

# Universal Bulk Billing mathematics

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Mean benefit (\$) per service  $p$  as the result of adopting universal bulk billing and relative change to revenue  $q$  as the result of adopting universal bulk billing depends on calculated mean service revenue before adopting universal bulk billing  $r_0$  and mean service revenue after adopting universal bulk-billing  $r_1$ .

**Mean service revenue before adopting universal bulk-billing  $r_0$**

$$\begin{aligned} r_0 &= bx + bi + (1 - b)x + (1 - b)g \\ &= x + g + b(i - g) \end{aligned} \quad (1)$$

where  $b$  = proportion of patients bulk-billed concessionally (0-1)

$x$  = mean service fee

$i$  = mean individual service bulk-billing incentive

$g$  = mean gap-fee when patient not bulk-billed with incentive fee

**Mean service revenue after adopting universal bulk-billing  $r_1$**

$$r_1 = ux + i \quad (2)$$

where  $u$  = rebates plus quarterly loading payment = 1.125

$x$  = mean service fee

$i$  = mean individual service bulk-billing incentive

**Mean benefit per service of adopting universal bulk-billing  $p$**

Mean benefit (\$) per service of adopting universal bulk-billing  $p$

$$\begin{aligned} p &= r_1 - r_0 \\ &= x(u - 1) - (g - i)(1 - b) \end{aligned} \quad (3)$$

Implications of equation for  $p$  (Equation 3):

- The greater the mean service fee  $x$  the greater the mean benefit (per-service)  $p$  of adopting universal bulk-billing i.e.  $p \propto x$

- $x$  may increase if longer consult items ('C' vs 'B') are used, or if higher-rebate items are more frequently used e.g. care plans and health assessment.
- The greater the mean gap-fee  $g$  increases over and above the mean individual service bulk-billing incentive  $i$ , the less the mean benefit (per-service)  $p$  of adopting universal bulk billing i.e.  $p \propto -(g - i)$ 
  - The mean gap-fee  $g$  is less than the 'nominal' gap-fee if the gap-fee is not charged for all relevant services e.g. care-plans, health assessments, reviews.
  - For example, if a nominal gap-fee of 35 dollars is charged for only 50% of services which don't attract a current bulk-billing incentive, then the mean-gap fee  $g$  will be 17.5 dollars.
  - The mean individual service bulk-billing incentive  $i$  can change with service billing patterns, as some services attract a 'single' incentive of 7.15 or a 'triple' incentive of 21.35 (in Monash Area 1).
    - \* For example, if a clinic charges more care plans (which attract a single incentive) and less BCDE services (which attract a triple incentive), then  $i$  will be reduced.
    - \* For the 'average' general practice, according to MBS 2024 figures,  $i$  is 19.28. For a particular practice which does - relatively - more care plans  $i$  is 18.52.
- As pre-existing bulk-billing (with existing bulk-billing incentives) increases ( $b \rightarrow 1$ ), the less influence the difference between mean gap-fee  $g$  and mean bulk-billing incentive fee  $i$  have over mean benefit per-service  $p$  i.e.  $\lim_{b \rightarrow 1} p(b) = x(u - 1)$ . Conversely, as  $b \rightarrow 0$ , the greater the influence of  $(g - i)$  on  $p$ .

### Relative benefit of adopting universal bulk-billing $q$

The *relative* benefit of adopting universal bulk-billing  $q$

$$q = \frac{r_1 - r_0}{r_0} = \frac{x(u - 1) + (i - g)(1 - b)}{x + g + b(i - g)} \quad (4)$$

$$= \frac{x(u - 1) - (g - i)(1 - b)}{x + (g - i)(1 - b) + i} \quad (5)$$

where  $x$  = mean service fee

$u$  = rebates plus quarterly loading payment = 1.125

$g$  = mean gap-fee when patient not bulk-billed with incentive fee

$i$  = mean individual service bulk-billing incentive

$b$  = proportion of patients bulk-billed concessionally (0-1)

Implications of equation for  $q$  (Equation 5)

- As the mean service fee  $x$  increases ( $x \rightarrow \infty$ ) then  $q \rightarrow (u - 1)$  i.e.  $\lim_{x \rightarrow \infty} q(x) = 0.125$
- $q$  is quite sensitive to  $(g - i)(1 - b)$ , which appears in both the numerator and denominator, but with opposite signs.
  - $q$  is sensitive to the difference between the mean gap-fee  $g$  and the mean individual bulk-bill incentive  $i$  i.e.  $q \propto -(g - i)$
  - As the gap-fee increases  $g \rightarrow \infty$  then  $\lim_{g \rightarrow \infty} q = \frac{-g}{+g} = -1$ .

- As the proportion of bulk-billed with pre-existing incentives increases  $b \rightarrow 1$  then  

$$\lim_{b \rightarrow 1} q(b) = \frac{x(u-1)}{x+i}$$
- As the proportion of bulk-billed with pre-existing incentives falls  $b \rightarrow 0$  then  

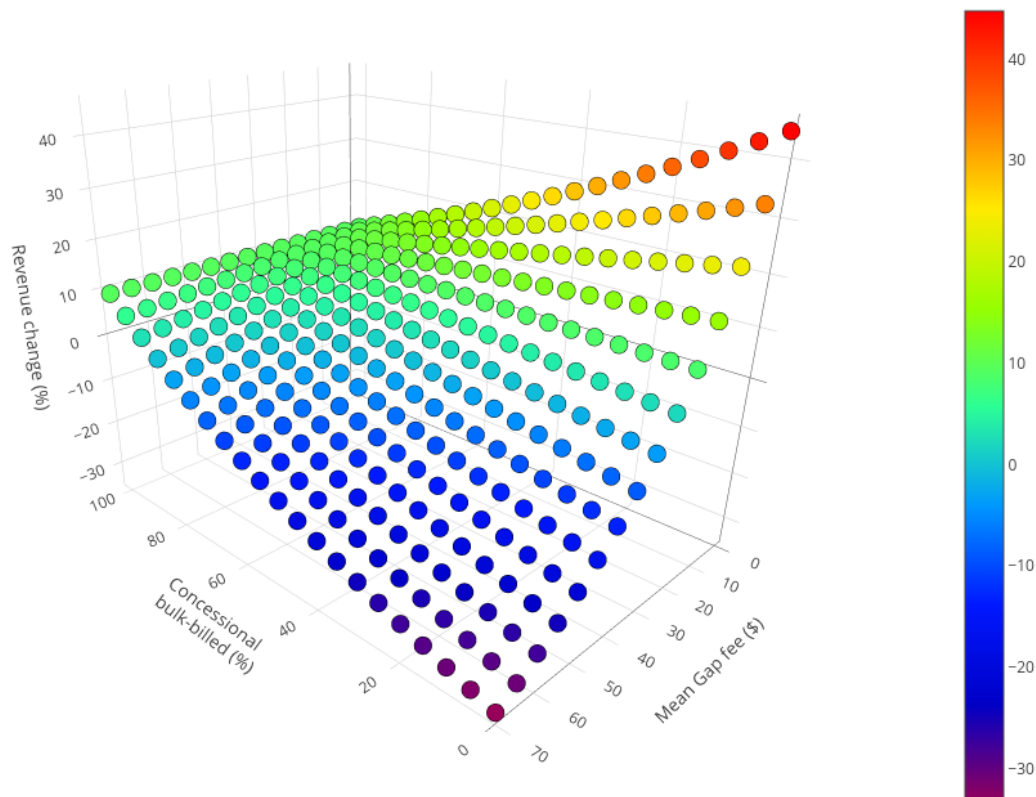
$$\lim_{b \rightarrow 0} q(b) = \frac{x(u-1) - (g-i)}{x+g}$$

## Plots and tables

### 3D Plot of relative benefit vs mean gap-fee and proportion concessionally bulk-billed

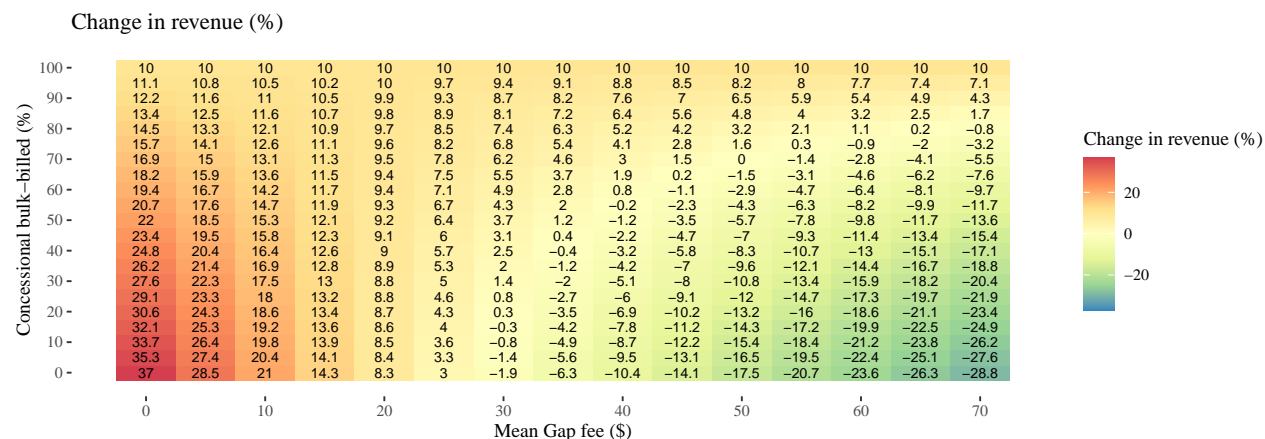
Service item distribution derived from Medicare Benefit Schedule 2024 statistics.

Revenue change according to mean gap fee and proportion concessional bulkbilled



### Table of relative benefit vs mean gap-fee and proportion concessionally bulk-billed

Service item distribution of a practice which has longer consults, and more care plans, than the 'average' practice.



## Links

[Github source](#)

[Dashboard \(shiny\)](#)

[Explanatory notes](#)