



Australian Government

General Practice in Aged Care Incentive Guidelines

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1 About the program

GPACI was announced as part of the 2023-24 Budget as a component of *Outcome 1: Health Policy, Access and Support, Program 1.6 Primary Health Care Quality and Coordination* of the department's Portfolio Budget Statements 2023-24.

The objectives of Program 1.6 are to strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions and assist in reducing unnecessary hospital visits and admissions.

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

1.1 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).

1.2 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

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



and their care team, and more integrated, person-centred care through introduction of voluntary patient registration.

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. GPACI 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 GPACI³ has enabled development of incentive registration, assessment, and payment capability across new and existing Services Australia systems.

1.3 The GPACI

The objective of the GPACI is 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 GPACI 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 GPACI 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 GPACI.
- 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 resources⁴ to support GPs to deliver the most appropriate care in aged care homes and to support GPs' contribution to care plans; and
- monitoring and evaluation to ensure incentive payments and supporting activities are achieving their policy objectives.

GPACI has the intended outcome of benefitting older people, providers and practices.

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.



1.3.1 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.

1.3.2 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 Criteria to register

This section sets out eligibility requirements for practices, providers and patients participating in the MyMedicare GPACI. All eligibility requirements must be met concurrently within an incentive period for the practice or practitioner to be eligible for payment. The delivery of payments after the achievement of servicing requirements provides assurance that the objective of improving access to general practice care for people who live in aged care homes has been achieved. This ensures that GPACI funding represents value for money for the Commonwealth.

In order to register for MyMedicare and opt-in to GPACI, you must satisfy all the eligibility criteria.

We cannot provide funding under GPACI if you receive funding from another government source for the same purpose.

2.1.1 Who is eligible to apply?

For the purposes of these guidelines, the Practice is considered the applicant.

2.1.2 Practice registration requirements

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

- a general practice or practice eligible for an exemption under MyMedicare, excluding practices receiving a Bulk Billing Practice Incentive accreditation exemption. See [MyMedicare eligibility criteria](#). Practices that are registered with MyMedicare and currently receiving a Bulk Billing Practice Incentive accreditation exemption are **not** eligible to participate in the GPACI. Compliance activities will be undertaken to identify practices that are receiving Bulk Billing Practice Incentive accreditation exemption and may result in a practices ineligibility for payment.
- registered in the Organisation Register



- registered in the MyMedicare program (with banking details added)
- registered in the GPACI.

2.1.3 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 GPACI. 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 GPACI in MyMedicare.

2.1.4 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.

2.1.5 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

2.1.6 Alternative provider eligibility

To be eligible to participate in the GPACI, 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.

2.1.7 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.



2.1.8 Patient eligibility

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

- permanently live in an aged care home⁶, 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 GPACI indicator selected on their MyMedicare profile by their practice.
- have a Responsible Provider identified by the practice when a GPACI 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 GPACI. 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 GPACI 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 GPACI.

2.2 Who is not eligible to apply?

You are not eligible to apply if:

- your organisation does not meet the eligibility requirements established in the guidelines.
- your organisation is included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme'.

2.3 Organisational change

Practices must notify Services Australia of any organisational changes within 7 days of the date of the change. This includes:

- A change of ownership.
- A relocation to a new site.
- An amalgamation of practices under the same ownership.

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](#)



Practices must meet the organisation change requirements outlined in the [MyMedicare Program Guidelines](#), including the notification and evidence requirements for notifying organisational changes.

3 Eligibility requirements for payment

To be eligible to receive a payment under GPACI, 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 17.2**.

An overview of the servicing requirements per quarter is outlined at **Appendix 17.4**.

3.1 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.

3.2 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.



3.2.1 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.

3.3 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 17.2**) 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.

4 Additional delivery requirements

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

4.1 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 items as specified in Section 17.2 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.

4.2 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 17.2 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.

The department recognises the Australian Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse, and the [Commonwealth Child Safe Framework](#). As such, the department expects that all funding recipients comply with all Australian law relating to employing or engaging people who work or volunteer with children. This includes working with children checks and mandatory reporting; and the department may request an annual statement of compliance with this requirement.

5 Opt-out processes

5.1 Practice opt-out

Participation in the GPACI 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 GPACI in the future.



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 GPACI program. Linking a patient to a new Responsible Provider maintains their participation in the GPACI.

5.2 Patient withdrawal

A patient can withdraw from the GPACI 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 GPACI. Re-registering in MyMedicare and linking a patient to a new Responsible Provider will enable the restoration of their participation in the GPACI.

6 Funding amounts and periods

6.1.1 Funding available

The Australian Government has announced a total of \$88.2 million over 2025-26 and 2026-27 for the GPACI.

Table 1: Funding Available (GST exclusive)

2025-26 FY \$ M	2026-27 FY \$ M	Total \$ M
42.2	46.0	88.2

These amounts are indicative only and actual annual funding will be determined by the achievement of servicing requirements.

Funding period

Eligible payments will continue unless the practice chooses to opt-out of the GPACI. Each new 12 month cycle, marked by the commencement of servicing requirements, will be treated as the beginning of a new agreement with the Commonwealth.

6.2 Payment eligibility

In any given assessment period, to be eligible to receive incentive payments, providers and practices must meet the GPACI:

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

6.3 Payment amounts

Practices and providers eligible for the GPACI payment⁸ are paid:

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

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



- **\$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. GPACI 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.

In the event of an overpayment occurring during a previous quarter or quarters, future payments may be reduced, or the overpayment may be recovered. See section 8.2.1 of these guidelines for further information.

6.4 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 17.3**).

7 How to Register

Before registering for funding, you must read and understand all documents and information relating to GPACI found on [GrantConnect](#). Any alterations and addenda⁹ will be published on GrantConnect and by registering on this website, you will be automatically notified of any changes.

GrantConnect is the authoritative source for grants information, however the department takes no responsibility if a registered user fails to become aware of any addendum notices or of other published material. Participating practices and providers are responsible for ensuring they meet all the eligibility criteria in the current guidelines, which are available on the [Department's website](#). Practices and providers are also encouraged to regularly check GrantConnect for updates.

For GPACI you must:

- read all available documentation about GPACI provided on GrantConnect
- complete the MyMedicare registration form as described at <https://www.health.gov.au/our-work/mymedicare>
- provide all the information requested
- address all eligibility criteria
- include all necessary attachments, and
- submit your registration by the closing date and time using the MyMedicare registration form as described at <https://www.health.gov.au/our-work/mymedicare>

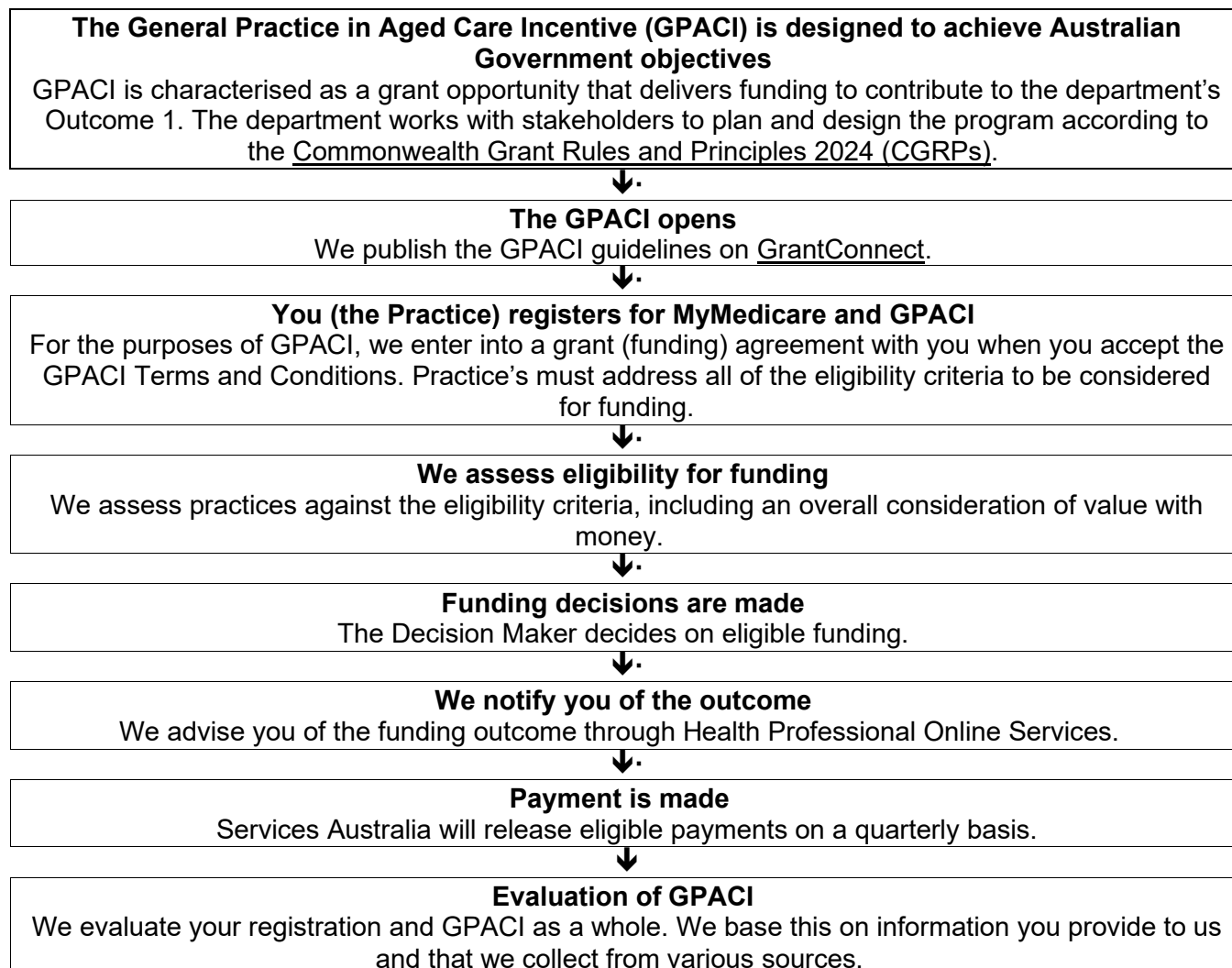
You are responsible for ensuring that the information provided as part of your registration and ongoing participation in MyMedicare and the GPACI is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information.

⁹ Alterations and addenda include but are not limited to corrections to currently published documents, changes to close dates/times and Frequently Asked Questions (FAQ) documents.



8 Funding under GPACI

8.1 Payment assessment process



8.1.1 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.

8.1.2 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.

8.1.3 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.

8.1.4 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 GPACI, 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 GPACI 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.

8.1.5 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 alternative provider, not a Responsible Provider.

8.1.6 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.

8.1.7 Assessment approach

The GPACI 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 GPACI. Refer to overview of payment eligibility requirements per assessment period for more information.



Payments are determined using a system-based assessment, which considers MBS claims data against the eligibility criteria for payment. This assessment is carried out by Services Australia based on the GPACI guidelines published at the time of assessment.

Officers of Services Australia undertake quality assurance process to check claims and registration data matches the eligibility and payment criteria to ensure the accuracy of payments prior to their release.

8.1.8 Who will approve the funding?

The National Manager, Services Australia, is the Commonwealth's delegate with authority under section 32B of the FF(SP) Act (the Decision Maker). The Decision Maker decides which grants to approve having considered the availability of funds for the purposes of the GPACI.

The Decision Maker's decision is final in all matters, including:

- the approval of GPACI funding, and
- the funding amount to be awarded.

A review of decision process is outlined in section 14.2 of these guidelines.

8.1.9 Partial and pro-rata payments

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

8.1.10 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.

8.1.11 Payment when a patient changes practice

If a GPACI 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 GPACI 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 GPACI with the new practice; and
- receive a GPACI payment, if eligible.

8.2 Payment periods

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



8.2.1 Retrospective assessment

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 GPACI.
- 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.

As part of this quarterly assessment, it may become apparent that practices and/or providers were underpaid or overpaid an amount of incentive payment for the relevant assessment period.

If an underpayment is identified, the amount of incentive payment for the next quarter will be increased to account for the under payment. If an overpayment is identified, this amount will be offset against future incentive payment/s. Where future incentive payments cannot be reduced, the practice and/or provider will be required to repay the amount of the over payment.

9 Notification of outcomes

Practices that meet the eligibility requirements will receive funding on a quarterly basis as described at section 8.1 of these guidelines.

9.1 Payment delivery

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

To receive GPACI payments:

- practices must nominate MyMedicare program banking details in the Organisation Register under Program Registration.
- Providers must nominate MyMedicare incentive banking details in their individual HPOS account under 'My personal details'.

If a provider delivers services across multiple locations, they must nominate bank details for the MyMedicare Incentive program for each Medicare provider number location.

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

10 Successful registrations

10.1 The grant arrangement

The practice will enter into a 12 month grant agreement with the Commonwealth upon acceptance of the GPACI Terms and Conditions.



When completing the MyMedicare and GPACI registration, you must agree to comply with these [Guidelines](#). The Commonwealth may recover funds if you are non-compliant with these Guidelines.

11 What the grant money can be used for

Funding may be used to support the infrastructure and coordination needed to deliver these services. For example:

- Staffing and workforce support:
 - Hiring or allocating time for GPs, nurse practitioners, practice nurses, and Aboriginal health workers
 - Training and upskilling staff to deliver aged care-specific services
- Administrative support:
 - Coordinating patient registration in MyMedicare
 - Managing care team linkages and service documentation
- Technology and equipment:
 - Telehealth setup for remote consultations
 - Mobile devices or software for on-site documentation and care planning
- Travel and logistics:
 - Transport costs for providers visiting aged care homes
 - Scheduling systems to ensure regular and timely visits.

12 Announcement of funding

Eligible funding will be published on GrantConnect annually in aggregate by jurisdiction as it aligns with existing MBS servicing requirements.

13 Probity

13.1 National Anti-Corruption Commission Act 2022 (NACC Act)

The NACC Act came into effect on 1 July 2023. The NACC enhances integrity in the Commonwealth public sector by deterring, detecting and preventing corrupt conduct involving commonwealth public officials. Grantees will generally be considered ‘contracted service providers’ under the NACC Act and may be investigated by the NACC for corrupt conduct.

Officials and grantees should be aware of their obligations under the NACC Act.

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct, and is consistent with the CGRPs.

These guidelines may be amended periodically by the department. When this happens, the revised guidelines will be published on GrantConnect. By registering on this website, you will be automatically notified of any changes to these guidelines.

You should be aware of your obligations under the [National Anti-Corruption Act 2022](#), noting that under the Act grantees will generally be considered ‘contracted services providers’. See the [Fact Sheet](#) for more information.



13.2 Review of Decision

Practices and providers can seek a Review of Decision (RoD) relating to GPACI 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 form¹⁰ 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 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.

13.3 Enquiries and feedback

For further information on the GPACI:

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

The department's [Complaint Handling Process](#) applies to complaints about the GPACI. All complaints about a grant process must be provided in writing.

If you do not agree with the way the department has handled your complaint, you may complain to the [Commonwealth Ombudsman](#). The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the relevant Commonwealth entity.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: [Home - Commonwealth Ombudsman](#).

13.4 Conflicts of interest

Any conflicts of interest could affect the performance of the GPACI. There may be a [conflict of interest](#), or perceived conflict of interest, if the department's staff, any member of an assessment team, an advisor, and/or you or any of your personnel:

- has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer
- has a relationship with, or interest in, an organisation which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently, and/or

¹⁰ Review of Decision form is available on the Services Australia website here: <https://www.servicesaustralia.gov.au/ip034>



- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/ grant opportunity.

If you identify an actual, apparent, or perceived conflict of interest following your registration in MyMedicare or the GPACI, you must inform the department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the [Australian Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999](#). All members of the assessment process and other officials including the decision maker must also declare any conflicts of interest.

We publish our conflict of interest policy on the [Australian Public Service Commission's website](#).

13.5 Privacy and data collection

The MyMedicare Privacy Notice explains how the Australian Government will manage personal information consistent with obligations under the [Privacy Act 1988](#) (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 GPACI 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, Disability and Ageing 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](#).

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect
- why we collect your personal information, and
- who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* (the Act) and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the department would breach an Australian Privacy Principle as defined in the Act.

13.6 Evaluation

We will evaluate GPACI to measure how well the outcomes and objectives have been achieved. We may use information from your registration for this purpose. We may also interview you or ask you for more information to help us understand how the funding impacted you and to evaluate how effective the program is in achieving its outcomes.

We may contact you up to one year after you opt-out of the GPACI for more information to assist with this evaluation.

14 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).



The purpose of the FOI Act is to give members of the public rights of access to documents held by Australian Government entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. Access may be refused if a document contains “exempt” material, such as commercially valuable information or the personal or business information of a third party.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health, Disability and Ageing
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

15 Disclaimer

These guidelines are the basis on which GPACI 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 GPACI 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.



16 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 <i>Australian Government Department of Health, Disability and Ageing Medicare Benefits Schedule Book</i> , 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 GPACI 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.
<i>Commonwealth Grants Rules and Principles 2024 (CGRPs)</i>	Establish the Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. The CGRPs contain the key legislative and policy requirements and explain the better practice principles of grants administration
Commonwealth Child Safe Framework	In response to the Royal Commission into Institutional Responses to Child Sex Abuse, the Australian Government has introduced the Commonwealth Child Safe Framework , a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities
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.



Term	Definition
General Practitioner	GPs are doctors who have completed training in general practice.
Grant	For the purposes of the CGRPs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth: - under which relevant money¹¹ or other Consolidated Revenue Fund (CRF) money¹² is to be paid to a grantee other than the Commonwealth; and - which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
GrantConnect	Is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRPs
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.
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.
National Redress Scheme	The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy came into effect on 1 January 2021.
National Anti-Corruption Commission (NACC)	The National Anti-Corruption Commission (NACC) is an independent Commonwealth agency. It detects, investigates and reports on serious or systemic corruption in the Commonwealth public sector. The Commission operates under the National Anti-Corruption Commission Act 2022.

¹¹ Relevant money is defined in the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), chapter 1, section 8 Dictionary.

¹² Other CRF money is defined in the PGPA Act. See section 105 Rules in relation to other CRF money.



Term	Definition
Nurse Practitioner	As per <i>Health Insurance Act 1973</i> , a person who is registered under the National Law in the nursing profession as a nurse practitioner
Practice Nurse	As per <i>Health Insurance (General Medical Services Table) Regulations 2021</i> , 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 17.1, and who for the purposes of the GPACI 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.
PBS Program	Described within the entity's Portfolio Budget Statement , PBS programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.
Primary Health Networks (PHNs)	Independent organisations that are funded by the Australian Government Department of Health, Disability and Ageing to manage health regions, assess the needs of their community and commission health services to support the delivery of coordinated health care.
<i>Public Governance, Performance and Accountability Act 2013 (PGPA Act)</i>	The PGPA Act establishes a system of governance and accountability for public resources with an emphasis on planning, performance and reporting. It applies to all Commonwealth entities and Commonwealth companies.
Value with money	Refers to 'value with relevant money' which is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources, and determined from a variety of considerations.



Term	Definition
	When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to: • the quality of the project proposal and activities • fitness for purpose of the proposal in contributing to government objectives • that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved; and the potential grantee's relevant experience and performance history.

17 Appendix

17.1 GPACI 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



Specialty	Description	Specialty	Description
198	Temporary Resident Other Medical Practitioners (TROMP) Program Approved Program	470	ACRRM Fellowship Program - ACRRM
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



17.2 GPACI eligible services

Version 1 – As of 5 April 2024.

17.2.1 Eligible care planning services

The following MBS items are considered eligible care planning services for the GPACI

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 GPACI

Care Category	DVA Item Number
Veteran Health Check	MT701



Care Category	DVA Item Number
	MT703
	MT705
	MT707

17.2.2 Eligible regular services

The following MBS items are considered eligible regular services for the GPACI.

Care Category	MBS Item Number
	90035
	90043
	90051
	90054
	90093
Attendance at a residential aged care home (B-E Consultation)	90095
	90096
	90098
	90188
	90202
	90212
	90215
Practice nurse and Aboriginal and Torres Strait Islander health practitioner Services	10987
	10997
	776
	788
	789
	2200
	5028
Non-Urgent After Hours Attendance	5049
	5067
	5077
	5262
	5263
	5265
	5267



Care Category	MBS Item Number
Nurse Practitioner Services	82205
	82210
	82215

17.2.3 Eligible regular telehealth services

The following MBS items are considered eligible regular services for practices located in MMM4-MMM7 for the GPACI.

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
	91923
	91926

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

17.3 Rural loading

Payment Rural Loadings per MMM region



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



17.4 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 services over the 12-month assessment period, both delivered by the Responsible Provider.