



General Practice in Aged Care Incentive

About the incentive

The General Practice in Aged Care Incentive supports older people living in residential aged care. It helps them receive quality primary care services from their regular provider and practice.

Incentive payments

Each quarter providers and practices registered with MyMedicare, who meet the eligibility and servicing requirements, will receive an incentive payment.

Eligible providers will receive payments for seeing their patients in a residential aged care home.

Eligible practices will receive funding to manage the care for patients living in an aged care home.

Payments are:

- **\$300** per patient, per year, paid to the responsible provider
- **\$130** per patient, per year, paid to the practice.

The incentive payments will be quarterly, on top of existing Medicare Benefits Scheme (MBS) and Department of Veterans' Affairs (DVA) rebates for services delivered.

Rural loadings

Rural loadings will apply to provider and practice incentive payments for [Modified Monash Model \(MMM\)](#) regions MMM 3 - 7.

Payment eligibility

In any given assessment period (quarter), to be eligible to receive incentive payments, providers and practices must meet both eligibility and servicing requirements.

The General Practice in Aged Care Incentive requirements will be outlined in the Program Guidelines.

Incentive payments will be:

- assessed
- calculated
- paid according to processes outlined in the Program Guidelines and Services Australia processes.

Eligibility to participate

Practice eligibility

General practices must be an eligible practice and be registered in the:

- Organisation Register
- MyMedicare program (with banking details added)
- General Practice in Aged Care Incentive program.

Practices will be able to register for the General Practice in Aged Care Incentive through the MyMedicare program from 1 July 2024.

Provider eligibility

Providers must be:

- an eligible provider
- linked to their eligible practice
- declared as the responsible provider of eligible services to their eligible patient, including coordinating services provided by their care team.

Providers will be able to participate in the General Practice in Aged Care Incentive from 1 July 2024.

Patient eligibility

Patients must:

- permanently live in a Residential Aged Care Home (RACH), not including respite care
- register with the MyMedicare program and link to an eligible practice and responsible provider
- have the General Practice in Aged Care Incentive indicator selected on their MyMedicare profile by their practice.

Patients can be registered by their practice for the General Practice in Aged Care Incentive from 1 July 2024. If you would like to be a part of the program, you should speak to your provider and/or practice.

Provider and practice responsibility

It is the responsibility of providers and practices to ensure a patient is eligible.

They must declare their patient meets eligibility criteria for the incentive as part of the patient registration process.

Practices will need to:

- link providers and their MyMedicare patients to their practice
- select the General Practice in Aged Care Incentive indicator on their patients' MyMedicare profiles
- link patients to responsible providers in their practice.

Servicing requirements

Eligible providers and practices are required to meet the servicing requirements to be eligible for incentive payments, including delivering:

- Two eligible care planning services over a 12-month period
- Two eligible regular visits per quarter; each in a separate calendar month, delivering at least eight regular services in a 12-month period.

Care planning

The responsible provider must deliver at least **two eligible care planning services within a 12-month period**.

Eligible care planning includes a range of Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) items in the following categories:

- comprehensive medical assessment
- contribution to, or review of, multidisciplinary care plan
- multidisciplinary care conference (GP arranged or participated)
- Residential Medication Management Review.

Regular visits

The responsible provider and their care team must deliver at least **two eligible regular visits per quarter**, delivered in separate calendar months, with a **minimum of eight regular visits per 12-month period**.

Eligible regular visits include a range of MBS items in the following categories:

- attendance at a RACH (Level B-E consultations or equivalent)
- after hours services
- nurse practitioner services
- practice nurse and Aboriginal and Torres Strait Islander health practitioner and health worker services.

Quarterly visits

Services must be delivered under the responsibility and direction of the responsible provider.

Providers and practices will be required to meet:

- all servicing requirements outlined in the Program Guidelines
- individual servicing requirements for each assessment quarter to be eligible for payment.

At least one of the regular visits must be provided by the responsible provider.

A second visit can be delivered by the responsible provider or another member of the patient's care team.

This includes:

- an alternate provider within the same practice
- GP registrar
- nurse practitioner

- Aboriginal and Torres Strait Islander health practitioner or health worker.

Telehealth

Practices located in **Modified Monash Model (MMM) areas MMM 4 - 7** will be able to provide 4 four regular visits per 12-month period by eligible telehealth MBS items where they are unable to attend a face-to-face service.

Contact

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