



Australian Government

General Practice in Aged Care Webinar 4 July 2024 - Responses to questions from attendees

Date of issue: 16 July 2024



Contents

<u>General Practice in Aged Care Webinar 4 July 2024 - Responses to questions from attendees</u>	1
<u>1. Overview</u>	4
<u>2. General Practice in Aged Care Incentive</u>	5
2.1 Payment overview	5
2.2 Payment Allocation	6
2.2.1 Rural Loadings	6
2.2.2 Extenuating Circumstances and Death of a Patient	7
2.3 Registration	7
2.3.1 Patient Registration	7
2.3.2 Responsible providers	8
2.3.3 Eligibility	9
2.3.4 Role of residential aged care providers	9
2.4 Servicing Requirements	10
2.4.1 Assessment Periods	10
2.4.2 Eligible Services	11
2.4.3 Care Teams	11
2.4.4 Practice Nurses	12
<u>3. Practice Incentive Payment – Aged Care Access Incentive</u>	12
<u>4. MyMedicare</u>	13
4.1 Registration of GPs and practices	13
4.1.1 Eligibility Criteria	13
4.1.2 Practice Accreditation	13
4.1.3 Independent GPs and Sole practitioners	13
4.2 Benefits of registering in MyMedicare for patients	14
4.3 About You questions in the registration form	14
<u>5. Systems – HPOS, PRODA, Organisation Register, Payments</u>	15
5.1 Adding or linking GPs to the practice	15
5.2 Adding bank details	15
5.2.1 For practices	16
5.2.2 For GPs / responsible providers	16
5.3 Patient registration	16
5.3.1 MyMedicare	16
5.3.2 General Practice in Aged Care Incentive	17
5.4 Support available	17



5.5	Payments	17
6.	Appendices	18
6.1	Appendix 1 – List of all questions	18
6.1.1	<i>Statements assessed as comments</i>	23
6.2	Appendix 2 – Links to supporting material	24



1. Overview

On 4 July 2024, an Introduction to the General Practice in Aged Care Incentive webinar was held by the Department of Health and Aged Care in collaboration with the Australian Association of Practice Management (AAPM) and the PHN Cooperative.

The webinar was for practice managers and PHN Staff with invitations sent by email to subscribers of AAPM and members of the PHN cooperative. Participants could also register via the AAPM events site. There were 1000 registrations and a varied number of participants during the webinar.

During the webinar, 81 questions and comments were entered in the question and answer (Q&A) panel. This document provides responses to the written questions raised in the webinar, some of which have been corrected for grammar and punctuation.

The questions and responses have been structured into 3 broad themes with further subsections:

- General Practice in Aged Care Incentive
- MyMedicare
- Systems – Provider Digital Access (PRODA), Health Professional Online Service (HPOS), Organisation Register, Payments.

Each subsection lists the questions the response applies to. The questions listed have been corrected for grammar and punctuation while retaining the original wording.

No responses have been provided for statements assessed as comments. The raw list of the questions and comments is available in **Appendix 1** (section 6.1).

All the responses included in this document are collated from the publicly available online resources, current as at **16 July 2024**. All stakeholders are encouraged to refer to the department website for the latest versions and information: www.health.gov.au/our-work/gpaci.

For further clarification or queries, please send an email to MyMedicare@health.gov.au.



2. General Practice in Aged Care Incentive

2.1 Payment overview

In response to the following questions

- Can we confirm that Doctors will be receiving \$75 per quarter in quarterly payments i.e., $4 \times \$75 = \300 per annum?
- Is payment a once off yearly of the \$300 to the Dr per patient and \$150 per patient to practice and if so, what is the date this will be processed?
- Will the incentive be divided into quarters e.g., \$75 per quarter so if you meet requirements in 3 of the 4 quarters will you still receive \$225 for the year?

Response:

Eligible practices and general practitioners will receive funding for each quarter they meet the eligibility and servicing requirements to manage the care for patients living in an aged care home.

Where servicing requirements have been met, payments are:

- **\$75** per patient, per quarter (for a total of \$300 per year) paid to the responsible primary care provider, plus
- **\$32.50** per patient, per quarter (for a total of \$130 per year), paid to the practice.

The incentive payments will be quarterly, on top of existing Medicare Benefits Scheme (MBS) and Department of Veterans' Affairs (DVA) rebates for services delivered. The payment periods are outlined at section 6.5 of the program guidelines.

Practices and providers¹ will receive a payment for each quarter they meet the eligibility and servicing requirements.

For further information please refer to Section 6 (Incentive Payments) particularly 6.2 and section 4 (Servicing requirements) particularly 4.1 of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.

¹ The use of the term providers in this context refers to medical practitioners who are responsible providers.



2.2 Payment Allocation

In response to the following questions

- Can the General Practice in Aged Care Incentive payment be paid directly to the responsible provider, separate to the PIP payment?
- Please respond to nurse role, and incentive payment? does this apply?
- Will practices also keep a portion of the GPs SIP payments?
- What happens to GPs who share care for their aged care patients? We have 2 GPs who share patients in one aged care facility. Who gets the payment?
- Why did the department decide on a 70:30 split between GPs and the clinics with new General Practice in Aged Care Incentive? Why can't clinic negotiate their own?

Response:

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

For further information please refer to Section 6 (Incentive Payments) particularly 6.2 and section 2 (Eligibility to participate in the General Practice in Aged Care Incentive) particularly 2.3 of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.

2.2.1 Rural Loadings

In response to the following questions

- What are the rural loadings that will apply to the General Practice in Aged Care Incentive?
- If a GP practice is in MM5 area but looks after patients in MM1 does the rural loading apply.

Response:

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

The MMM region applied to the incentive payment will be determined by the location of the practice registered in MyMedicare (MMM rural loading amounts are outlined in Appendix 10.3.3).

For further information please refer to Section 6 (Incentive Payments) particularly 6.3 and 10 (Appendix) specifically 10.4 of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.



2.2.2 Extenuating Circumstances and Death of a Patient

In response to the following questions

- Could you run through the process for the practice for when a resident in a residential aged care home passes away?
- If a patient passes away during the financial quarter, what happens to the incentive payment if the patient passes, and the requisite visits have not been fully met?
- Will any incentive be paid if the pt passes way after receiving most of the services during the 12 month period?

Response:

To be eligible for payments, servicing requirements must be met for each quarter. If servicing requirements are not met for the quarter, the quarterly payment for that patient will not be made. This will not necessarily exclude future quarterly payments if the responsible provider is able to meet the subsequent quarterly requirements. It also does not impact payments already made.

If the resident has passed away, and servicing requirements have not been met for the quarter, the relevant quarterly payments will not be made.

For further information please refer to Section 3.2 (Patient withdrawal) of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf> and Third question in the Care delivery section of the General Practice in Aged Care Incentive – Frequently asked questions for GPs and practices <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-frequently-asked-questions-for-gps-and-practices.pdf>.

2.3 Registration

2.3.1 Patient Registration

In response to the following questions

- We've already registered most of our aged care patients, and have done so before 1/7/24, presuming that we don't need to do anything else on the patient's side there?
- What happens if a patient registers under a doctor, then goes to a residential aged care home permanently under another doctor?
- Are residents required to choose between a general practice and an ACCHO? Both are critical providers for many.
- If a doctor leaves a practice and starts working for us and he is bringing his nursing home patients with him, do we have to register those individual patients with our practice.

Response:

For practices and providers to be eligible to receive payments, both must ensure patients:

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



- have the General Practice in Aged Care Incentive indicator selected, and their responsible provider added on their MyMedicare profile by the practice in HPOS.

It is the responsibility of both the primary care 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:

- Register for MyMedicare program and add banking details for MyMedicare Incentives in the Organisation Register
- Add providers to the Organisation Site Record in the Organisation Register
- Add the General Practice in Aged Care Incentive indicator and add responsible provider to their patients' MyMedicare profile at the practice in HPOS.

Patients can register in MyMedicare with their chosen practice. It is up to the practice whether they want to deliver services under the General Practice in Aged Care Incentive and who the responsible provider will be. For the purposes of the General Practice in Aged Care Incentive, patients are required to register with a single practice.

For further information, please refer to Section 2 (Eligibility to participate in the General Practice in Aged Care Incentive) of the Program Guidelines

<https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf> and eLearning modules for how to use MyMedicare <https://hpe.servicesaustralia.gov.au/mymedicare.html>.

2.3.2 Responsible providers

In response to the following question:

- Can we please have clarification regarding responsible provider versus nominated GP?

Response:

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

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

The preferred GP is the person chosen by the patient when registering for MyMedicare as the provider they trust most with their health care. Practices are encouraged to select the patient's MyMedicare preferred GP as their responsible provider.



For further information please refer to Section 2 (Eligibility to participate in the General Practice in Aged Care Incentive) of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf> and the General Practice in Aged Care Incentive – Frequently asked questions for GPs and practices <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-frequently-asked-questions-for-gps-and-practices.pdf>.

2.3.3 Eligibility

In response to the following question

- Can a RACGP registrar be the 'responsible provider'?

Response:

Yes, an RACGP registrar can be the responsible provider.

For a responsible provider to be eligible for the General Practice in Aged Care Incentive, they must be:

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

A full list of eligible provider specialty codes are provided in the program guidelines at Appendix 10.2.

For further information please refer to Section 2 (Eligibility to participate in the General Practice in Aged Care Incentive) of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.

2.3.4 Role of residential aged care providers

In response to the following questions

- Can you explain what the residential aged care provider needs to do and what the incentive means for them?
- Any advice on how we can efficiently register our Nursing Home patients? We've given the forms to the Nursing Homes and received only a handful back.
- So does this mean that any current shared care arrangements are now void?

Response:

Residential aged care providers will play an important role in supporting the General Practice in Aged Care Incentive, by:

- supporting their residents to be registered in MyMedicare
- supporting practices and GPs to deliver services to residents in aged care homes.

Formal agreements are not required for a responsible provider to visit aged care residents to deliver eligible services under the General Practice in Aged Care Incentive. Existing care arrangements can continue, and primary care providers and practices can participate in



General Practice in Aged Care Incentive if they meet the eligibility and servicing requirements.

The department is developing a range of information kits to support aged care residents, their families and carers, GPs and practices, and residential aged care providers. This will better prepare them to participate in General Practice in Aged Care Incentive and support the delivery of best practice primary care. Resources are expected to be published in coming weeks.

2.4 Servicing Requirements

2.4.1 Assessment Periods

In response to the following questions

- Is this starting on 1 November?
- Do CMA assessments get recognised if done before 1st July?
- When we sign the patient up and we put the start date for the Aged Care Incentive, do we put the 1st of July even if signing them up is at a later date?
- What happens if the nominated provider changes during the year- is that assessed quarter by quarter?
- Why did the department choose 'usual' financial quarters for this incentive, rather than the quarters as used by other payments (PIP and WIP PS etc).

Response:

The incentive opened on 1 July 2024. Eligible GPs and practices registered with both MyMedicare and General Practice in Aged Care Incentive are now able to receive incentive payments (if they meet the quarterly servicing requirements). These incentive payments are for providing regular visits and care planning to aged care residents.

The assessment period for each quarter is outlined at section 6.4.2 of the program guidelines. The assessment start date for a patient will be the start date of the assessment quarter in which the patient was registered in the General Practice in Aged Care Incentive. This quarter will become the first assessment quarter for patients and the start of the 12-month assessment period. Assessment quarters have been aligned to standard calendar quarters to support practices in the delivery of payments.

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 will be determined based on which responsible provider or care team delivered the 2 eligible (i.e., first 2 eligible) regular visits within the quarter. This may result in 100% payment to one provider or 50% payment to 2 providers for that quarter only.

For further information please refer to Section 6 (Incentive Payments) particularly 6.4.8 of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf> and eLearning modules for how to use MyMedicare <https://hpe.servicesaustralia.gov.au/mymedicare.html>



2.4.2 Eligible Services

In response to the following questions

- Can you tell me if the Doctors are allowed to do 721/723 in aged care?
- Will we still use the same item numbers i.e.: 24, 37, will there be a new incentive item number?
- Will there be new MBS items to reflect the visits under this scheme?
- What if you have an agreement with an afterhours provider service for RACF visits after hours, can these be counted as visits?
- In aged care we cannot claim for care plan 721/723 under the new model. Are we eligible to write a care plan and claim 721/723?

Response:

A full list of eligible services are provided in the program guidelines at Appendix 10.3. All providers, practices and medical professionals are required to meet the requirements of the relevant eligible MBS and DVA service item. To confirm details of MBS items search MBS Online <https://www.mbsonline.gov.au/>.

For further information please refer to Section 10 (Appendix) particularly 10.3 (General Practice in Aged Care Incentive eligible services) of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.

2.4.3 Care Teams

In response to the following questions:

- What if the GP covering is not from the same practice?
- What if the patient's usual GP is on leave & another GP is covering for the GP?
- How does it work for residents with more than 1 visiting GP (a facility that has multiple visiting GPs).

Response:

Other members of a patients 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
- practice nurse, Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker.

The servicing requirements and involvement of the care team is outlined at Section 4 of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.



2.4.4 Practice Nurses

In response to the following questions

- How do we record a Practice Nurse consultation in aged care (other than through clinical notes), does this count towards the incentive payment?
- Practice Nurse provides a consultation, how is this measured by the department?
- What item number does a practice nurse use to enable their visit to be calculated under the General Practice in Aged Care Incentive?

Response:

A practice nurse, Aboriginal and Torres Strait Islander health practitioner and Aboriginal health worker can also contribute to the patient's servicing requirements under the direction of the responsible provider.

A full list of eligible services is provided in the program guidelines at Appendix 10.3. This includes items that can be claimed by the practice nurse and Nurse Practitioner. Any services delivered by these care team members must be billed through the eligible practice.

Section 10 (Appendix) particularly 10.3.2 (General Practice in Aged Care Incentive eligible services) of the Program Guidelines <https://www.health.gov.au/sites/default/files/2024-07/general-practice-in-aged-care-incentive-program-guidelines-july-2024.pdf>.

3. Practice Incentive Payment – Aged Care Access Incentive

In response to the following question

- What is happening to the current PIP Aged Care payment direct to providers? Is it being completely replaced with General Practitioner Aged Care Access Incentive?

Response:

From 31 July 2024, the General Practitioner Aged Care Access Incentive payment under the Practice Incentive Program will cease. The General Practice in Aged Care Incentive has been developed in response to the findings of the Royal Commission into Aged Care Quality and Safety and the recommendations of the Strengthening Medicare Taskforce. This incentive develops 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 living in aged care homes.



4. MyMedicare

4.1 Registration of GPs and practices

In response to the following questions:

- How does an independent GP register for MyMedicare and the General Practice in Aged Care Incentive? Do they need to be linked to a practice?
- What happens if the Doctor wants to register but the Practice doesn't?
- What about in remote areas, where we rely on locums - thereby no regular GP?
- Do we have to be accredited practice?

Response:

The response is addressed across three categories – eligibility criteria, practice accreditation and independent GPs and sole providers.

4.1.1 Eligibility Criteria

To be eligible for MyMedicare and related incentives including the General Practice in Aged Care Incentive, general practices and GPs must be registered. The eligibility criteria are available on the department website at <https://www.health.gov.au/our-work/mymedicare/practices-and-providers#eligibility>.

4.1.2 Practice Accreditation

Practices must be accredited against the National General Practice Accreditation Scheme. (<https://www.safetyandquality.gov.au/our-work/accreditation/national-general-practice-accreditation-scheme>). Non-accredited practices will have 12 months to gain accreditation through a registered accreditation agency from the date they register in MyMedicare as a practice.

An accreditation exemption for MyMedicare is available until 30 June 2025. This is available to non-accredited practices (including sole providers) who deliver general practice services entirely through mobile and outreach models:

- in rural settings
- in residential aged care
- in disability residential settings
- to First Nations Australians
- to people experiencing homelessness.

4.1.3 Independent GPs and Sole practitioners

An independent GP may register for the incentive without being linked to a practice.



Independent GPs and sole practitioners can also complete the registration process with their sole provider organisation information (i.e., Business name as registered with the ABR) in response to the fields relating to General Practice registration in the Organisation Register. (<https://www.servicesaustralia.gov.au/linking-your-organisation-to-use-organisation-register>).

The independent GP or sole practitioner can link themselves in the Organisation Register if they are:

- a vocationally registered GP, or
- non-vocationally registered GP, or
- GP registrar.

4.2 Benefits of registering in MyMedicare for patients

In response to the following question:

- What is the benefit to the patient for registering for MyMedicare?

Response:

By registering as a patient of your chosen general practice and selecting a preferred GP, additional funding will be made available by the government to assist your primary care team deliver the care you need. This funding will enable your general practice or GP to provide you with longer funded telehealth consultations and bulk billed longer telehealth consultations at the new higher rate for children under 16 and Commonwealth concession card holders.

Other benefits for patients include:

- for people living in a residential aged care home, more regular visits from their GP and better care planning, from July 2024
- for people with chronic disease who visit hospital frequently, connections to more appropriate care in general practice, from mid-2024.

Further registration benefits for patients will continue to be added over time as part of the Australian Government's commitment to strengthening Medicare. If you choose not to register in MyMedicare, you will continue to be able to access the same care from your healthcare providers as you currently do.

4.3 About You questions in the registration form

In response to the following question:

- Why is there now so many personal questions now included in the MyMedicare registration it is a huge disincentive for patients to register and we have dealt with?

Response:

The "About You" questions within the registration form enable patients to voluntarily provide and manage information about themselves. The questions are about disability status,



cultural and linguistic background, identification as First Nations, gender, and sexual orientation. Providing answers to these voluntary questions will help the Australian Government to understand how people access health services.

The “About You” questions are voluntary and will not affect the MyMedicare registration. Patients will still be able to register even if they do not wish to complete the “About You” questions.

5. Systems – HPOS, PRODA, Organisation Register, Payments

5.1 Adding or linking GPs to the practice

In response to the following questions:

- How do you update the organisation register to include new doctors?
- When trying to link a GP that IS under our Organisation Register already - I am getting error Code 0832 provider is not eligible to be a responsible provider.

Response:

Refer to ORGREGM05 module - [ORGREGM03 - Creating an Organisation Site Record \(servicesaustralia.gov.au\)](#) for steps on how to add providers to your Organisation Site Record via the Provider tab (currently page 10), or to amend provider details refer to [ORGREGM06 - Amend your Organisation Site Record through HPOS \(servicesaustralia.gov.au\)](#).

For further queries including issues that relate to an error code please contact Services Australia on 132 150, Option 2 for assistance.

5.2 Adding bank details

In response to the following questions:

- How do providers add their bank account details?
- Drs not good on PRODA. How do I get their banking details updated for this, I have done the bulk of the work but can't put in their bank info.?
- ? I get the message :0837 - This responsible provider does not have current banking details that will allow an incentive to be paid.
- We have tried but have been unable to link our patients to GPACI in PRODA. The error message "Update to banking details will take affect and have a start date ...
- while registering our practice, we got a 0837-error message "this responsible provider does not have current banking details that will allow an incentive.
- How do GP's link their own bank details for the GP part of the payment (we have registered the Practice Bank details part)



Response:

The response to these questions covers the process for practices and for GPs/responsible providers.

5.2.1 For practices

To receive payments for MyMedicare Incentives such as the General Practice in Aged Care Incentive, you will need to add banking details in the Organisation Site Record (practice) for MyMedicare under the Program Registration tab in the Organisation Register.

Note: If you registered for MyMedicare prior to 1 July 2024, you'll need to add your banking details and then wait until the next day before adding the MyMedicare General Practice in Aged Care Incentive.

Information on how to do this is available at ORGREGM03 - Creating an Organisation Site Record (from page 11) linked on Services Australia website (<https://hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM03/index.html>) or search: hpe.servicesaustralia.gov.au > Organisation Register > Creating an Organisation Site Record.

5.2.2 For GPs / responsible providers

Responsible providers will need to update their banking details as individuals in HPOS. This will be updated to include MyMedicare Incentives for each provider number location they are nominated as a responsible provider. Banking details are added online.

Information on how to do this is available at MDCM01INFO-Managing your bank details using HPOS linked at (<https://hpe.servicesaustralia.gov.au/INFO/MDC/MDCM01INFO.pdf>).

5.3 Patient registration

In response to the following questions:

- How do we notify patient registration in PRODA?

Response:

5.3.1 MyMedicare

There are two ways to Register a patient in HPOS, via the Patient List or from the HPOS homepage via Find a Patient. More information on registering patients in MyMedicare is available at MYMEDM02-Managing patient registrations (<https://hpe.servicesaustralia.gov.au/MODULES/MYMED/MYMEDM02/index.html>).

A patient will receive an automatic notification via their MyGov and Medicare Online Services confirming their MyMedicare registration. If a patient does not have online services, they will not receive a notification of registration.



5.3.2 General Practice in Aged Care Incentive

Information on adding the incentive indicator for patients is available at MYMEDINFO4- Adding the MyMedicare General Practice in Aged Care Incentive Indicator (<https://hpe.servicesaustralia.gov.au/INFO/MYMED/MYMEDINFO4.pdf>).

5.4 Support available

In response to the following questions:

- What Training is available for PHN support teams from the department to support practices before the toolkit comes out and before the system is well-socialised?
- hi, is there an easier system within proda to accommodate both the registration process and adding GPACI function.

Response:

The General Practice in Aged Care Incentive is a MyMedicare linked incentive. General practices and Healthcare providers can review the eligibility criteria on the department's website.

General practices must be registered in the following Services Australia systems:

- Provider Digital Access (PRODA)
- Health Professional Online Services (HPOS)
- the Organisation Register.

Healthcare providers must be linked to the practice on the Organisation Register.

Support material links are available at **Appendix 2** (section 6.2 in this document).

5.5 Payments

In response to the following questions:

- Taking into consideration payroll tax issues, Are the practitioners incentive paid to them directly by services Australia or into the practice account.

Response:

Incentives paid to responsible providers are paid to the MyMedicare bank account the provider nominates in their individual HPOS, for each provider location they are registered for.

Providers may choose what bank account to nominate. For example, they can choose whether to nominate their individual bank account or the practice bank account, depending on the arrangements in place between the practice and provider.



6. Appendices

6.1 Appendix 1 – List of all questions

1. Can you tell me if the Doctors are allowed to do 721/723 in aged care?
2. Telehealth option still disadvantages regional areas outside MM4. Telehealth is an important option for out of hours care to the patient where it is unrealistic for a GP to attend in person
3. What if the GP covering is not from the same practice?
4. We've already registered most of our aged care patients, and have done so before 1/7/24, presuming that we don't need to do anything else on the patient's side there?
5. Can the Aged Care Incentive payment be paid directly to the responsible provider, separate to the PIP payment?
6. If a doctor leaves a practice and starts working for us and he is bringing his nursing home patients with him, do we have to register those individual patients with our practice
7. Do CMA assessments get recognized if done before 1st July ?
8. Please respond to nurse role, and incentive payment? does this apply?
9. What community socialisation programs are planned? Is this managed by PHNs or the Commonwealth?
10. Is payment a once off yearly of the \$300 to the Dr per patient and \$150 per patient to practice and if so, what is the date this will be processed?
11. How do you update the organisation register to include new doctors
12. How many RACFs are going to be happy with the concept of GP practice nurses attending for Chronic Disease management purposes?
13. What Training is available for PHN support teams from the department to support practices before the toolkit comes out and before the system is well-socialised?
14. Will we still use the same item numbers ie: 24, 37, will there be a new incentive item number?



15. What is happening to the current PIP Aged Care payment direct to providers? Is it being completely replaced with GPACI?
16. Can we confirm that Doctors will be receiving \$75 per quarter in quarterly payments ie $4 \times \$75 = \300 per annum?
17. How do providers add their bank account details?
18. Will you be providing a summary of the Q&As for PHNs?
19. What happens if a patient registers under a doctor then goes to a nursing home permanently under another doctor?
20. Are residents required to choose between a general practice and an ACCHO? Both are critical providers for many.
21. So does this mean that any current shared care arrangements are now void?
22. This will be concerning rural areas with shared care rosters.
23. What about in remote areas, where we rely on locums - thereby no regular GP?
24. If a GP practice is in MM5 area but looks after patients in MM1 does the rural loading apply.
25. What if the patient's usual GP is on leave & another GP is covering for the GP?
26. Drs not good on PRODA. How do I get their banking details updated for this, I have done the bulk of the work but can't put in their bank info.?
27. Independent contractors linked to the practice on My Medicare then become AT RISK of being deemed as EMPLOYEES!
28. I get the message :0837 - This responsible provider does not have current banking details that will allow an incentive to be paid.
29. We have tried but have been unable to link our patients to GPACI in PRODA. The error message "Update to banking details will take affect and have a start date ..."
30. Can you please explain My Medicare FHU
31. How does it work for residents with more than 1 visiting GP (a facility that has multiple visiting GPs). Also - how does it work for patients who pass away?
32. In reality the guardian tribunal representative rarely visits the RACH. Can the home get consent through email?



33. What about residents who have no relatives, nok, poa or any other carer?
34. Can we please have clarification regarding responsible provider versus nominated GP?
35. Can you explain what the RAC needs to do and what the incentive means for the RAC
36. hi, is there an easier system within proda to accommodate both the registration process and adding gpaci function.
37. How do we record a Practice Nurse consultation in aged care (other than through clinical notes), does this count towards the incentive payment?
38. How do GP's link their own bank details for the GP part of the payment (we have registered the Practice Bank details part)
39. What happens if the nominated provider changes during the year- is that assessed quarter by quarter?
40. What happens to GPs who share care for their aged care patients? We have 2 GPs who share patients in one aged care facility? Who gets the payment?
41. will there be new MBS items to reflect the visits under this scheme
42. Can a RACGP registrar be the 'responsible provider'?
43. Practice Nurse provides a consultation how is this measured by the department
44. Taking into consideration payroll tax issues, Are the practitioners incentive paid to them directly by services Australia or into the practice account
45. What is the benefit to the patient for registering for MyMedicare?
46. Will the incentive be divided into quarters eg \$75 per quarter so if you meet requirements in 3 of the 4 quarters will you still receive \$225 for the year?
47. Are the incentives subject to GST as they are not an MBS item number?
48. Is this starting on Nov 1?
49. When we sign the patient up and we put the start date for the Aged Care Incentive, do we put the 1st July even if signing them up is at a later date?
50. Any advice on how we can efficiently register our Nursing Home patients? We've given the forms to the Nursing Homes and received only a handful back.
51. What item number does a practice nurse use to enable their visit to be calculated under the GPACI?



52. How do we notify patient registration in PRODA?
53. Do residents with no next of kin or POA have to sign?
54. Can you please confirm if the slides will be provided? Thank you.
55. Given there are no MBS item numbers for practice nurses to bill, how will a practice nurse count towards the number of visits needed for the incentive payment for the GP?
56. Why did the department choose 'usual' financial quarters for this incentive, rather than the quarters as used by other payments (PIP and WIP PS etc).
57. If a patient passes away during the financial quarter, what happens to the incentive payment if the patient passes and the requisite visits have not been fully met?
58. Will any incentive be paid if the pt passes way after receiving most of the services during the 12 mth period?
59. When trying link a GP that IS under our Organisation Register already - I am getting error Code 0832 provider is not eligible to be a responsible provider.
60. How does an independent GP register for MyMedicare and the GPACI incentive? Do they need to be linked to a practice?
61. What are the rural loadings that will apply to the General Practice in Aged Care Incentive?
62. while registering our practice, we got a 0837 error message "this responsible provider does not have current banking details that will allow an incentive.
63. Many doctors are now Independent Contractors within a clinic.
64. What happens if the Doctor wants to register but the Practice doesn't?
65. What if you have an agreement with an after hours provider service for RACF visits after hours, can these be counted as visits?
66. Can't see the slides
67. Why is the registration and linking process SO complex, we have hundreds of residents (because most practices in our area do not provide this service).
68. Still only seeing title slide
69. How do we enrol a resident in aged care when they are unable to sign the My Med Registration and they dont have family that care?



70. Do we have to be accredited practice?
71. As there are many solo GPs providing the aged care services ?
72. In aged care we cannot claim for care plan 721/723 under the new model , Are we eligible to write a care plan and claim 721/723?
73. Location and availability of Care Homes does not always avail the GP to continue to provide care.
74. The Aged are often located in homes closer to family members.
75. Practices will receive \$130 per RACF patient to register them for MyMedicare and My Aged Care.
76. Will practices also keep a portion of the GPs SIP payments?
77. Why did the department decide on a 70:30 split between GPs and the clinics with new General Practice in Aged Care Incentive? Why can't clinic negotiate their own?
78. Why is there now so many personal questions now included in the mymedicare registration it is a huge disincentive for patients to register and we have dealt with?
79. Do we need to have signed consent for Aged Care Residents? Thank you.
80. Can you please cover the consent for registering residents in to this incentive. do we need to get consent again or if they are already MyMedicare registered?
81. Could you run through the process for the practice for when a resident in a RACH passes away?



6.1.1 Statements assessed as comments

The following were assessed as comments, and responses have not been provided for these.

Number	Comment
2	Telehealth option still disadvantages regional areas outside MM4. Telehealth is an important option for out of hours care to the patient where it is unrealistic for a GP to attend in person
12	How many RACFs are going to be happy with the concept of GP practice nurses attending for Chronic Disease management purposes?
18	Will you be providing a summary of the Q&As for PHNs?
22	This will be concerning rural areas with shared care rosters.
27	Independent contractors linked to the practice on My Medicare then become AT RISK of being deemed as EMPLOYEES!
54	Can you please confirm if the slides will be provided? Thank you.
63	Many doctors are now Independent Contractors within a clinic.
66	Can't see the slides
67	Why is the registration and linking process SO complex, we have hundreds of residents (because most practices in our area do not provide this service).
68	Still only seeing title slide
73	Location and availability of Care Homes does not always avail the GP to continue to provide care.
74	The Aged are often located in homes closer to family members.
75	Practices will receive \$130 per RACF patient to register them for MyMedicare and My Aged Care.



6.2 Appendix 2 – Links to supporting material

The below is not an exhaustive list of supporting material. Readers should refer to the department website for current versions and information at <https://www.health.gov.au/our-work/gpaci>.

Topic	SubTopic	Link
MyMedicare	MyMedicare eligibility for practices and providers	https://www.health.gov.au/our-work/mymedicare/practices-and-providers
	Resources for MyMedicare general practices and healthcare providers	https://www.health.gov.au/resources/collections/resources-for-mymedicare-general-practices-and-healthcare-providers
General Practice in Aged Care Incentive	Overview of the incentive	https://www.health.gov.au/our-work/gpaci
	General practice in aged care incentive program guidelines	https://www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-program-guidelines-july-2024
	Frequently asked questions for practices and providers	https://www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-frequently-asked-questions-for-gps-and-practices
	Frequently asked questions for residential aged care providers	https://www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-frequently-asked-questions-for-residential-aged-care-providers
	Frequently asked questions for aged care residents, families and carers	https://www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-frequently-asked-questions-for-aged-care-residents-and-carers
Systems	Register your practice for MyMedicare	https://www.servicesaustralia.gov.au/register-your-practice-for-mymedicare?context=20
	Register for General Practice in Aged Care Incentive	https://www.servicesaustralia.gov.au/general-practice-aged-care-incentive?context=20



Topic	SubTopic	Link
Health Professional education	eLearning and infographic factsheets on MyMedicare and the General Practice in Aged Care Incentive	https://hpe.servicesaustralia.gov.au/my-medicare.html

Information in this document is correct as at 16 July 2024.