
MEMBER FORUM

AGENDA ITEM NO. 11

REPORT: MBS Changes from 1 November 2025

NAME AND POSITION TITLE: Isabella Johnson, GM, Innovation, Evidence & Reform

PURPOSE OF REPORT: To brief Member Services on the significant changes to the Medicare Benefits Schedule (MBS) that came into effect on 1 November 2025.

PERIOD: November 2025

Recommendation(s) / Noting:

Note the significant MBS changes that came into effect on 1 November 2025.

Information and Discussion:

1. Key MBS Changes

Expanded Bulk Billing Incentives

Bulk billing incentives now apply to all patients with a Medicare card. The previous restriction to concession card holders and children under 16 has been removed.

Bulk Billing Practice Incentive Program (BBPIP)

This is a new, voluntary program. Participating practices will receive an additional quarterly 12.5% incentive payment on MBS benefits from eligible services. By default, this payment is split equally (50:50) between the GP and the practice [this arrangement can be adjusted].

Better Access redesign

To access Medicare benefits for Mental Health Treatment Plans (MHTPs), patients must now be registered at a MyMedicare practice or be seeing their usual medical practitioner. Specific MBS items for MHTP reviews and mental health consultations have been removed. GPs are now required to use standard time-tiered consultation items for these services.



Updated terminology

The MBS now refers to Aboriginal Health Practitioners and Health Workers as "*Aboriginal and Torres Strait Islander primary health care professionals*". Their services are described as "*Aboriginal and Torres Strait Islander health and wellbeing services*". These terminology changes do not affect billing.

2. Key Concerns with changes

The default 50/50 split under BBPIP presents challenges for ACCHOs:

- The rigid payment structure does not accommodate the diverse employment models used by ACCHOs.
- NACCHO's request for a sector-wide exemption under Section 19(2) of the *Health Insurance Act 1973* was declined by the Department of Health, Disability and Ageing.
- ACCHOs must negotiate individual payment arrangements with doctors, increasing administrative complexity and risking inconsistency.
 - Some ACCHOs are changing the doctor contracts so that the entire of the bulk billing incentive goes to the ACCHO. The bank account details can be changed on the portal so that the GP payments go instead into the ACCHO. ACCHOs have until January 2026 to work through this.
 - **Important Note:** *BBPIP does not reduce existing billing revenue. It provides additional funding on top of current MBS income.*
- Rural doctors are eligible to access certain incentive payments, and unless disclosed to the ACCHO these payments may not be factored into salary negotiations, for example:
 - **GP in Aged Care Incentive:** \$300 per patient, per year to the GP and \$130 per patient, per year to the practice. *Note: Redirection of BBPIP payments will automatically redirect other MyMedicare payments, including the GP ACI.*
 - **Workforce Incentive Program (WIP):** Doctors in Modified Monash (MM) 3–7 locations working in First Nations Health can access annual Workforce Incentive Program (WIP) payments across two streams, potentially earning from \$4,000 to \$81,000 per year based on location, hours worked, duration of service, and vocational registration status etc. These payments require sign off from the CEO.

We welcome feedback and experiences from Member Services to strengthen collective advocacy efforts.