



Australian Government

# **MyMedicare systems overview webinars Oct 2024 - Responses to questions from attendees**

Date of issue: 4 Nov 2024



## Contents

<b><u>MyMedicare systems overview webinars Oct 2024 - Responses to questions from attendees</u></b>	<b>1</b>
<b><u>Contents</u></b>	<b>2</b>
<b><u>1. Overview</u></b>	<b>3</b>
<b><u>2. MyMedicare</u></b>	<b>4</b>
2.1 Practice Registration	4
2.1.1 Practice registration	4
2.1.2 Practice set-up	4
2.1.3 Practice accreditation and exemption	5
2.1.4 Withdrawing practice registration	5
2.2 Provider registration	5
2.3 Patient registration	6
2.3.1 Preferred doctor and practice	6
2.3.2 Paper form, Medicare online account	6
2.3.3 Practice org site	7
2.3.4 Change in provider / alternate providers	7
2.3.5 Patient registration – change in practice	8
2.3.6 Returning patients	9
2.3.7 Consent	10
2.4 Claims	10
2.5 Support	10
2.6 Engagement	11
<b><u>3. General Practice in Aged Care Incentive</u></b>	<b>11</b>
3.1 Patient eligibility	11
3.2 Registration	12
3.2.1 Registering patients for the incentive	12
3.2.2 Banking details	12
3.2.3 Incentive indicator	12
3.3 Servicing Requirements	13
3.4 Payments	13
3.4.1 Extenuating circumstances and death of a patient	13
3.4.2 Payment allocation	14



## 1. Overview

In October 2024, the Department of Health and Aged Care (the department) ran two webinars on the systems of MyMedicare and how to register for MyMedicare, in collaboration with Services Australia.

This document provides responses to the questions raised in the webinars, including the questions that were addressed in the webinar. Some of the questions have been adjusted for grammar and punctuation.

All the responses included in this document are collated from the publicly available online resources, current as at **4 November 2024**.

All stakeholders are encouraged to refer to the department website for the latest versions and information: <https://www.health.gov.au/our-work/mymedicare>. MyMedicare systems related information is available on the Health Professionals Education site for Services Australia at <https://hpe.servicesaustralia.gov.au/mymedicare.html>.

For further clarification or queries, please send an email to [MyMedicare@health.gov.au](mailto:MyMedicare@health.gov.au).



## 2. MyMedicare

### 2.1 Practice Registration

#### 2.1.1 Practice registration

In response to the following questions:

- How do I add bank account details to MyMedicare program?

#### Response

There are two types of payments under the MyMedicare General Practice in Aged Care Incentive, payments to practices and payments to providers.

For a practice to receive payments for 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 add your banking details and then wait until the next day before adding the MyMedicare General Practice in Aged Care Incentive.

For information on how to do this, search:

<https://hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM03/index.html>

For providers to receive their payments, they add their banking details in the My Details section of Health Professional Online Services as they would for any other Medicare payment.

For information on how to do this, search:

<https://hpe.servicesaustralia.gov.au/INFO/MDC/MDCM01INFO.pdf>

#### 2.1.2 Practice set-up

In response to the following questions:

- Can I confirm that it is optional to add "Ultimate Organisation" when setting up the practice?

#### Response

Yes, it is optional.



### 2.1.3 Practice accreditation and exemption

In response to the following questions:

- What happens when a non-accredited practice registers for MyMedicare, but doesn't get accredited till after 30 June 2025?

#### Response

Non-accredited practices have 12 months to gain accreditation through a registered accreditation agency from the date they register in MyMedicare as a practice, including if they register after 30 June 2025. If they have been registered for MyMedicare for 12 months or more on 30 June 2025 but have not yet started the accreditation process with a registered accreditation agency, they will become ineligible for MyMedicare on 1 July 2025.

### 2.1.4 Withdrawing practice registration

In response to the following questions:

- How can a practice remove MyMedicare registration if the practice changes their mind or closes?

#### Response

MyMedicare can remain listed as a program on the Organisation Register even if a practice is not providing MyMedicare Services. This will not affect how the practice operates or provides other services. If a practice closes, the practice must inform Services Australia, which will close the Organisation Site for that practice in the Organisation Register.

### 2.2 Provider registration

In response to the following questions:

- When registering providers, what is an RA number?

#### Response

RA stands for Registration Authority. An RA number is a unique number associated with either an individual Provider Digital Access (PRODA) account or a PRODA Organisation account. It is assigned when either of these accounts is first created.



## 2.3 Patient registration

### 2.3.1 Preferred doctor and practice

In response to the following questions:

- Can a patient registered for my Medicare have more than one practice/ doctor?

#### Response

MyMedicare aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams. As such, the patient can have only one preferred GP and one preferred practice where the preferred GP is linked.

Once registered, you can change or update your preferred GP or regular practice.

- If you would like to change your preferred GP at your registered practice, practice staff can link you to your newly preferred GP with your consent
- If your preferred GP moves to a new practice, you can change your registration details to follow them, as long as the practice is registered with MyMedicare. You will not need to meet minimum visit eligibility requirements at the new practice as your existing relationship with your GP will be recognised.
- If you would like to move to a different practice, you can register once you meet the minimum visit eligibility requirements. Your new practice must also be registered in MyMedicare to access benefits provided through MyMedicare

Registering with MyMedicare does not restrict your access to other MBS or DVA equivalent services from other healthcare providers including other GPs and practices. You will only be able to access benefits provided through MyMedicare at your registered practice.

### 2.3.2 Paper form, Medicare online account

In response to the following questions:

- How do you register a patient who has completed a paper form, but they don't have an active Medicare Online Account. Some of these patients don't have access to a computer or even use a mobile phone.

#### Response

Practice staff can enter the patient information from the submitted form, in Health Professional Online Services (HPOS). The paper form is an alternative form of registering as compared to the Medicare Online Account.



### 2.3.3 Practice org site

In response to the following questions:

- What happens with MyMedicare patient registration when a practice has multiple sites. e.g. the same doctor sees the patient at one site or the other, as part of the same practice, but my understanding is that a patient can only be registered at one site.

#### Response

This is correct, a patient can only be registered at one site. However, practices that are Aboriginal Community Controlled Health Services (ACCHS) and Aboriginal Medical Service (AMS) have the option of setting themselves up as a 'Hub and Spoke' model where the patient is still registered at only one site (the Hub) but they can also see the GP at multiple sites (the Spokes). For further information on the Hub and Spoke model, please see [https://hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM01\\_2/index.html](https://hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM01_2/index.html).

### 2.3.4 Change in provider / alternate providers

In response to the following questions:

- Do we have to change the preferred GP if the patient sees another GP in the clinic while their regular GP is away? Or will the billings be ok because it is billed within the preferred practice?
- If a patient has registered for MyMedicare under a doctor, and the doctor leaves the practice - do you need to get a new form filled out for the new doctor that they are going to see or can you just change it in MyMedicare under their details.
- Do we need to update the provider every time a patient sees another GP in the practice?
- We have a large number of nursing home patients, and 2 doctors rotate areas weekly. Can both doctors be registered for the patients?
- If their preferred provider is on holidays, do we need to update providers every time they see another GP in the practice?
- What safeguards have been put in place to ensure "poaching" of patients in the MyMedicare system does not occur?
- We had a GP who sadly passed away. Patients were registered with My Medicare for him and other doctors at the practice are seeing these patients, but the patients are showing as not eligible. How do I update this in PRODA?

#### Response

Once a patient has registered for MyMedicare and nominated a preferred GP, patients have the option to see any GP at their chosen practice and still receive the benefits of MyMedicare.



If a preferred GP stops working at their regular practice or is no longer eligible for MyMedicare, there are no impacts, and the patient will remain registered with the practice.

However, the practice can also assign a new preferred GP to the patient. Any affected patients will be notified of the change to their preferred GP. There is no need to complete another registration form in this scenario.

Nominating a preferred GP does not preclude a patient from receiving services from other GPs or health professionals at their registered practice or other practices.

It is entirely a matter for patients where they choose to register for MyMedicare.

When a provider is no longer listed as a current provider in the Organisation Register, the words “not eligible” will appear against their provider number in the MyMedicare patient list. This does not make the patient ineligible, and the patient can still see any provider at the practice for MyMedicare services.

In relation to the General Practice in Aged Care Incentive, the incentive model takes into account that Responsible Providers might be unavailable at some times and in this case, an alternative provider can attend that particular appointment to deliver care. These services must be delivered under the direction of the Responsible Provider and be in line with the quarterly servicing requirements for the patient.

### 2.3.5 Patient registration – change in practice

In response to the following questions:

- When a patient is already registered in MyMedicare at a practice, when another practice tries to register it advises that they are already registered elsewhere but then asks if you would like to continue, letting that 2nd practice now register the patient. So, the previous practice has no idea that the patient is now no longer registered. Is this going to be fixed?
- What happens if you register a patient after they have signed the registration form, but it comes up as they have already been registered at another practice?
- What happens if a patient of ours has been registered by another practice?
- Are practices notified when patients register with another location so that they can update their clinical systems?
- Where does the withdrawal notification go - I have not seen one.
- For General Practice in Aged Care Incentive - is there a way of knowing who has withdrawn a resident?
- What is the communication process to notify a practice if a patient is registered with another practice?
- What happens if patient isn't registered for MyMedicare?





## Response

It is a matter for patients where they register for MyMedicare. A practice will know if a patient is registered outside of their practice when the patient discloses their MyMedicare registration, or when the practice sees the MyMedicare registration on My Health Record for the patient. In cases where a patient fills out a registration form, the practice should enter the registration in HPOS within 7 days of receiving the signed form.

It is required that the practice seek and record consent from the patient when completing the initial registration or when transferring registration from another practice.

When a patient changes the practice at which they are registered for MyMedicare, a notification is sent in HPOS to the original practice. If the patient has a Medicare Online Account, they will also receive a notification about the change in practice.

The patient list in MyMedicare also shows withdrawn patients.

The following links demonstrate how you can set up and access HPOS notifications for an:

- Organisation/or as a delegate  
<https://hpe.servicessaustralia.gov.au/MODULES/HPOS/HPOSM02/index.html>
- HPOS individual notifications and messages  
<https://hpe.servicessaustralia.gov.au/INFO/ORGREG/ORGREGINFO9.pdf>

If a patient is not registered for MyMedicare, MyMedicare services cannot be provided for that patient.

### 2.3.6 Returning patients

In response to the following questions:

- Can we re-register a patient who has come back to the clinic from another clinic, who was previously registered at our practice?
- Can a patient be re-registered? this is when a patient returns to the practice.

## Response

If a patient has been registered for MyMedicare at another clinic, they will need to re-register when they return to a clinic where they were previously registered. If, however, they withdrew their registration without registering at another clinic, their withdrawal can be reversed by amending the withdrawal in MyMedicare.



### 2.3.7 Consent

In response to the following question:

- Is a hard copy/ written consent the only way we can register. Can we accept Verbal consent? and note "verbal consent was received" in their file?
- Who can provide consent for aged care residents?
- What if you cannot reach the guardian of someone under guardianship in the aged care environment for MyMedicare registration?

#### Response

Where a patient is incapable of providing consent, as for other Medicare arrangements, a responsible person can consent on their behalf. 'Responsible person' means an adult person accompanying the patient or in whose care the patient has been placed, including the guardian, a person who holds power of attorney or a guardianship order, or the next of kin.

We will otherwise take this question on notice. The department will need to seek further advice, and a response will be provided through the FAQs which will be available soon.

### 2.4 Claims

In response to the following questions:

- If there is a delay between registration in HPOS and claiming, will the claim be rejected?

#### Response

If a patient is not yet registered for MyMedicare in HPOS, claims for MyMedicare services will be rejected.

### 2.5 Support

In response to the following questions:

- As a health professional is there a phonenumber we can call if we have any issues or concerns regarding MyMedicare?
- Are there any resources including posters or brochures available to promote MyMedicare to patients?

#### Response

Providers, including sole providers, and practices can contact Services Australia at 132 150 and select Option 2.



There are a range of resources available for practices and providers on the Department of Health and Aged Care website, as well as on Services Australia HPE website.

- <https://www.health.gov.au/our-work/mymedicare/resources>
- <https://hpe.servicesaustralia.gov.au/mymedicare>

## 2.6 Engagement

In response to the following questions:

- What is the role of the AAPM in supporting practices with MyMedicare and General Practice in Aged Care Incentive implementation?

### Response

The Australian Association of Practice Management (AAPM) is a delivery partner for the implementation of MyMedicare and related initiatives. The department has worked closely with AAPM for inputs and designing the communication framework to effectively reach practices across the country. This includes information about incentives, training on the systems, webinars and communication as well as gathering feedback. Practices and practice staff can also contact their local Primary Health Network (PHN) and Services Australia for support.

## 3. General Practice in Aged Care Incentive

### 3.1 Patient eligibility

In response to the following question:

- Is it the case that when accepting care of a new patient, a GP won't be eligible to register a patient for General Practice in Aged Care Incentive against I as a responsible provider until they have seen the patient twice?

### Response

No. 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. Refer to Section 2.4 Patient Eligibility of the General Practice in Aged Care Incentive program guidelines available at <https://www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-program-guidelines-2024>.



## 3.2 Registration

### 3.2.1 Registering patients for the incentive

In response to the following question:

- Is there a way to bulk add the General Practice in Aged Care Incentive to patients in residential aged care or do you have to do it individually?

#### Response

Patients can be registered for the General Practice in Aged Care Incentive as per the current registration process i.e. one patient at a time. There is no option to do bulk uploads of patient registration details to HPOS. This feedback has been provided to Services Australia and will be looked into for future releases, keeping in mind overall functionality requirements for the system.

### 3.2.2 Banking details

In response to the following question:

- Why is there a 24hour delay between adding banking details and selecting the Aged Care Incentive?

#### Response

The 24hour delay only applies to Organisation Sites registered for MyMedicare before 1 July 2024, which had not entered banking details for MyMedicare. These sites need to enter their Banking Details for MyMedicare before they can add the MyMedicare General Practice in Aged Care Incentive sub-program. After entering their banking details for MyMedicare they can add the General Practice in Aged Care Incentive the next day.

For how to add banking details for a site/practice go to page 11

<https://hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM03/index.html>

### 3.2.3 Incentive indicator

In response to the following question:

- Do we have to go through the adding General Practice in Aged Care Incentive indicator process each quarter? The system required us to add an end date and didn't allow us to enter a date beyond 31/10/2024. The system displayed a message saying the end date can't be more than 90 days from start period. Is this an error?

#### Response

There is no need to add the General Practice in Aged Care Incentive indicator every quarter. You can leave the End Date field blank and continue to add the incentive indicator.



### 3.3 Servicing Requirements

In response to the following questions:

- If it is close to the end of a quarterly assessment period and the practice won't be able to meet the quarterly regular visit requirements, should the practice hold off registering the patient in the General Practice in Aged Care Incentive until the beginning of the next quarter to ensure they meet the service requirements?
- Would you insert the start date for the incentive, as the start date of the current assessment period? Or the current date?

#### Response

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.

The General Practice in Aged Care Incentive requires practices and providers to meet quarterly requirements to be eligible for incentive payments. The incentive payment assessment will consider all services delivered in the assessment quarter, even if delivered prior to General Practice in Aged Care Incentive registration.

However, services will only be considered as being delivered by the Responsible Provider during the period the Responsible Provider is nominated via the incentive indicator. Any services delivered by the responsible provider prior to their nomination will be counted as services delivered by an alternative provider.

It is at the discretion of the practice and Responsible Provider to undertake registration processes, including decisions on timing, and the incentive indicator start date entered when registering a patient.

### 3.4 Payments

#### 3.4.1 Extenuating circumstances and death of a patient

In response to the following questions:

- How do you manage a patient in the General Practice in Aged Care Incentive that has deceased. Will the payment be made for an assessment quarter if the requirements for that quarter are met?

#### Response

To be eligible for the quarterly payment, servicing requirements must be met for each quarter. If servicing requirements are not met for any reason, the quarterly payment for that patient will not be made. If a patient's registration ends during the quarter for any reason,



including because the patient is deceased, eligibility will be assessed based on the services already provided, and if all requirements are met then they may be eligible for payment.

### 3.4.2 Payment allocation

In response to the following questions:

- What is the situation for eligibility for the General Practice in Aged Care Incentive payment if the practice did provide services to that patient during the quarter, but they don't know exactly when the registration with their practice was withdrawn?
- Would there be any back payments if the patient's incentive details were updated at a later time? E.g. We set the start date of the incentive of a patient as 1<sup>st</sup> of Sept. Would we still receive the payments between the time then till now?
- When does the assessment period commence in this scenario - a resident was registered with our practice and met the incentives requirements for the first quarter. The resident was withdrawn and then re-registered in our practice. Will the assessment period recommence when the re-registration is done? Or does the assessment period continue from the initial registration as the first quarter requirements have been met?

#### Response

Patients can be registered for the General Practice in Aged Care Incentive at any point in the assessment quarter. Services delivered across the entire assessment period in which a patient registered can be counted towards the servicing requirements, even if delivered prior to the patient's registration. However, eligible services delivered when a patient is not registered will not be considered as delivered by the responsible provider. These services can still be counted towards the servicing requirements as delivered by alternative provider.

For example, if the start date of the incentive is set as 1 September, the assessment start date is 1 July. Services from 1 July to 30 September are considered for the quarter, but only those from 1 September are counted as Responsible Provider services.

Each quarterly assessment also reviews the previous three quarters to check for changes, including retrospective patient inclusion. This can result in additional payments or requests to recover overpayments.

If a patient registers with a new practice, the assessment start date is the start of the quarter when they registered with the new practice. This will apply even if a patient returns to a previous practice. If the incentive indicator is removed for a full quarter and then reinstated, the 12-month assessment period restarts.

---

This information is current as at 4 Nov 2024