Australian Government

General Practice in Aged Care Incentive Guidelines

Effective – 11 December 2024

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Contents

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1 Introduction

1.1 Purpose

The General Practice in Aged Care Incentive Program Guidelines (the guidelines) provide clear guidance to general practices and primary care providers that voluntarily register in MyMedicare to access the General Practice in Aged Care Incentive. The guidelines also provide advice on the service requirements, payments and assessments, and appeals process.

1.2 Need for reform

In Australia, approximately 200,000 older people live in a residential aged care home who are typically over 80 years old and experience higher rates of complex medical comorbidities, frailty, and cognitive impairment than older people living in the community. They also experience higher rates of hospital emergency department presentations, including more repeat visits, are more prone to hospital-acquired complications and higher in-patient mortality.[1]

Currently, older people living in residential aged care homes predominantly receive time-based-, reactive primary care services rather than preventative and proactive care. People living in aged care homes may experience poor continuity of care, and many do not have a regular General Practitioner (GP), especially if they live in rural and remote areas. Poor continuity of primary care, meaning the ongoing therapeutic relationship between a patient and their GP, in aged care settings is associated with a higher risk of mortality.[2]

Poor access to primary care can affect an older person's health and wellbeing and puts pressure on the acute health care system. The current remuneration structure and the inconvenience of delivering services within the aged care home have been indicated as barriers to providing care by general practices.

The Royal Commission into Aged Care Quality and Safety recommended the development of a new model of primary care to 'encourage the provision of holistic, coordinated and proactive health care for the growing complexity of the needs of people receiving aged care' (Recommendation 56).

1.3 MyMedicare

MyMedicare is a voluntary patient registration scheme available to all patients, practices and primary care providers who meet eligibility requirements.

It is the government's response to the Strengthening Medicare Taskforce's (the Taskforce) recommendation to support better continuity of care, a strengthened relationship between the patient and their care team, and more integrated, person-centred care through introduction of voluntary patient registration.

[1] Chiswell K et al. (2022) Australian Health Review 46(4), 414–420.
[2] Maarsingh, O. R. et al (2016). Continuity of care in primary care and association with survival in older people: a 17-year prospective cohort study. The British journal of general practice

MyMedicare is the foundation upon which a stronger, more personalised Medicare is being built. Patients will receive more tailored quality care from their regular general practice and primary care team.

The Organisation Register is a streamlined practice registration tool connecting a general practice, GPs, patients, Medicare Benefits Schedule (MBS) claiming and incentives in the one central system. In future, the Organisation Register will be expanded to include other health organisations. General Practice in Aged Care Incentive payments are assessed and calculated via the Organisation Payment Capability system using information from the Organisation Register and MBS claiming.

The Organisation Register and MyMedicare program has been developed to enable a simple and streamlined registration process for general practices and providers who choose to register in new health programs. Implementation of the General Practice in Aged Care Incentive[3] has enabled development of incentive registration, assessment, and payment capability across new and existing Services Australia systems. Over time it is expected that new and existing health programs will continue to utilise the Organisation Register and MyMedicare which will transition into a single source of truth for practice data to support existing, new, revised, and future incentives and payments.

1.4 The General Practice in Aged Care Incentive

The General Practice in Aged Care Incentive aims to improve access to quality, proactive general practice care for older people who live in aged care homes by incentivising proactive visits, regular, planned reviews and coordinated care planning.

Primary care providers and practices registered in MyMedicare will receive incentive payments for providing their MyMedicare registered patients who permanently live in residential aged care homes with care planning services and regular visits.

The General Practice in Aged Care Incentive also forms part of the Australian Government's Strengthening Medicare Reforms. These reforms respond to the recommendations of the Taskforce and aim to meet the healthcare needs of today while building a stronger Medicare system for future generations.

The implementation of the General Practice in Aged Care Incentive also includes:

- Primary Health Networks (PHNs) will engage and collaborate with GPs and general practices, Aboriginal Community Controlled Health Services, and residential aged care homes to support older people to receive quality care as part of the General Practice in Aged Care Incentive.
- Selected PHNs will design a locally tailored solution to address thin market service gaps where older people living in aged care homes may not have access to regular services from a GP and/or practice.
- Information kits and resources[4] to support GPs to deliver the most appropriate care in aged care homes and to support GPs' contribution to care plans; and

[3] Known as GPACI in Health Professional Online Services (HPOS).
[4] Information kits and resources can be accessed at health.gov.au/our-work/gpaci.

- monitoring and evaluation to ensure incentive payments and supporting activities are achieving their policy objectives.

1.4.1 Benefits for older people

Benefits to older people include:

- greater access to primary care services delivered in aged care homes.
- greater access to care planning services, including health assessments and development of care plans.
- greater regularity of primary care services delivered to older people living in aged care homes.
- formalising relationships between patient, GP, practice, and other healthcare professionals
- increased continuity of care provided to older people living in aged care homes.

1.4.2 Benefits for providers and practices

Benefits to practices and providers include:

- payments for visiting their patients in an aged care home, rather than at their practice.
- funding to manage the care for registered patients living in an aged care home.
- strengthening and formalising relationships between patient, GP, practice, and other members of a patient's care team.

2 Eligibility to participate in the General Practice in Aged Care Incentive

This section sets out eligibility requirements for practices, providers and patients participating in the MyMedicare General Practice in Aged Care Incentive. All eligibility requirements must be met concurrently within an incentive period for the practice or practitioner to be eligible for payment.

2.1 Practice registration requirements

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.

2.2 Responsible Provider registration requirements

A 'Responsible Provider' is a provider who 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 provided by other health professionals at the practice as part of the servicing requirements of the incentive.

Responsible Providers are required to be linked to an eligible patient who is registered in the General Practice in Aged Care Incentive in MyMedicare.

2.2.1 Responsible Providers eligibility

To be eligible for payment, Responsible Providers must:

- be linked in the Organisation Register to the same registered practice as the patient receiving the services.
- be declared as the Responsible Provider of eligible services to the registered patient, including coordinating services provided by the care team.

2.3 Care team registration requirements

Other members of a patient's care team can deliver services that contribute to the patients' eligible services. These services must be delivered under the direction of the Responsible Provider and be in line with the quarterly servicing requirements for the patient's care team.

Eligible care team members include an alternative provider within the same practice, including:

- another GP or GP registrar,
- a nurse practitioner,
- a practice nurse and
- an Aboriginal and Torres Strait Islander health practitioner.[5]

2.3.1 Alternative provider eligibility

To be eligible to participate in the General Practice in Aged Care Incentive, an alternative provider must:

- be linked in the Organisation Register to the same registered practice as the patient's Responsible Provider.
- deliver eligible services under the direction of the patient's Responsible Provider.

2.3.2 Practice nurse and Aboriginal and Torres Strait Islander health practitioner eligibility

A practice nurse and Aboriginal and Torres Strait Islander health practitioner can also contribute to the patient's servicing requirements under the direction of the Responsible Provider. Any services delivered by these care team members must be billed through the eligible practice.

[5] Refer to 2.3.2 for practice nurse and Aboriginal and Torres Strait Islander health practitioner requirements for this incentive.

2.4 Patient eligibility

To enable practices and providers to be eligible to receive payments, patients must:

- permanently live in an aged care home[6], not including respite care.
- be registered in MyMedicare with the eligible registered practice.

  Note: People who live in a residential aged care home are exempt from the MyMedicare eligibility requirement for one face-to-face visit for practices in remote locations, or two face-to-face visits for practices in other locations in the previous 24 months recorded with the same practice.
- have the General Practice in Aged Care Incentive indicator selected on their MyMedicare profile by their practice.
- have a Responsible Provider identified by the practice when a General Practice in Aged Care Incentive indicator has been selected in the Organisation Register.[7]

Younger people in residential aged care are eligible to participate in the incentive. There is no lower age limit as long as they are a permanent residential aged care home resident.

It is the responsibility of both the provider and practice to ensure a patient is eligible for the General Practice in Aged Care Incentive. The provider and practice must declare their patient meets the eligibility criteria as part of the patient registration process.

Practices need to:

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

A patient can only be registered for MyMedicare and MyMedicare Incentives with one practice. If a patient moves to a new practice, even if the existing responsible provider also moves to the new practice, they must register with the new practice and be linked to a responsible provider at that practice to continue to be eligible for the General Practice in Aged Care Incentive.

3 Opt-out processes

3.1 Practice opt-out

Participation in the General Practice in Aged Care Incentive is voluntary; providers and practices can opt-out at any time. Opting out may affect future payments to the practice and provider. Practices and providers can opt back in should they choose to recommence participating in the General Practice in Aged Care Incentive in the future.

[6] Residential aged care is for older people who can no longer live in their own home. It includes accommodation and personal care 24 hours a day, as well as access to nursing and general health care services.
[7] More information on linking a Responsible Provider can be found at General Practice in Aged Care Incentive - Health professionals - Services Australia

If practices or providers withdraw from MyMedicare, they are no longer eligible for MyMedicare Incentive payments, and their registered patients are withdrawn from the MyMedicare General Practice in Aged Care Incentive program. Linking a patient to a new Responsible Provider maintains their participation in the General Practice in Aged Care Incentive.

3.2 Patient withdrawal

A patient can withdraw from the General Practice in Aged Care Incentive at any time. To withdraw, a patient or a legally responsible person is required to request their practice to withdraw them from the program. Practices are required to withdraw a patient at their earliest opportunity after receiving a withdrawal request or notification of the death of a patient.

Patient withdrawal from MyMedicare will also result in the withdrawal of a patient from the General Practice in Aged Care Incentive. Re-registering in MyMedicare and linking a patient to a new Responsible Provider will enable the restoration of their participation in the General Practice in Aged Care Incentive.

4 Servicing requirements

To meet the servicing requirements of the General Practice in Aged Care Incentive, providers and practices must deliver at least 10 eligible services, from eligible MBS and Department of Veterans' Affairs (DVA) funded services, over a 12-month period including:

- 2 eligible care planning services, both delivered by the Responsible Provider.
- 8 eligible regular services comprising of at least 2 per quarter, each in a separate calendar month.

Eligible services must be claimed using the Medicare Provider Number linked to the same registered practice as the patient receiving the services.

Eligible MBS and DVA items are outlined at **Appendix 10.3**.

An overview of the servicing requirements per quarter is outlined at **Appendix 10.5.**

4.1 Quarterly servicing requirements

Each quarter providers and practices are required to meet the following criteria:

- 2 eligible regular services per quarter are delivered, each in a separate calendar month.
- at least one of the regular visits is provided by the Responsible Provider.
- a second visit is provided by the Responsible Provider or another member of the patient's care team.

Providers and practices must complete the quarterly requirements by the end of each quarterly assessment period to be eligible for any quarterly payment.

4.2 12-month servicing requirements

To ensure patients have received regular care over a 12-month period, providers and practices must complete the 12-monthly requirements by the end of the 12-month assessment period. To be eligible for the 4th quarter payment, both the quarterly servicing requirements and the 12-month servicing requirements must be met.

The 12-month requirements consist of at least:

- 2 eligible care planning services, both delivered by the Responsible Provider at any time in the 12-month care period, and
- 8 eligible regular services delivered in the 12-month care period. The timing of these regular visits is not considered for the purpose of the 12-month assessment.

Eligible services that contribute towards quarterly assessments contribute towards 12-monthly servicing requirements.

4.2.1 Failure to meet 12-month servicing requirements

If the 2 eligible care planning services are not delivered by the Responsible Provider by the end of the 12-month assessment period (4th quarter assessment) as well as the 8 eligible regular services, the final quarterly incentive payment will not be made to the practice or provider.

4.2.2 Requirements resulting from failure to meet care planning services – new 12-month period

Where a patient does not receive the required 2 care planning services by the end of the 12-month care period, the Responsible Provider is required to deliver at least one eligible care planning service in the 1st quarter of the next 12-month care period. If the provider has not provided the required care planning service by the end of the 1st quarter, the practice and provider will be ineligible for the General Practice in Aged Care Incentive payments for that patient for the remainder of the patient's new 12-month care period.

4.2.3 Telehealth services – Modified Monash Model areas 4 to 7

Practices located in Modified Monash Model (MMM) regions 4 to 7 are able to provide up to 4 of the 8 regular services per 12-month care period by eligible telehealth MBS and DVA items (outlined at **Appendix 10.3**) where they are unable to attend a face-to-face service. Eligibility for telehealth services is assessed based on the location of the practice as recorded in the Organisation Register.

5 Additional delivery requirements

The Responsible Provider is required to deliver care to patients in line with the patient's need.

5.1 Medicare Benefit Schedule and Department of Veterans' Affairs requirements

All providers, practices and medical professionals are required to meet the requirements of the relevant eligible MBS and DVA service items as specified in Section 10.3 of the Appendix. These

service items are subject to all other normal rules and guidelines, and practices and providers are to follow normal Medicare & DVA claiming processes once the services are delivered.

5.2 Legislative requirements

All providers, practices and medical practitioners are required to meet all the legislative requirements associated with the delivery of eligible service MBS and DVA items as specified in Section 10.3 of the Appendix. All providers, practices and medical professionals are responsible for ensuring their delivery of services does not conflict with requirements of any other programs or legislation that applies to the provider or practice.

6 Incentive Payments

6.1 Payment eligibility

In any given assessment period, to be eligible to receive incentive payments, providers and practices must meet the General Practice in Aged Care Incentive:

- eligibility criteria.
- servicing requirements for the assessment period.

6.2 Payment amounts

Practices and providers eligible for the General Practice in Aged Care Incentive payment[8] are paid:

- **$300 per patient**, per year (75 per patient, per quarter), paid to the Responsible Provider.
- **$130 per patient**, per year ($32.50 per patient, per quarter), paid to the practice.

The payments are made quarterly, in addition to existing MBS and DVA funded services. General Practice in Aged Care Incentive payments are not subject to GST but are reportable for TPAR reporting - Taxable payments annual report (TPAR) | Australian Taxation Office.

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.

6.3 Rural loadings

Rural loadings apply to provider and practice incentive payments for MMM regions 3 to 7.

The MMM region applied to the incentive payment is determined by the location of the practice registered in MyMedicare (MMM rural loading amounts are outlined in **Appendix 10.4**).

[8] Any updates to these rates as a result of periodic indexation or review of rates will be updated in this document.

6.4 Payment assessments

6.4.1 Assessment periods

Providers and practices are assessed to determine if they are eligible to receive incentive payments through a quarterly assessment process based on quarterly and/or 12-month servicing requirements.

6.4.2 Quarterly assessment periods

The quarterly assessment periods are as follows:

- 1 July to 30 September
- 1 October to 31 December
- 1 January to 31 March
- 1 April to 30 June.

6.4.3 12-month patient care period

The 12-month care periods are dependent on each patient's assessment start date. The periods for the 12-month servicing requirements are as follows:

- 1 July to 30 June
- 1 October to 30 September
- 1 January to 31 December
- 1 April to 31 March.

6.4.4 Assessment start date

The assessment start date for a patient is the first day of the assessment quarter in which the patient is registered in the General Practice in Aged Care Incentive, despite the date of registration within that quarter. This quarter is the first assessment quarter for patients and the start of the 12-month assessment period.

If a patient moves to a new practice, even if the existing responsible provider also moves to the new practice, the 12-month care period for the patient resets to Quarter 1 and the patient is assessed as a new patient at that practice.

If a patient's General Practice in Aged Care Incentive registration is withdrawn for more than a full quarter, the 12-month care period for the patient resets to Quarter 1 and the patient is assessed as a new patient, even if they are registered with the same practice and the same Responsible Provider.

A change in Responsible Provider at the same practice does not reset the 12-month care period for the patient.

6.4.5 Responsible Provider Services

Eligible services are only considered as being delivered by a Responsible Provider while the provider is linked to the patient as the Responsible Provider.

If a provider delivers an eligible service before they are linked as the Responsible Provider, the service is assessed as being delivered by an alternate provider, not a Responsible Provider.

6.4.6 Assessment date

Assessment of providers' and practices' eligibility for each assessment period is performed by Services Australia 5 business days after the end of the quarterly assessment period. Following the assessment, a Quality Assurance process is undertaken prior to the approval and release of payments via the Reserve Bank of Australia.

6.4.7 Assessment approach

The General Practice in Aged Care Incentive requires practices and providers to meet quarterly requirements to be eligible for incentive payments. Each patient assessment period may differ based on when they are registered with the General Practice in Aged Care Incentive. Refer to overview of payment eligibility requirements per assessment period for more information.

Payments are assessed against the General Practice in Aged Care Incentive guidelines published at the time of assessment.

6.4.8 Partial and pro-rata payments

Practices and providers are not eligible for partial or pro-rata payments if servicing requirements are not met.

6.4.9 Payment when a patient changes Responsible Provider at the same practice

If there is a change in Responsible Provider for an individual patient part way through the quarter, in some circumstances payment may be apportioned between providers as a 50:50 ratio.

The division of payment is determined by which Responsible Provider or care team delivered the first 2 eligible regular services (i.e. eligible MBS/DVA service items, in separate calendar months) within the quarter. This may result in 100% payment to one provider or 50% payment to 2 providers for that quarter only.

6.4.10 Payment when a patient changes practice

If a General Practice in Aged Care Incentive registered patient moves to a new practice, at the end of the assessment period, the old practice and responsible provider(s):

- are assessed on whether they met the eligibility and servicing requirements before the patient moved; and
- receive a General Practice in Aged Care Incentive payment, if eligible.

The new practice and responsible provider(s):

- are assessed on whether they met the eligibility and servicing requirements after the patient was registered for the General Practice in Aged Care Incentive with the new practice; and
- receive a General Practice in Aged Care Incentive payment, if eligible.

6.5 Payment periods

Incentive payments are made within the month following the end of the assessment period.

6.5.1 Retrospective claiming periods

With each quarterly assessment, the previous 3 quarters are also re-assessed where the system identifies that:

- changes have been made to a patient's circumstances, for example a patient has been retrospectively included in the General Practice in Aged Care Incentive
- changes have been made to service items claimed, for example the service was claimed against the incorrect patient or the incorrect MBS/DVA item number was used.
- late claims for services delivered have been submitted to Medicare after the end of the relevant quarter.
- fraudulent claims have been detected.

During a retrospective assessment, practices and providers may be assessed as having an underpayment or an overpayment for the relevant assessment period and will receive an additional payment or a request to recover the payment.

6.6 Payment delivery

Payments are administered electronically by Services Australia. Payment advice is sent via HPOS after each payment.

To receive General Practice in Aged Care Incentive payments, practices must nominate a bank account for MyMedicare in the Organisation Register. Practices must also nominate a bank account for MyMedicare in HPOS. If a provider delivers services across multiple locations, they must nominate a MyMedicare bank account for each location via their individual HPOS account.

The practice or provider is notified via HPOS if a payment fails due to missing or incorrect bank account details and is required to update this information to receive payment.

7 Review of Decision

Practices and providers can seek a Review of Decision (RoD) relating to General Practice in Aged Care Incentive payments and assessments. To seek a review, the provider or authorised contact person/owner(s) of the practice must provide Services Australia with a completed RoD form[9] and supporting documentation within 28 days of receiving the decision.

Services Australia will review the decision against the published guidelines at the time of the event and the outcome of the review will be advised in writing. If practices or providers are not satisfied with the decision, they can request reconsideration via a second review. If not satisfied with the outcome

[9] Review of Decision form is available on the Services Australia website here: https://www.servicesaustralia.gov.au/ip034

of a second review, practices or providers may ask the Formal Review Committee to reconsider the decision. For further details about the RoD process, please contact Services Australia.

8 Further information

For further information on the General Practice in Aged Care Incentive:

Email: MyMedicare@Health.gov.au

Website: Health.gov.au/our-work/gpaci

For further information on processes for health professionals please contact:

Phone: 132 150, select Option 2
Website: MyMedicare Incentives - Health professionals - Services Australia

8.1 Privacy and data collection

The MyMedicare Privacy Notice explains how the Australian Government will manage personal information consistent with obligations under the *Privacy Act* (Cth) and the Australian Privacy Principles (APPs). This includes how Australian Government agencies will collect, use, and disclose patient and provider information as part of the MyMedicare program. Patients should read this privacy notice together with other privacy-related information that their medical practice gives them about how they manage a patient's personal information.

The department may use a patient's personal information to enable:

- MyMedicare program management, monitoring and reporting.
- routine monitoring and reporting for MBS or DVA claims, or General Practice in Aged Care Incentive payments
- policy analysis
- program compliance and audit
- evaluation and continuous improvement of the MyMedicare Program
- MBS payments, DVA payments, or incentives linked to MyMedicare registration including determining whether providers and practices are eligible for incentives or payments
- data sharing to inform policy and program management under secure data sharing arrangements within government (where authorised by the data custodian and in line with any relevant legislative authority).

Services Australia uses personal information to:

- Assess a patient's eligibility for Medicare Benefits Schedule (MBS), General Practice Incentives and DVA funded services linked to MyMedicare registration.

Further information about how the Australian Government agencies involved with MyMedicare handle personal information is available from the following websites:

- Services Australia
- Department of Veterans' Affairs.
- Australian Digital Health Agency (ADHA)

If a patient makes a request via their My Health Record (managed by ADHA), Services Australia will provide information about them to the My Health Record system so that the name of their registered practice and GP will appear in their My Health Record if they choose to have it displayed.

Privacy notices

A copy of the MyMedicare Privacy Notice can be found at the Department of Health and Aged Care website MyMedicare Privacy Notice.

A copy of Services Australia's Organisation Register Privacy Notice can be found on the Services Australia website: Organisation Register for General Practitioners (GPs) and Health Professionals privacy notice.

9 Disclaimer

These guidelines are the basis on which General Practice in Aged Care Incentive payments are made. While it is intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion.

The Australian Government may alter arrangements for the General Practice in Aged Care Incentive at any time and without notice.

The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.

10 Appendix

10.1 Glossary of terms

Term	Definition
Aboriginal Community Controlled Health Services	A primary health care service initiated and operated by the local Aboriginal community.
Aboriginal and Torres Strait Islander health practitioner	As per the *Australian Government Department of Health and Aged Care Medicare Benefits Schedule Book*, a person who has been registered as an Aboriginal and Torres Strait Islander health practitioner by the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meets the Board's registration standards. The Aboriginal and Torres Strait Islander health practitioner must be employed or retained by a general practice, or by a health service that has an exemption to claim Medicare benefits under subsection 19(2) of the Health Insurance Act 1973.
Care team	Eligible health professionals who deliver eligible services as part of General Practice in Aged Care Incentive under the direction and responsibility of the Responsible Provider. Members of a care team must all be delivering services at the same practice as the Responsible Provider, and where possible, be linked to the same practice in MyMedicare.
General practice	General practice is defined by the RACGP Standards for general practices and must be an accredited service. For the purposes of accreditation as a general practice a site must: • provide comprehensive, patient centred, whole-person and continuous care; and • its services must be predominantly* of a general practice nature. *More than 50 per cent of the practice's general practitioners' clinical time (i.e., collectively), and more than 50 per cent of services for which Medicare benefits are claimed or could be claimed (from the practice) are in general practice.
General Practitioner	GPs are doctors who have completed training in general practice.
Medicare Benefits Schedule (MBS)	A listing of the medical services subsidised by the Australian government, providing information on the amount Medicare will rebate for each service.

Term	Definition
Modified Monash Model (MMM)	A classification system that categorises locations in Australia based on geographical remoteness and population size, used to allocate healthcare resources and incentives.
MyMedicare	A voluntary patient registration program aiming to formalise the relationship between patients, their general practice, GP, and primary care teams.
Nurse Practitioner	As per *Health Insurance Act 1973*, a person who is registered under the National Law in the nursing profession as a nurse practitioner
Practice Nurse	As per *Health Insurance (General Medical Services Table) Regulations 2021*, a registered or an enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice or by a health service to which a direction made under subsection 19(2) of the Act applies.
Residential Aged Care Home	Facilities providing accommodation and care for older people who can no longer live independently, offering assistance with daily activities, healthcare, and social support.
Responsible Provider	Medical practitioner who holds an eligible speciality code, as outlined in Appendix 10.2, and who for the purposes of the General Practice in Aged Care Incentive are responsible for coordinating the delivery of eligible services to an eligible patient
Royal Commission into Aged Care Quality and Safety	An investigation established to examine the quality of aged care services and the safety and wellbeing of recipients, resulting in recommendations for system-wide improvements.
Primary Health Networks (PHNs)	Independent organisations that are funded by the Australian Government Department of Health and Aged Care to manage health regions, assess the needs of their community and commission health services to support the delivery of coordinated health care.

10.2 General Practice in Aged Care Incentive eligible specialty codes

Version 1 – As of 8 May 2024

Specialty	Description	Specialty	Description
104	Other Health professional - pre 1/11/96	450	North Coast NSW GP Training
130	Vocational Register	451	Victoria Felix Medical Education
131	RACGP Trainee	452	Rural Health Ed/Dev West (RHEDWEST)
132	FRACGP	453	GPET - GPlogic
133	RACGP Trainee Post 1/11/96	454	GPET - GP Synergy
134	RACGP Trainee 1/1/99	455	GPET - Beyond Medical Education
176	Remote Vocational Training Scheme	456	GPET - Southern GP Training
177	Queensland Country Relieving Program – QCRP	457	GP Training - Murray City Country Coast
178	Prevocational General Practice Placements Program	458	GP Training - Eastern Victoria GP Training
179	Special Approved Placements Program (SAPP)	459	GP Training - South Eastern Queensland
180	Temporary Resident Doctor (TRD)	460	GP Training - James Cook University
182	Occupational Trainee (OT)	461	GP Training - GP Synergy Ltd Western NSW
186	RURAL OTHER MEDICAL PRACTITIONER	462	GP Training - GP Synergy Ltd Lower Eastern NSW
188	MedicarePlus OMPs Participation Program	463	GP Training - GPEx
189	MedicarePlus OMPs Ongoing > 5 years Program	464	GP Training - Western Australia GPET
190	Local Rural/Remote Relief (RLRP)	465	GP Training - GP Synergy North Eastern NSW
194	AMDS Program Approved Placement	466	GP Training - Tasmanian GP Ed and Training
196	ACRRM Program Approved Placement	467	GP Training - NT GP Education
197	APED Program Approved Placement	468	ACRRM - GP Pathway
198	Temporary Resident Other Medical Practitioners (TROMP) Program Approved Program	470	ACRRM Fellowship Program - ACRRM

Specialty	Description	Specialty	Description
199	AFTER HOURS OMPS PROGRAM	471	AGPT - ACRRM
430	GPEA/GPET	472	ACRRM Independent Pathway post 1/1/2019
431	GPET Stuart - Fleurieu GP Training	473	RVTS - ACRRM
432	GPET Training Valley to Coast	474	AGPT - RACGP
433	GPET Institute of GP Education	475	RVTS - RACGP
434	GPET Sydney Institute of GP Ed	476	RACGP Fellowship Program - RACGP
435	GPET Went West	477	ACRRM Fellowship Program - Health
436	GPET NT GP Education	478	RVTS - Health
437	GPET Central and Sthn QLD	479	RACGP Fellowship Program - Health
438	GPET Tropical Medical Education	480	MDRAP
439	GPET Rural and Regional QLD	481	Pre Fellowship Program (PFP)
440	GPET Adelaide to Outback	483	GP Training-Murrumbidgee Local Hlth District Trial
441	GPET Tasmania GP Ed and Training	484	GP Training - Riverland Mallee Coorong LHN
442	GPET Gippsland	485	ACRRM - Fellowship Programme
443	GPET Greater Green Triangle	486	RACGP - Fellowship Programme
444	GPET VIC Metropolitan Alliance	530	General Practitioner - Approved by Health
445	GPET WA Ed and Training Alliance	532	Fellow of ACRRM
446	Bogong Regional Training Network	540	Specialist General Practitioner
447	Central West Consortium Ltd	615	Outer Metro OMPs
448	Coast City Country GP Training Inc	616	Outer Metro Specialist Trainees
449	New England Area Training Service P/L	617	Metropolitan Workforce Support Program

10.3 General Practice in Aged Care Incentive eligible services

Version 1 – As of 5 April 2024.

10.3.1 Eligible care planning services

The following MBS items are considered eligible care planning services for the General Practice in Aged Care Incentive

Care Category	MBS Item Number
Comprehensive medical assessment	224
	225
	226
	227
	701
	703
	705
	707
Contribution to, or review of, multidisciplinary care plan	232
	731
Residential Medication Management Review	249
	903
Multidisciplinary care conference	235
	236
	237
	238
	239
	240
	735
	739
	743
	747
	750
	758

The following DVA item numbers are considered eligible care planning services for the General Practice in Aged Care Incentive

Care Category	DVA Item Number
Veteran Health Check	MT701
	MT703
	MT705
	MT707

10.3.2 Eligible regular services

The following MBS items are considered eligible regular services for the General Practice in Aged Care Incentive.

Care Category	MBS Item Number
Attendance at a residential aged care home (B-E Consultation)	90035
	90043
	90051
	90054
	90093
	90095
	90096
	90098
	90188
	90202
	90212
	90215
Practice nurse and Aboriginal and Torres Strait Islander health practitioner Services	10987
	10997
Non-Urgent After Hours Attendance	776
	788
	789
	2200
	5028
	5049
	5067

Care Category	MBS Item Number
	5077
	5262
	5263
	5265
	5267
Nurse Practitioner Services	82205
	82210
	82215

10.3.3 Eligible regular telehealth services

The following MBS items are considered eligible regular services for practices located in MMM4-MMM7 for the General Practice in Aged Care Incentive.

Care Category	MBS Item Number
Telehealth Services	91800
	91801
	91802
	91803
	91804
	91805
	91806
	91807
	91808
	91891
	91893
	91900
	91903
	91906
	91910
	91913
	91916
	91920

Care Category	MBS Item Number
	91923
	91926

Please note: eligible services are subject to change. Servicing requirements are assessed against the eligible services at the time of assessment period.

10.4 Rural loading

Payment Rural Loadings per MMM region

MMM Region	Rural Loading
3	20%
4	30%
5	30%
6	50%
7	50%

10.5 Payment eligibility requirements per assessment period

Assessment Quarter	Requirements
Quarter 1	To be eligible for payment at the end of assessment quarter 1, providers and practices must: • meet the eligibility requirements. • provide the patient 2 eligible services in the assessment quarter, in separate calendar months, in accordance with the regular service and Responsible Provider requirements.
Quarter 2	To be eligible for payment at the end of assessment quarter 2, providers and practices must: • meet the eligibility requirements. • provide the patient 2 eligible services in the assessment quarter, in separate calendar months, in accordance with the regular service and Responsible Provider requirements.
Quarter 3	To be eligible for payment at the end of assessment quarter 3, providers and practices must: • meet the eligibility requirements. • provide the patient 2 eligible services in the assessment quarter, in separate calendar months, in accordance with the regular service and Responsible Provider requirements.
Quarter 4	To be eligible for payment at the end of assessment quarter 4, providers and practices must: • meet the eligibility requirements. • provide the patient 2 eligible services in the assessment quarter, in separate calendar months, in accordance with the regular service and Responsible Provider requirements. • have provided a total of 8 eligible regular services over the 12-month assessment period and • have provided 2 eligible care planning items over the 12-month assessment period, both delivered by the Responsible Provider.

All information in this publication is correct as at 11 December 2024