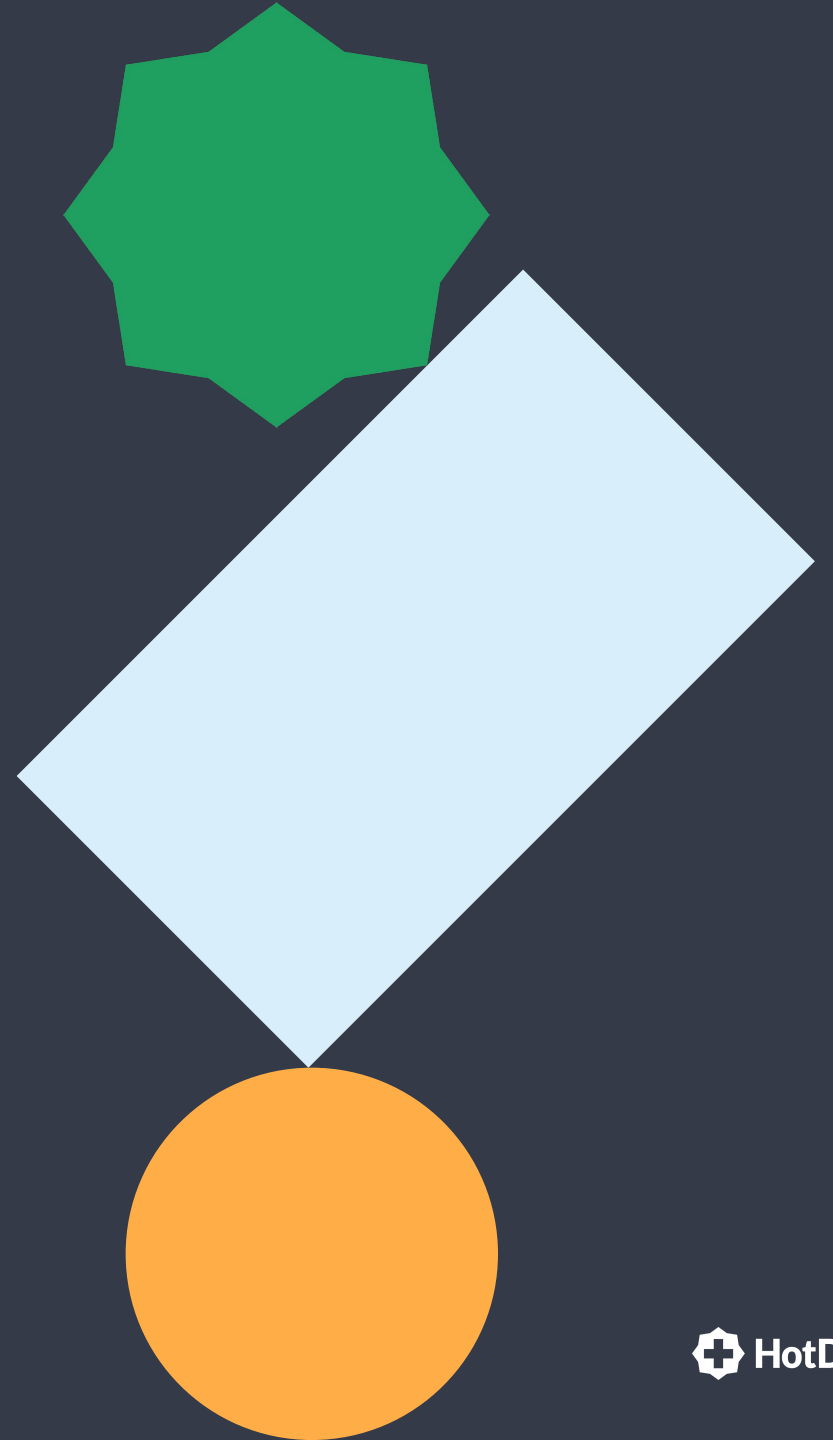




Free Download 2025 Medicare Incentive Tool




How can HotDoc
help with these new
incentives...




PRODUCT FEATURE

Sync MyMedicare Registration

Access to the MyMedicare field in BP, opens the door to use information in other HotDoc products

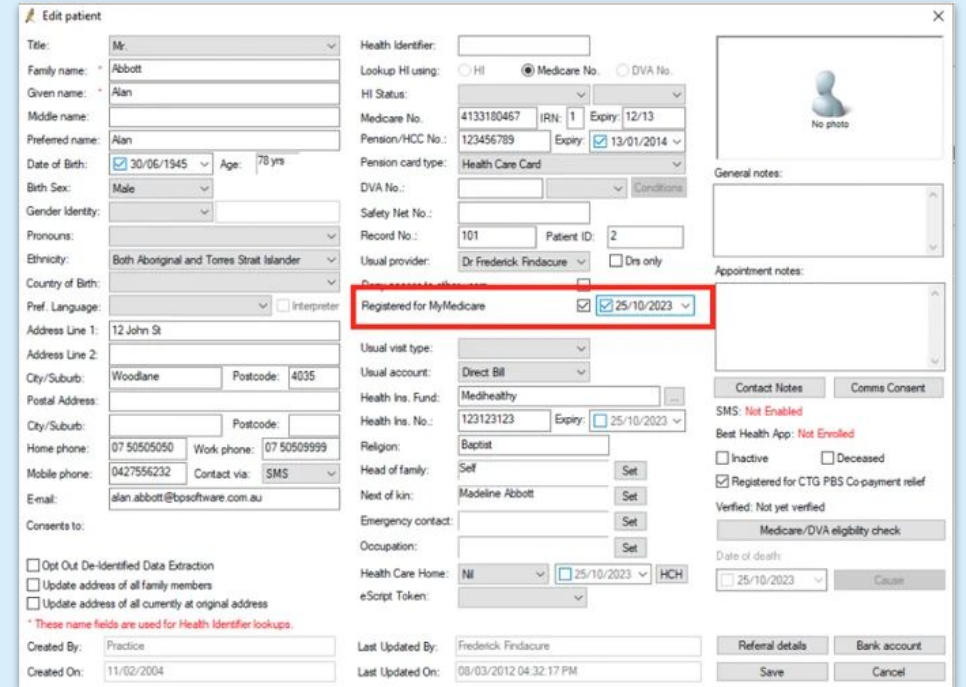
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Ability to target patient registered or not registered

 **MyMedicare Inform Campaign**
Ability to target patients not yet registered

Bulk Billing Consent Forms

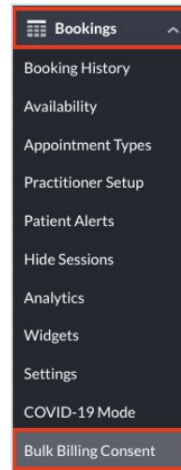
Capture patients written consent in order to bulk bill their telehealth consultation.

 **Face to Face Bulk Billing Consent COMING SOON**



The screenshot shows the 'Edit patient' form with the following details:

- Title: Mr.
- Family name: Abbott
- Given name: Alan
- Middle name: (empty)
- Preferred name: Alan
- Date of Birth: 30/06/1945, Age: 78 yrs
- Birth Sex: Male
- Gender Identity: (empty)
- Pronouns: (empty)
- Ethnicity: Both Aboriginal and Torres Strait Islander
- Country of Birth: (empty)
- Prof. Language: (empty)
- Address Line 1: 12 John St
- Address Line 2: (empty)
- City/Suburb: Woodlane, Postcode: 4035
- Postal Address: (empty)
- City/Suburb: (empty), Postcode: (empty)
- Home phone: 07 50505050, Work phone: 07 50509999
- Mobile phone: 0427556232, Contact via: SMS
- Email: alan.abbott@bpcsoftware.com.au
- Consents to: (empty)
- Opt Out De-identified Data Extraction:
- Update address of all family members:
- Update address of all currently at original address:
- Created By: Practice, Created On: 11/02/2004
- Health Identifier: (empty)
- Lookup HI using: Medicare No.
- HI Status: (empty)
- Medicare No.: 4133180467, IRN: 1, Expiry: 12/13
- Pension/HCC No.: 123456789, Expiry: 13/01/2014
- Pension card type: Health Care Card
- DVA No.: (empty), Conditions: (empty)
- Safety Net No.: (empty)
- Record No.: 101, Patient ID: 2
- Usual provider: Dr Frederick Findaure, Drs only:
- Usual visit type: (empty)
- Usual account: Direct Bill
- Health Ins. Fund: Medheathy
- Health Ins. No.: 123123123, Expiry: 25/10/2023
- Religion: Baptist
- Head of family: Self (Set)
- Next of kin: Madeline Abbott (Set)
- Emergency contact: (empty) (Set)
- Occupation: (empty) (Set)
- Health Care Home: Nil, 25/10/2023, HCH
- eScript Token: (empty)
- Last Updated By: Frederick Findaure, Last Updated On: 08/03/2012 04:32:17 PM
- Registered for MyMedicare: 25/10/2023
- General notes: (empty)
- Appointment notes: (empty)
- Contact Notes: (empty)
- Comms Consent: (empty)
- SMS: Not Enabled
- Best Health App: Not Enrolled
- Inactive: Deceased:
- Registered for CTG PBS Co-payment relief:
- Verified: Not yet verified
- Medicare/DVA eligibility check: (empty)
- Date of death: (empty)
- Referral details, Bank account, Save, Cancel buttons.



The screenshot shows the navigation menu with the following items:

- Bookings
- Booking History
- Availability
- Appointment Types
- Practitioner Setup
- Patient Alerts
- Hide Sessions
- Analytics
- Widgets
- Settings
- COVID-19 Mode
- Bulk Billing Consent**

Telehealth consent for bulk billed items

Send notification to request patient consent.

Patients will automatically be sent a push notification, email or SMS requesting their consent, for all Telehealth appointments, including those booked via HotDoc or through your practice and if their invoice is billed to Medicare.

Once the patient has given their consent, a PDF will be saved into their patient file in Best Practice.

If the patient has not given consent, we will resend a second push notification, or email or SMS from 9am the next day. If they do not respond to this final request, you will be required to follow up with the patient directly. Click on any request below to view more details.

[Learn more about how we capture bulk billing consent](#)

Save

Questions

