



General Practice in Aged Care Incentive – Frequently asked questions for GPs and practices

Eligibility

Who is eligible to receive the General Practice in Aged Care Incentive?

To be eligible to receive the incentive, practices must be:

- a general practice or practice eligible for an exemption under MyMedicare ([see MyMedicare eligibility criteria](#))
- registered in the Organisation Register
- registered in the MyMedicare program (with banking details added)
- registered in the General Practice in Aged Care Incentive sub-program

Full eligibility criteria are outlined in the [General Practice in Aged Care Incentive Program Guidelines](#).

Who is a responsible provider?

A 'responsible provider' is a medical practitioner who holds an eligible speciality code, as outlined in the program guidelines. This practitioner is responsible for coordinating the delivery of eligible services to the registered patient as part of the General Practice in Aged Care Incentive. This includes services they deliver or that are provided by other healthcare professionals at the practice.

The medical practitioner must be linked to their eligible practice in the organisation register. They must also be declared as the responsible provider of eligible services to the registered patient, including coordinating services provided by the care team.

Can sole practitioners participate in the General Practice in Aged Care Incentive?

Yes, sole practitioners can participate in the General Practice in Aged Care Incentive. They can receive both the practice and responsible provider payments to their nominated bank account. Sole practitioners must be registered with MyMedicare and meet the General Practice in Aged Care Incentive eligibility requirements.



Do I require consent to enrol a patient registered for MyMedicare to the General Practice in Aged Care Incentive?

You should speak to your patient about the benefits of registering with the General Practice in Aged Care Incentive. When patients consent to MyMedicare, they also provide consent to participate in incentive programs.

Patients can withdraw from the General Practice in Aged Care Incentive at any time. Practices are required to withdraw a patient at their earliest opportunity after receiving a withdrawal request.

Does a patient I service need to have visited the practice previously to be registered in the General Practice in Aged Care Incentive?

To participate in the General Practice in Aged Care Incentive, patients will need to be registered in MyMedicare.

Patients who are participating in the General Practice in Aged Care Incentive will be exempt from the MyMedicare requirement to visit their GP prior to registering for MyMedicare.

Is it mandatory to register all MyMedicare patients that live in a residential aged care home to the General Practice in Aged Care Incentive?

The General Practice in Aged Care Incentive is a voluntary program. It is not mandatory for all residents to be registered. However, responsible providers and practices will not be eligible to receive a General Practice in Aged Care Incentive payment for patients who are not registered with both MyMedicare and the General Practice in Aged Care Incentive.

Is there a maximum or minimum number of residential aged care home patients I can enrol in the General Practice in Aged Care Incentive?

There is no minimum requirement or cap of aged care residents who can be registered under the General Practice in Aged Care Incentive.



Payments

How do I register my patients for the General Practice in Aged Care Incentive?

Practices can register for the General Practice in Aged Care Incentive in the Organisation Register.

When a practice identifies an eligible patient, they must:

- check the patient is registered for MyMedicare
- declare that the patient is eligible to participate in the General Practice in Aged Care Incentive
- select the incentive indicator on their patient's MyMedicare profile
- nominate a responsible provider who will deliver and coordinate the patient's care plan and ensure they are seen at least 8 times a year.

Do residents have to be bulk billed for the GP to be eligible for the incentive payment?

Regular Medical Benefits Schedule (MBS), bulk billing and out of pocket costs can still apply as decided by the practice and in line with existing bulk-billing requirements.

How are payments calculated once I have registered?

After the end of each quarterly assessment period, all practices, responsible providers, and patients registered for the General Practice in Aged Care Incentive will be assessed by Services Australia to determine whether they have met the eligibility and servicing requirements.

Payment will be calculated for each eligible practice and responsible provider on a 'per-eligible-patient' basis, with rural loading added if the practice is in [Modified Monash Model \(MMM\)](#) categories MMM 3 to MMM 7.

Assessment will be based on correctly submitted Medicare claims for eligible Medical Benefits Schedule (MBS) and Department of Veteran Affairs (DVA) items. There is no additional incentive claim or other paperwork to submit to have these payments calculated.

Do I need to split my incentive payment with my care team?

Incentive payments will be made to the responsible provider and the practice. It is at the discretion of the practice and responsible provider to determine if incentive payments are distributed to other members of the patient's care team.



Can I charge a fee to my resident if they don't want to register for MyMedicare/the incentive?

The Government supports affordable access to general practice for those Australians who feel cost of living pressures most acutely. While the Government is responsible for setting Medicare fees and rebates, GPs operate their practices as private businesses and determine whether they bulk bill some or all of their patients or charge a co-payment. The Government encourages practices and residents to register for MyMedicare.

What happens to my payments if I move practices within a patient's 12-month period?

If a responsible provider moves practice, the 12-month care period will reset. A new responsible provider will need to be nominated and the servicing requirements will need to be met to be eligible for payments for each quarter.

If the patient chooses, they can change their MyMedicare practice at any time and register with a different practice if they meet the eligibility requirements and the practice is also registered. If this occurs, the 12-month assessment period will also restart for the responsible GP at the new practice.

Can I appeal a payment decision?

Practices and responsible providers can seek a review of a decision related to the General Practice in Aged Care Incentive payments and assessments. To seek a review, the authorised contact person or owner(s) of the practice must complete the Review of Decision form and provide to Service Australia with supporting documentation within 28 days of receiving the decision. The Review of Decision form is available at servicesaustralia.gov.au/ip034.

Services Australia will review the decision against the published guidelines that were applicable at the time of the event and the outcome of the review will be advised in writing. Practices or responsible providers not satisfied with the decision can seek the Formal Review Committee to reconsider it. The Formal Review Committee is the last avenue of appeal, and its decision is final.



What is the process for monitoring whether the servicing requirements to qualify for the incentive have been met?

Health Professional Online Services (HPOS) allows practices and responsible providers to request a forecast for the current quarterly assessment period.

A forecast shows the eligible services delivered so far, and whether the requirements have been met for each patient, and, if not, the reason why the patient is not yet eligible.

Eligibility forecasting is available in HPOS under MyMedicare and 'View Payment Eligibility'

Care delivery

What happens if my patient requires different services or a different level of care than required in the servicing requirements?

It is expected that services not included in the eligibility requirements for the General Practice in Aged Care Incentive will still be delivered to meet the resident's clinical needs.

Additional services performed by the responsible provider will not increase the incentive payment. Providers will still receive existing service item rebates associated with the MBS items delivered.

Can patients have more than one responsible provider?

No, only one responsible provider can be nominated at one time.

What happens if I am unable to deliver services to a patient due to extenuating circumstances or death?

Responsible providers will be required to meet the servicing requirements for each quarter. If servicing requirements are not met for any reason, the quarterly payment for that patient will not be made. This does not exclude future quarterly payments if the responsible provider is able to meet the subsequent quarterly requirements, or impact payments already made.

On notification of a patient's death, practices are required to withdraw the patient at their earliest opportunity.



Are all services required to be face-to-face?

Face-to-face services are required for the delivery of the General Practice in Aged Care Incentive to aged care residents.

Practices in [Modified Monash Model \(MMM\)](#) categories MMM 4 to MMM 7 will be able to provide 4 regular visits per 12-month period by eligible telehealth MBS items where they are unable to deliver a face-to-face service.

As a responsible provider, do I need to be onsite with the alternative provider?

Responsible providers do not need to be present if an alternative provider is delivering a General Practice in Aged Care Incentive service, in line with the individual requirements of the MBS services delivered. It is expected that the alternative provider will be acting under the direction of the responsible provider to deliver that service.

What happens if I present to the residential aged care home to deliver a service and the patient is not available?

The General Practice in Aged Care Incentive encourages the coordination of care between the responsible provider, the residential aged care home, and the patient.

If a responsible provider is unable to deliver a service, it is suggested the service is rescheduled in order to meet delivery requirements and receive the incentive payments.