# MBS bulk billing incentives: Am I billing correctly?

## Responses to questions from attendees

### Webinar details

**Date:** Wednesday 24 April 2024

**Time:** 7.00 pm – 8.00 pm AEST

**Facilitator:** Dr Michael Wright, RACGP

**Presenters:** Louise Riley, Department of Health and Aged Care
Imogen Colton, Department of Health and Aged Care

**Recording:** Click here to view (member-only)

### General comments

Many of the questions received during the webinar on 24 April 2024 relate to Medicare Benefits Schedule (MBS) interpretation. As with all specialist medical colleges, the Royal Australian College of General Practitioners (RACGP) has no legal authority to interpret MBS rules and regulations. There is no guarantee that Medicare will consider the use of an MBS item number appropriate, even if the RACGP does.

It is the responsibility of the treating practitioner to ensure that any service billed to Medicare meets the item descriptor in the MBS and any eligibility requirements in full. You should maintain appropriate patient notes to demonstrate how you met the descriptor of any Medicare service billed. For further information, see the RACGP's statement on Medicare interpretation and compliance. Any further enquiries relating exclusively to interpretation of the MBS can be emailed to askmbs@health.gov.au.

The Department of Health and Aged Care (DoHAC) has been asked to provide advice and input to this document. **For clarity, RACGP views and positions on MBS policy identified in this document do not represent the views of DoHAC.**

Responses which feature RACGP opinion or information about our advocacy have been separated out for clarity. We have grouped questions together under common themes in alphabetical order for ease of reading.

### Questions about Medicare regulations and item number interpretation

#### Activities that count towards the consultation time

- *Does checking the patient's eligibility for bulk billing incentives (BBIs) count as part of the consultation time?*

As outlined in MBS Note AN.0.9, only time spent with the patient (or on the telephone/video call with the patient in the case of telehealth) performing clinically relevant tasks can be included in the consultation time. Clinically relevant tasks include, but are not limited to:

- undertaking any of the activities described in the item descriptor
- communicating with the patient (and where relevant their carer)

- writing clinical notes, prescriptions or referrals, completing forms, reports or other paperwork relating to the patient while the patient is present
- reviewing, creating or updating entries in the patient's My Health Record while the patient is present.

Time taken to write clinical notes, complete forms, reports or other paperwork, upload records in My Health Record (or other systems) or talk to carers and relatives when the patient is not present cannot be included in the consultation time.

- *What can we bill for authority scripts done in the clinic for residential aged care patients?*

Consistent with subsection 5(1) of the *Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021*, the calculation of consultation time for telehealth services should only include time where audio contact is maintained for attendances by phone and where audio and visual contact are maintained for attendances by video. If general practitioners (GPs) contacted authority lines in the context of telehealth services, this time will only be counted toward the consultation time if audio and visual contact with the patient is maintained, as appropriate. It is the responsibility of the medical practitioner providing the service to ensure all requirements of the MBS item have been met, including that only time where audio and visual contact with the patient is maintained is included in the consultation time for the relevant telehealth service.

### Antenatal care

- *If a patient is pregnant, do we have to bill the antenatal item number for them?*
- *If a pregnant patient is visiting for a viral infection, the antenatal care item probably doesn't closely resemble the consult. Should we still claim this item?*

Medical practitioners must bill the MBS item that best matches the service being provided. There is a designated item for antenatal care (16500), and it is likely this would be the most suitable item to bill if you see a pregnant patient and the service provided relates to their pregnancy. However, if a pregnant patient attends a consultation for another reason, it may be appropriate to bill a different item such as a general time-based attendance.

### BBI item numbers and eligible services

- *Do tripled BBIs apply to mental health consults, management plans, care cycles, heart checks, medication management reviews, investigations like electrocardiograms (ECGs), spirometry, pregnancy urine test, skin procedures etc?*

GPs can access tripled incentives when bulk billing eligible patients for the following types of consultations:

| Category | MBS item numbers |
|---|---|
| Standard attendances – Face-to-face | 23, 36, 44, 123 |
| Attendances at a place other than consulting rooms or a residential aged care facility (RACF) | 24, 37, 47, 124 |
| Professional attendances at a RACF | 90035, 90043, 90051, 90054 |
| After-hours attendances at consulting rooms | 5020, 5040, 5060, 5071 |
| After-hours attendances at a place other than consulting rooms or a RACF | 5023, 5043, 5063, 5076 |
| After-hours attendances at a RACF | 5028, 5049, 5067, 5077 |
| Standard attendances – Videoconference | 91800, 91801, 91802, 91920 |
| Standard attendances – Phone | 91891, 91900, 91910 |

Patients and practices must be registered with MyMedicare to claim the tripled BBI for Level C–E video consultations (items 91801, 91802, 91920) and Level C–D phone consultations (items 91900, 91910). Additionally, longer phone consultation items 91900 and 91910 can only be billed if the patient and practice are registered with MyMedicare.

Standard BBI payments continue to be available for doctors to co-claim when bulk billing with:

- MBS Level A (and equivalent) general attendance consultations

- Level C, D and E video and telephone general attendance consultations where the patient is not enrolled in MyMedicare
- all other relevant MBS unreferred services such as chronic disease management items, mental health items, eating disorder items, health assessments and minor procedures.

- *What is the difference between a tripled BBI and a standard BBI?*
- *What are the tripled BBI item numbers?*

Standard BBIs are single rebated items available for all MBS services provided by GPs (except COVID-19 vaccinations). From 1 November 2023, there are new MBS BBI items with higher payments. These payments are triple the amount of existing standard BBI payments and are only available for selected services. See the RACGP's fact sheet for a full list of BBI item numbers and eligible services.

- *What tripled BBI item do I bill if I am located in Modified Monash Model (MMM) area 1, but the patient is in MMM 2–7?*
- *If a rural practice in MMM 2–7 has a GP providing telehealth but from an MMM 1 location (patient in MMM 2–7), does the rural BBI apply given the location of the practice?*

The relevant Modified Monash area is determined by the location associated with the medical practitioner's provider number used to provide the service. If a service is provided away from the practice location (eg in a RACF or the patient's home), the location of the practice, not the location of the consultation, is used to determine the relevant Modified Monash area for BBI purposes.

### Billing multiple MBS items

- *If a patient comes in the morning for a flu vaccination and then has a separate consult in the afternoon, how do I bill?*
- *Can we bulk bill twice on same day (eg patient comes in for a check-up in the morning and imaging result discussion in the afternoon)?*

You can bill multiple attendances for the same patient on the same day if they're separate attendances with a reasonable lapse of time between them, and the subsequent attendances aren't a continuation of the other attendances. See the Services Australia website for details.

- *Can item 23 be billed on the same day as items 2713 or 2715?*

The rules around co-claiming MBS mental health and general consultation items are as follows:

- If a GP Mental Health Treatment item is undertaken or initiated during the course of a consultation for another purpose, the GP Mental Health Treatment Plan, Review or Consultation item and the relevant item for the other consultation may both be claimed.
- If a GP Mental Health Treatment Plan is developed over more than one consultation, and those consultations are for the purposes of developing the plan, only the GP Mental Health Treatment Plan item should be claimed.
- If a consultation is for the purpose of a GP Mental Health Treatment Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately.

See MBS Note AN.0.56 for more information.

### Consultation length

- *If a telephone consult takes longer than 19 minutes (Level C) and the patient is not enrolled in MyMedicare, is there any longer item number? Or are these only available for video consults?*

No. Longer phone consultation items (Level C and above) are only available to patients enrolled in MyMedicare.

### Patient eligibility for BBIs

- *Why does my 82-year-old patient not get the tripled incentive when I bulk bill them?*

BBI payments are available to medical practitioners who bulk bill children under 16 years of age or patients with a Commonwealth concession card. It may be that your patient is not a concession card holder, or the service you are providing may not qualify for tripled BBIs.

- *Are residential aged care patients in city locations eligible for BBIs?*

Any RACF patient with a valid concession card is eligible for BBIs. Tripled incentives are payable for professional attendances at a RACF (items 90035, 90043, 90051, 90054) and after-hours attendances at a RACF (items 5028, 5049, 5067, 5077). See the RACGP's fact sheet on this topic for a full list of eligible services.

- *There was a slide which stated that admitted patients are not eligible for bulk billing. How are GPs supposed to know where patients are when providing telehealth services?*

DoHAC acknowledges this is largely dependent on patients advising GPs that they have been admitted to hospital, and GPs can only bill based on what they know. DoHAC is working with states and territories to address confusion around programs such as Hospital in the Home (HITH) to prevent the risk of duplicate billing.

### Split billing

- *Is it okay to bulk bill a consultation and privately bill another service (eg biopsy, ECG) during the same attendance?*

Yes. Where you provide multiple services on a single occasion, you can choose to bulk bill some or all of those services. The exception is when the Multiple Operation Rule affects the services. In this case the provider can use only one claiming channel. This also applies to the diagnostic imaging multiple services rules (DIMSR).

Where some but not all the services are bulk billed, a fee may be privately charged for the other service or services. This fee can't be used for additional charges in relation to a bulk billed service. See the Services Australia website for more information.

- *Can GPs charge an out-of-pocket fee for some procedures such as IUD insertions? If so, during the same consultation, if the GP bulk bills item 23 for other issues (eg skin check), does the tripled incentive apply?*

Yes, GPs can choose to bulk bill some or all services when multiple services are provided during a single attendance. In the situation described, you could privately bill the IUD insertion and bulk bill item 23. You could then claim a tripled BBI for the bulk billed service provided the patient meets eligibility requirements.

### Submitting claims for BBIs

- *If I accidentally bill items 91900 and 75880 for a patient who is not registered with MyMedicare, will Medicare automatically reject the claim? Or will the claim be accepted with the doctor then required to pay back the difference?*

Medicare claims for BBIs are automatically processed even if the patient is not eligible (eg they don't have a concession card). DoHAC is in ongoing discussions with Services Australia about health modernisation and options to instantly reject claims that are invalid. It acknowledges the frustration caused by issues with system functionality at present, however automatic rejection of claims is not necessarily a straightforward data matching exercise and requires further investigation.

If a GP is investigated or has their claiming reviewed as part of DoHAC's Medicare compliance program, they may be required to repay any incorrect payments. If you think you've incorrectly claimed a Medicare or practice incentive payment, you must let DoHAC know as soon as you can by submitting a voluntary acknowledgement of incorrect payments form.

- *If a patient is registered with MyMedicare but the doctor incorrectly bills items 91801 and 10990, will Medicare automatically pay the correct rate under items 91900 and 75880?*
- *What if a doctor bills an MMM 1 item by mistake while working in an MMM 5 area?*

In these scenarios you will need to adjust the claim you have submitted. You can call the Medicare provider enquiries line on 132 150 to delete a claim you lodge on that day. You can also change an item number or other details on a processed claim that is under two years old. See the Services Australia website for information on how to submit a request for an adjustment.

- *I have noticed that when billing multiple MBS items and BBIs, on the same day, which are clinically indicated, one of the BBIs is rejected. Is this right?*

If you have provided multiple clinically relevant services on the same day and met all requirements, you should be able to claim multiple BBIs if the services were bulk billed. We suggested reviewing Services Australia's guide on managing Medicare rejected claims. If you're still unsure why your claim hasn't been processed, please call the Medicare provider enquiries line on 132 150 and select Option 2.

If you believe your incentive item has been incorrectly rejected, and if the item associated with the incentive item has been paid, you can resubmit the incentive item for assessment.

### Verifying patient eligibility for BBIs

- *Will checking eligibility using PRODA produce the same result as checking the clinical software?*

Yes, providers can claim BBIs via Health Professional Online Services (HPOS), while checking a patient's concessional eligibility. Information regarding this is available on the Services Australia website.

- *Can you please show the slide for checking BBI eligibility status in HPOS again?*

The slide in question contained a link to the following page on the Services Australia website: Health Professional Online Services (HPOS) – Patient information. The following resources are available to help you verify a patient's concessional status:

Infographic – Concessional verification service
eLearning program – Find a patient in HPOS

## Policy/operational issues, including RACGP advocacy

### Antenatal care

- *An initial antenatal consult with a woman who is pregnant for the first time usually takes 30–40 minutes. However, item 16500 only attracts a standard BBI. Would we be penalised if we bill item 36 or 44 instead?*

Item 16500 (or telehealth equivalents) should be billed for all antenatal consultations regardless of length. The RACGP recognises funding for antenatal care is flawed, as time-based items can be billed for virtually all other services. We have recommended that rules be amended to allow GPs to bill MBS Level C and above time-based attendance items for antenatal attendances that extend beyond 20 minutes. This is a simple and positive step that can be taken to support women, children, and families. Patients should be able to access a higher rebate if a consultation is longer or more complex, just as they can for other consultations or conditions.

While there are no set penalties in place if you bill a time-based item for antenatal care, it is recommended you continue to bill the designated antenatal item numbers to reduce the risk of compliance action.

### Federal budget / Future funding

- *Do you know if the BBI or any MBS indexation will be included for review in the upcoming federal budget?*

The RACGP is not aware of what will be included in advance of the federal budget.

The 2024-25 federal budget was handed down by the Treasurer on 14 May 2024. See the RACGP's overview for the key measures relevant to general practice. Unfortunately, this year's budget failed to build on the significant funding for primary care provided last year, including the tripling of BBIs. The RACGP will continue to advocate for the proposed measures outlined in our 2024-25 pre-budget submission, including additional funding for longer consultations and mental health care.

- *Would it be possible to increase the bulk billing rebate so we can bulk bill everybody? GPs would then get a reasonable income that matches the wages of hospital doctors.*
- *The current payments for items 23, 36, 44 are very low and GPs are underpaid. Will the government consider increasing those basic items according to current value?*

While a significant boost to MBS rebates generally would improve access to affordable care for patients, funding constraints unfortunately mean this is unlikely. For this reason, the RACGP's advocacy is focused on securing funding increases for targeted services such as longer time-based consultations and mental health care.

MBS rebates alone are not indicative of the value or cost of providing general practice services. GPs should therefore not feel obliged to set their fees solely according to the value of MBS rebates.

- *What proportion of the Medicare budget covers billing in general practice?*

The MBS is a demand-driven program and spending each year will fluctuate depending on what items are billed. In 2022-23 total Medicare spending was $27.3 billion, with benefits paid for general practice services (non-referred attendances) totalling $8.7 billion. This means general practice accounted for around 32% of overall Medicare spending.

- *How can a doctor get involved with Medicare policy (i.e. informing and developing)?*

The MBS Review Advisory Committee (MRAC) is an independent, clinician and consumer-led committee established to advise government, as part of the MBS Continuous Review, on publicly funded services listed on the MBS. The MRAC periodically undertakes public consultations on MBS items, with current reviews focused on telehealth, colonoscopy, ECG, and vascular interventional radiology items. We encourage you to keep an eye on the MRAC website and DoHAC's Consultation Hub for opportunities to provide feedback.

The RACGP routinely provides submissions to public consultations on Medicare items. Requests for member feedback will be included in our regular communication channels such as newsGP, In Practice, the President's Friday Fax newsletter and state faculty newsletters.

Applications for government funding for a new medical service or change to an existing service can be made to the Medical Services Advisory Committee (MSAC). The MSAC appraises applications for public funding of medical services, health technologies and health programs. As part of the appraisal process, MSAC invites input on the application from a range of stakeholders, through both targeted and public consultation. See the MSAC consultation process webpage and FAQs for more information.

- *When the government consults with Medicare, does Medicare give feedback at all before things are rolled out? Do you do the numbers and give them advice? If so, is this advice focused on health outcomes? Money saving? Ensuring GPs are treated fairly in regard to work done and fair renumeration?*

The creation of new MBS items and setting of rebates are subject to rigorous processes and require legislation to be passed before being implemented.

Medicare benefits are based on fees determined for each medical service. The fee for any item listed in the MBS is that which is regarded by policymakers as being reasonable on average for that service. This takes into account usual and reasonable variations in the time involved in performing the service on different occasions and reasonable ranges of complexity and technical difficulty encountered.

The RACGP's position is that rebates for MBS services are too low and do not reflect the time taken and expertise required to provide the service. The RACGP is committed to advocating for improved indexation and setting of rebates to reflect the true cost of providing high-quality medical services. The RACGP Vision and our most recent pre-budget

submission provide an overview of our current focus. You may also wish to consult our resources to help GPs manage their billing.

### MBS complexity

- *Could there be an AI MBS support tool which asks what we did and provides the correct item numbers?*
- *Is there any consideration of making billing simpler? The system is extraordinarily complex. The item numbers have no reference to what we do. I imagine that lots of doctors bill the bare minimum as it's all too hard. Non-GP specialists usually only use a handful of item numbers. GPs need a compendium. Will this feedback ever be taken on board as in my more than a decade in general practice it is a recurring issue among colleagues. As for the table of different incentive numbers, it is very confusing.*

Both the RACGP and DoHAC acknowledge concerns around Medicare complexity and are committed to providing more education and developing resources to support correct MBS billing. In recent times there has been a shift in focus in response to the final report from the Review of Medicare Integrity and Compliance (Philip Review). The review found most Medicare non-compliance stems from inadvertent billing errors rather than premeditated fraud.

The RACGP has long maintained that the MBS is unnecessarily complex and does not reflect the way GPs deliver person-centred, comprehensive, and holistic healthcare. This complexity is contributing to inadvertent billing errors and technical non-compliance, rather than deliberate non-compliance.

Incorrect Medicare claims are allowed to go through, and GPs do not realise or are not informed until much later that their claiming is incorrect. Where feasible, enabling claiming channels to instantly reject claims that are non-compliant would prevent a great deal of stress and worry, and provide instant information for GPs regarding non-compliant billings.

DoHAC has advised that one of the challenges with ensuring the Medicare claiming system and general practice software are integrated is that DoHAC does not have ownership of software products. The Department does work closely with the Medical Software Industry Association (MSIA) and software developers to encourage better integration, and encourages software users to provide feedback to developers on what can be improved. Ultimately, the design of software products is a business decision that DoHAC has limited influence over.

The 2024-25 federal budget included $23.1 million over two years to extend the MBS Continuous Review program and ensure the MBS remains clinically appropriate. The RACGP welcomed this funding. It is important that the MBS is regularly reviewed to ensure it remains contemporary and responsive to the healthcare needs of all Australians. Work is also underway within DoHAC to review and streamline MBS explanatory notes, and the RACGP is being consulted as part of this.

### Medicare education

- *I'm a new GP registrar. Where can I find out more about billing other than the very basics I have picked up so far? Are there any courses available?*

The RACGP has published a webpage with links to Medicare and compliance education resources. Collating resources in a central location means you don't have to search across multiple websites to find what you're looking for. We've grouped links under key themes listed in alphabetical order so you can easily locate the information you need. The resources come from DoHAC, Services Australia, the Professional Services Review (PSR) and RACGP and include MBS explanatory notes, fact sheets, education guides, eLearning programs, infographics, and case studies.

The RACGP has a CPD activity available through gplearning which is designed to improve members' understanding of the MBS and reduce their risk of incorrect billing and non-compliance. It asks you to respond to multiple choice questions and note down reflections and key learnings on how you currently bill, areas of concern, and your practice's approach to Medicare compliance.

In November 2023 we ran a webinar with DoHAC and the PSR called 'Unpacking the Medicare compliance process', which is available to watch on demand.

### Medication software

- *Nurses are pushing us to use new MedPoint and other online medication software. What item numbers should we use?*

MedPoint is used for managing medicines for patients in residential aged care. While the RACGP doesn't have a specific position on using medicines management systems, practices need to ensure any software they use for patient management is fit for purpose and works for both their practice and patients. In terms of billing, use of this software while patients are not present would not be billable under the MBS.

### Multiple Operation Rule

- *Can you explain why two or more procedures performed on the same day are not paid fully? This penalises providers for being efficient, inconveniencing patients who otherwise need to attend multiple times so each item can be fully paid.*

MBS Note TN.8.2 provides information on the Multiple Operation Rule, which is enforced where two or more surgical procedures on the MBS are performed on the same day. Services Australia applies this ruling as per the legislation that is set by DoHAC.

The Multiple Operation Rule applies a cascading methodology to calculate the total applicable MBS benefit for the combination of operations performed on a patient on the one occasion. As operations include pre-procedure, intra-procedure and post-procedure work, this rule recognises that there is overlap in this work, and that the time taken to perform all services as part of the one operation is less than the time taken if each procedure is performed separately.

Medicare benefits for two or more operations subject to the Multiple Operation Rule are calculated as follows:

- 100% of the MBS fee for the item with the greatest MBS fee
- plus 50% of the MBS fee for the item with the next greatest MBS fee
- plus 25% of the MBS fee for each other MBS item.

### MyMedicare

- *What's the reason for setting up MyMedicare? We know sometimes patients can't access their usual GP and have to see another doctor.*

MyMedicare registration is designed to encourage patients to see the same GP consistently and lets the wider health system know who the patient considers to be their regular GP so test results and discharge summaries go to the right place. A major goal of MyMedicare is to create better continuity of care within general practice.

Importantly, MyMedicare doesn't prevent a patient from seeing another GP once they're registered. If a patient's preferred GP isn't available, they can see any GP at that practice and still be eligible for MyMedicare-linked MBS items. While registered, patients are free to see a GP at a different practice if this suits them, however they won't be eligible for any MyMedicare-linked MBS items unless they change their registration.

### Rebate values

- *Why are rebates for certain items valued at only 75% of the fees?*

75% rebates apply to services rendered as part of an episode of hospital treatment. See MBS Note GN.10.26 for information about levels of Medicare benefits.

### Remoteness classification

- *Why does DoHAC use MMM status rather than District of Workforce Shortage (DWS) status? The latter takes into account Socio-Economic Indexes for Areas (SEIFA) status as well and may be more equitable.*

The use of MMM status is used across virtually all programs and is designed to ensure consistency.

### Rules around bulk billing

- *Do we have to bulk bill? The incentive will be of no use if payroll tax is implemented. The incentive is not worth it as cost of living and rent are going higher and higher.*

GPs are not required to bulk bill any service except COVID-19 vaccinations. The RACGP supports GPs and practices to determine billing policies and consultation fees that enable them to provide high-quality general practice services. GPs and their teams should determine a fair and equitable fee for their services to ensure their practice's sustainability.

### Telehealth services

- *What about after-hours telehealth services?*

There is currently only one videoconference item available for the provision of urgent after-hours care during unsociable hours – item 92210, which is equivalent to item 599.

Providers have been advised the general telehealth item numbers can be used to provide after-hours care, however the rebates are far lower and do not recognise the added impost of providing care on weekends or during the evening. The RACGP has recommended that telehealth items equivalent to existing items 585, 5000, 5020, 5040 and 5060 be introduced.

Recognising that opportunistic stand-alone and entrepreneurial telehealth providers may look to capitalise on the availability of after-hours telehealth items, we recommend that strict parameters be monitored and enforced to support the patient's relationship with their usual GP. Any new after-hours items should only be available to GPs providing both in-hours and after-hours care – not dedicated after-hours services such as Medical Deputising Services (MDSs).

- *Will there be any return to telehealth items for GP Management Plans (GPMPs) or Mental Health Treatment Plans (MHTPs)?*

There are several videoconference items available for chronic disease management, including the preparation of a GPMP, coordination of Team Care Arrangements (TCAs), and review of GPMPs and TCAs (items 92024, 92025 and 92028). Videoconference items are also available for the preparation and review of GP MHTPs (items 92112, 92113, 92114, 92116 and 92117). Item 92115 can be billed for a Level C mental health attendance via videoconference.

Rebates are also available for a review of a MHTP undertaken by phone (item 92126) and a Level C mental health attendance via phone (item 92127).

### Tripling of BBIs

- *Why not triple BBIs for all types of consultations? That's a strong incentive to bulk bill everything.*
- *Why are mental health consultations not attracting tripled BBIs?*
- *Considering the high rate of mental health issues, especially in socially deprived areas, is there a reason why mental health items do not attract tripled BBIs?*
- *Tripling BBIs seems really lopsided in solving the Medicare problem. What the sector really needed was appropriate indexation of the MBS rebate based on the current inflationary rate as GPs have been footing the bill for so many years and services such as mental health have obviously been left out. It seems a knee jerk response to break mixed billing by practices. This change also seems precarious as it can easily be removed as was done when BBIs were doubled during COVID.*

The RACGP strongly supported tripling BBIs as one way to address declining bulk billing rates and improve access to care for vulnerable patients. While our 2023 pre-budget submission included general comments about increasing the incentives rather than limiting them to specific items/services, the government ultimately decided to restrict the higher incentive payments to general consultations due to funding constraints. We recognise that many common GP services such as mental health care and chronic disease management aren't covered by the tripled incentives, however the standard incentives continue to apply to these services when bulk billing eligible patients.

It is encouraging that the current government has shown a willingness to invest in general practice to reduce the burden on other parts of the health system. However, the tripling of BBIs is just the first step to ensuring that Australians can access the healthcare they need. Concrete action is needed in the next budget to support *all* patients and practices. This is why the RACGP continues to call on the federal government in our 2024-25 pre-budget submission to reduce out-of-pocket costs for Australians and make general practice care more affordable for everyone.

We note the comment regarding the potential for tripled BBIs to be a temporary measure. As with any allocation of funding, there is no guarantee tripled incentives will remain available permanently under the current or future governments. For now, however, there is nothing to suggest tripled incentives will cease.