Communicare

Telstra Health

Configuring Communicare

1 November 2025 MBS changes

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Communicare functionality to support MBS changes

Background:

As of 1 November 2025, the Department of Health, Disability and Ageing's bulk billing incentives have been expanded to include all Medicare-eligible patients.

Communicare current state:

- Communicare has built-in automation that, if configured, automatically applies the BBI to patients who meet the old eligibility criteria (under 16 or concession card holders).
- From 1 November, management of the Bulk Billing Incentive (BBI) for all Medicare-eligible patients will require manual intervention by the health service provider/clinician making the claim or your Communicare Medicare Officer.
- We recommend reviewing your current management of BBI to ensure that you are managing both triple BBI and BBI appropriately.
- Ensure you make the required changes to accommodate the extension of eligibility to all Medicare-eligible patients.
- Product development to mitigate manual intervention is currently in design phase. More information will be shared in 2026.
- Management of the status of patients' MyMedicare registration should be confirmed as part of the claiming workflow in relation to recent MBS incentive changes linked to MyMedicare participation. Development work in Communicare to allow in product visibility of a patients' MyMedicare status has commenced. An update on this functionality will be provided in 2026.

Important considerations:

Communicare only allows one Medical Default Incentive item to be configured in:

- File > Organisational Parameters > Medicare Claims > Incentive Items
- File > Reference Tables > Encounter Place > Incentive Items

As a result of this, it is recommended that your health service implement a billing strategy to correctly apply the following items:

- New eligibility rules (all Medicare-eligible patients).
- Triple BBI incentive, where applicable for both MyMedicare registered and specific attendance items.

The following summary and options are provided to assist you in establishing your business processes to manage these MBS changes.

MBS Changes Summary

Key Message	Description	Communicare current state	Communicare future state	Communicare what to do now
Bulk Billing Eligibility	• Currently, bulk billing incentives only apply when billing children under 16 or patients with a Commonwealth concession card. • From **1 November 2025**, these incentives will extend to all Medicare-eligible patients.	• Communicare will automatically pre-fill the correct BBI item numbers based on client eligibility criteria for under 16 or for a recorded concession card holder.	• Communicare to automatically pre-fill the correct BBI item numbers based on client eligibility criteria for all Medicare eligible patients and not just those who are under 16 or concession card holder.	• Configure MBS shortlist to display BBI items at the top of the service record shortlist. • Providers to manually apply the BBI item to eligible patients.
Bulk Billing Practice Incentive Payment	• Must register and meet program requirements to participate; program opening date for registration **1 November 2025**. • 12.5% incentive applied for all GP Non-Referred Attendance MBS items. • Quarterly payments based on eligible billing, managed by Services Australia.	• No software development requirements as applied by Service Australia based on MBS billing item number and paid quarterly to nominated bank account as recorded in PRODA.	• n/a	• n/a

Triple Bulk Billing Incentive Items	• Introduced November 2023
	• From 1 November 2025 no change to triple BBI except expanding eligibility to extend to all Medicare eligible patients
	  • If it was single, it stays single.
	  • If it was triple, it stays triple.
	• Used for GP consultation *(except for MBS item 3 <6min consultation)*
	• Modified Monash Model 1-7 will determine applied BB incentive item number.
		• Per Encounter Place Communicare has the capability to automatically apply
		  • 1 x Medical BBI
		  • 1 x Pathology BBI
		  • 1 x Imaging BBI
			• Communicare to automatically pre-fill the correct BBI item numbers based on:
			  • Client Eligibility
			  • Encounter Place Modified Monash 1-7 number
			  • MBS Item number associated across 3 different uses cases; Single BBI, Triple BBI, Triple BBI (MyMedicare registered)
				• Configure MBS shortlist to display BBI items at the top of the service record MBS shortlist.
				• Providers to manually apply the BBI item to all eligible patients.

MyMedicare	• Used for patients enrolled in MyMedicare. • Enables bulk billing for longer telehealth and telephone consultation items for registered patients.	• MyMedicare registration status cannot be automatically checked or confirmed with Services Australia as part of the Communicare billing workflow.	• Communicare to integrate with Services Australia to verify patients MyMedicare registration status and display this within the Patient Biographic and Service Recording windows. • Communicare to apply eligible BBI item number at the time of claiming, based on patient and practice MyMedicare registration status.	• In the patients Biographics | Administration tab | Popup Alert Notes – type, 'MyMedicare registered'. Then when entering the patients clinical record, a patient alert will popup indicating that the patient is MyMedicare registered.

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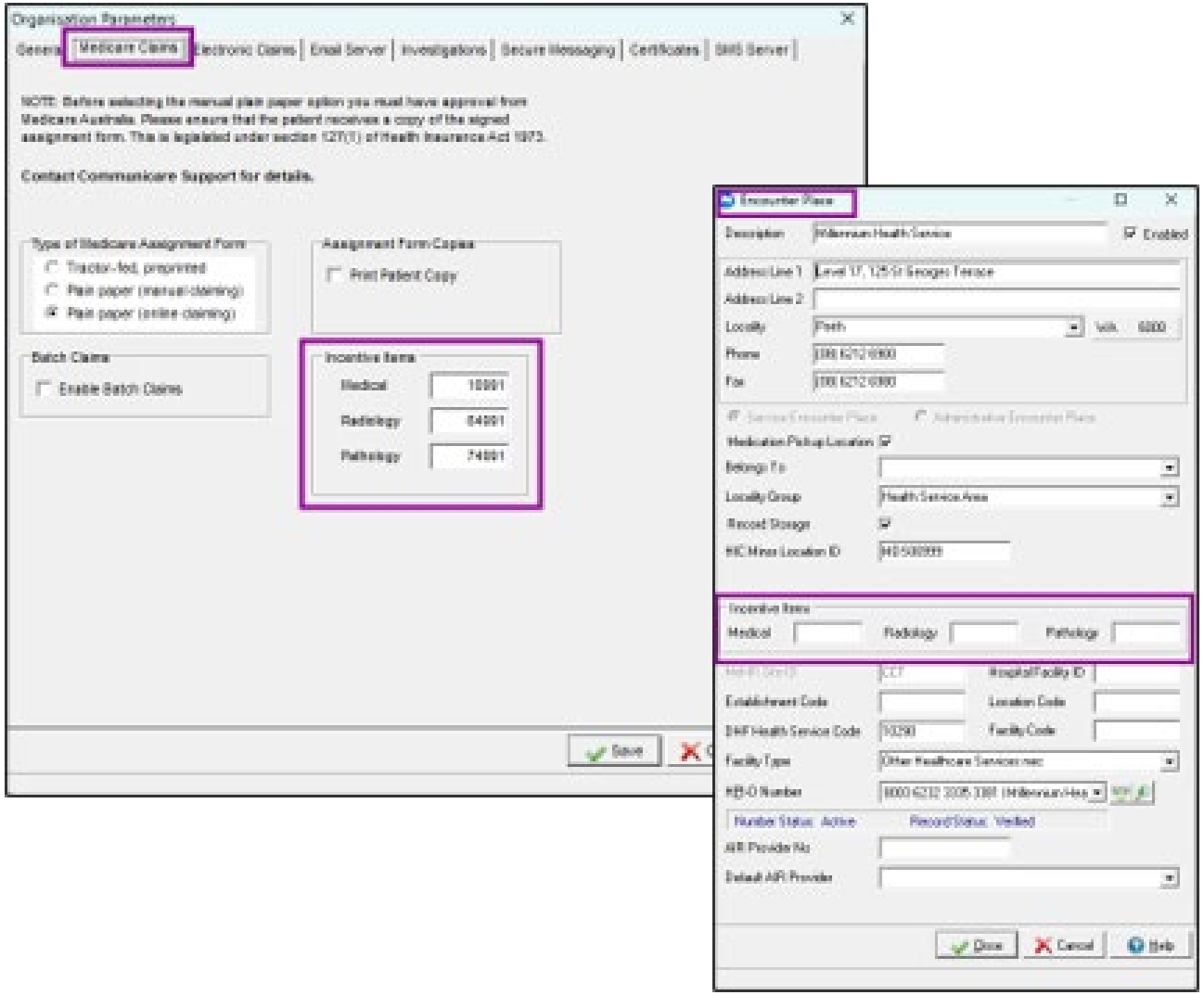
Recommended options applying incentive items

Choose one of the following approaches:

Option	Option description	Actions to be taken	Considerations
Option A	No default incentive (Manual selection)	• Disable the Medicare default incentive items via: File > Organisational Parameters > Medicare Care Claims > Incentive Items • Train providers to manually select the correct BBI item during billing, based on the patient's eligibility or local process submitting Medicare billings on behalf a provider (e.g. Medicare office submits billing).	Assess these options in the context of your health service, available resources and already established processes for MBS claiming, noting the complexity of the MBS arrangements. Suggestions for consideration: • Provider preferences for claiming • Security matrix and user groups • Configuration of global organisational parameters Medicare Claim incentive items (medical, radiology, pathology) - consider the existing automation for under 16yrs and concession card holders • Configuration of encounter place parameters Medicare Claim incentive items (medical, radiology, pathology) - consider the existing automation for under 16yrs and concession card holders
Option B	Keep current default (manual override)	• Do not change existing default incentive item. • Train providers to manually override the default with the correct BBI item (e.g Triple BBI) where needed.	
Option C	Change to most frequently used BBI as default	• Update the default Medical incentive item to the new BBI item. • Train providers to manually revert to the older BBI items when applicable.	

How to configure automated MBS Incentive Items



To update global configuration for automated MBS incentive items

Organisational Parameters

- Go to: File > Organisational Parameters > Medicare Claims > Incentive items
- Remove the incentive items.

Encounter Place

- Go to: File > Encounter Place > Incentive Items
- Remove the incentive items.
- Repeat this for each unique encounter place.

Manual Processing

Providers will need to manually add the relevant Bulk Billing Inventive items to each Medicare eligible claim to ensure incentive payments are not missed.

MBS Shortlist – Naming Convention Suggestions

MBS Item	Suggested MBS Short Description	Present No# In shortlist	#Characters Short Description	Benefit $ value as of Nov. 2025
Single Bulk Bill Incentive item (all eligible patients)				
10990	Single BBI (all eligible) M1	[n]	28	$7.15
10991	Single BBI (all eligible) M2	[n]	28	$10.80
10992	Single BBI (all eligible) Afterhours M2-7	[n]	40	$10.80
75855	Single BBI (all eligible) M3-4	[n]	30	$11.70
75856	Single BBI (all eligible) M5	[n]	28	$12.20
75857	Single BBI (all eligible) M6	[n]	28	$12.20
75858	Single BBI (all eligible) M7	[n]	28	$14.05
Triple Bulk Bill Incentive (all eligible patients)				
75870	Triple BBI (all eligible) M1	[n]	29	$21.85
75871	Triple BBI (all eligible) M2	[n]	29	$32.50
75872	Triple BBI (all eligible) Afterhour M2-7	[n]	40	$32.50
75873	Triple BBI (all eligible) M3-4	n/a	30	n/a
75874	Triple BBI (all eligible) M5	[n]	29	$36.65
75875	Triple BBI (all eligible) M6	[n]	29	$38.70
75876	Triple BBI (all eligible) M7	[n]	29	$41.10
Triple Bulk Bill Incentive (MyMedicare registered patients)				
75880	Triple BBI (MyMedicare) M1	[n]	27	$21.35
75881	Triple BBI (MyMedicare) M2	[n]	27	$32.50
n/a	Triple BBI (MyMedicare) Afterhours M2-7	n/a	39	n/a
75882	Triple BBI (MyMedicare) M3-4	[n]	28	$34.50
75883	Triple BBI (MyMedicare) M5	[n]	27	$36.65
75884	Triple BBI (MyMedicare) M6	[n]	27	$38.70
75885	Triple BBI (MyMedicare) M7	[n]	27	$41.10

To update the MBS shortlist

Step 1: Review the current MBS shortlist

- Go to: Report > Reference Tables > MBS Items
- Check the **current MBS item order numbers** and **short descriptions**.
- Use this time to:
  - Review the current order.
  - Check if MBS items short description names and order are still appropriate.
  - Identify any MBS items that need updates.

Step 2: Prepare Update

- Suggestion to use **Excel** to draft the updated **MBS item shortlist**, including:
  - **Naming Conventions** (short description).
  - **Item Order.**

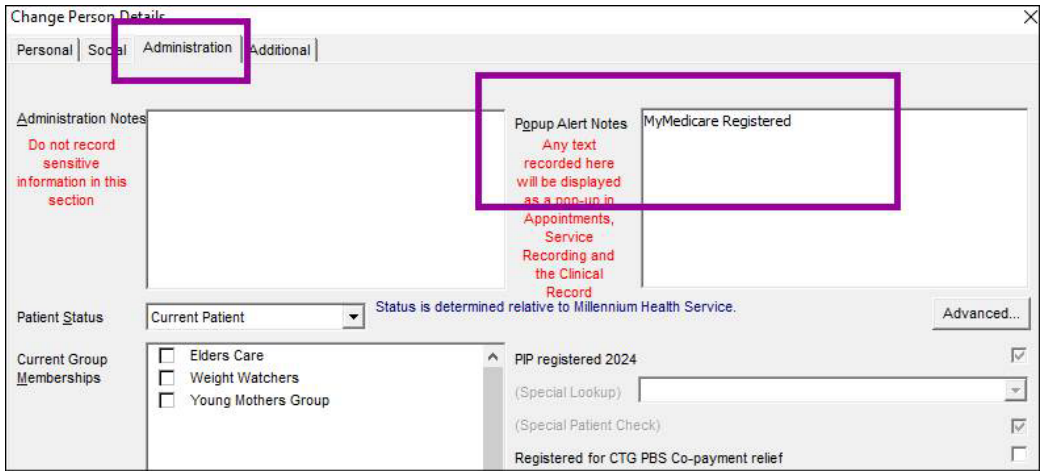
Step 3: Add bulk billing incentive items and update existing items

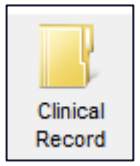
- Go to: File > Reference Tables > MBS shortlist
- Add the **MBS billing incentive items**, including:
  - **Short descriptions** (must be </ 40 characters).
  - **Order number.**
  - **Update any existing MBS short descriptions or ordering as required.**

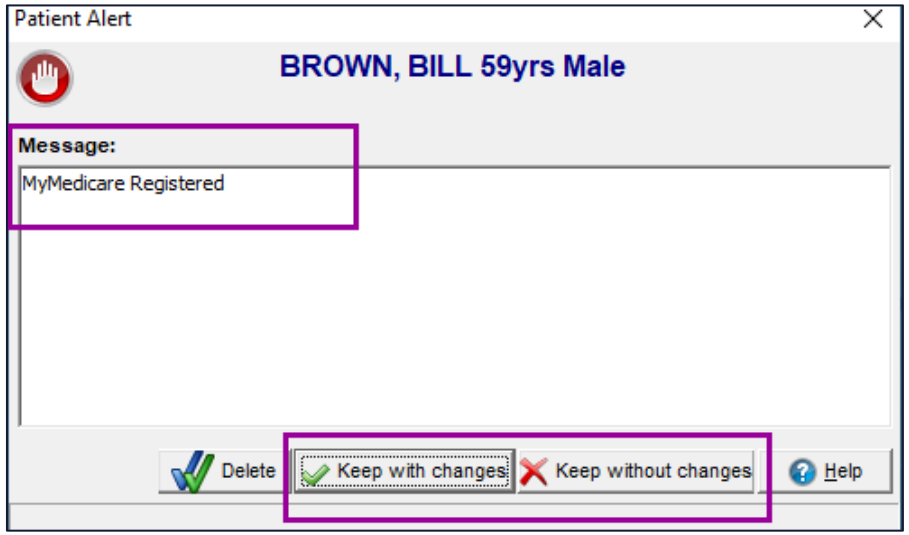
Suggestion: Consider placing the Bulk Billing Incentive Items at the top of the MBS shortlist for visibility and ease of access.

Suggestion: Rerun the step 1 report to check updates for accuracy.

Patient registration - MyMedicare Registered







MyMedicare Registration – how to record in Communicare

Patient Biographics

- Patient Biographics – Administration tab
- Popup Alert Notes – type, 'MyMedicare Registered'

***Note** that you must use the exact wording and spacing for the report to work. 'MyMedicare Registered'*

Clinical Record

- When entering the patients clinical record a patient alert will popup prior to opening the clinical record.
- To continue to open the Clinical Record, select option;
  - Keep with changes = if you have made additions/changes to the popup alert.
  - Keep without changes = if you have either made changes and do not want to keep the changes or no changes have been made.

Report

- To monitor the number of patient as identified for MyMedicare;
  - Run the report: Electronic Claims | MyMedicare Registrations.

Next Steps

For your health service

- Confirm your organisation’s preferred billing strategy.
- Communicate the chosen approach to all relevant staff.
- Ensure training material and billing workflows are updated accordingly.
- Keep up to date with Communicare updates.

The information provided in this pack is for general informational purposes only. All information is provided in good faith; however, we make no representation or warranty of any kind regarding accuracy, adequacy, or completeness of any information.

The information provided does not replace your organisation’s own research and due diligence. It is not exhaustive, and we encourage you to consult the relevant regulatory bodies and departments for further information and clarification.

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Additional links and resources

For your health service

MBS Online Current Fact Sheets

Changes to Bulk Billing Incentive Items from 1 November 2025

MyMedicare Program Guidelines

MyMedicare GP Toolkit

Strengthening Medicare with more bulk billing resources

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