New MBS patient contributions

- From 1 July 2015 previously bulk-billed patients can expect to contribute \$7 towards to cost of standard GP consultations and out-of-hospital pathology and imaging services.
- \$5 from every \$7 patient contribution will go into the new \$20 billion Medical Research Future Fund this equals \$3.5 billion into the Fund over five years.
 - This investment will come from reducing MBS rebates for these services by \$5.
 - The remaining \$2 of the \$7 patient contribution will go directly to providers to help with administration costs and to strengthen primary care.
- For concessional patients and children under 16 years, the \$7 contribution will be for the first 10 services each calendar year (\$70) — for any combination of standard GP, pathology and imaging services.
- New Low Gap Incentives, for concessional patients and children under 16 years, will replace Bulk Billing Incentives and be paid to providers when they collect the \$7 patient contribution.
 - After a concessional patient or child reaches 10 services, providers must bulk-bill the patient for the rest of the year to receive the Low Gap Incentive.

Why?

• These modest contributions mean patients pay in part for the services they use — helping to ensure health services are sustainable and used efficiently.

	Patient Contributions (previously bulk billed patients)
Patient	• \$7 for each currently bulk billed service from 1 July 2015
contribution	• Capped at 10 per calendar year for concessional patients & children under 16 years
Services	Most GP consultations & out-of-hospital pathology and diagnostic imaging
Safety net	• \$7 patient contribution will not count towards the Medicare safety net
MBS rebates	 Reduced by \$5 (providers get an extra \$2 when they charge the full \$7)
	• Rebate increases once concessional patients reach 10 services per calendar year
Low gap	Replaces current bulk-billing incentives
incentives	 Only for concessional patients and children under 16 years

Section 22

Section 22