



General Practice Communications – Services Australia and Department Update

13 May 2025

Messages for General Practices

May 2025 - Services Australia MyMedicare and GPACI updates

1. GPACI Q4 Service and Payment requirements:

The General Practice in Aged Care Incentive (GPACI) Quarter 4 (Q4) payment requirements are **different** to the requirements for Q1, Q2 and Q3.

Patients who had the GPACI added to their MyMedicare profile in the July-September 2024 quarter are now in Q4 of their 12-month care period.

Practices and providers must familiarise themselves with the below requirements, to ensure they meet Q4 eligibility.

If you would like further information to the below, or have any questions, please [REGISTER HERE](#) for the **‘Ask Me Anything... GPACI Q4 Payments’ webinar** on 20 May 2025, 12:30pm AEST hosted by the Australian Association of Practice Managers (AAPM) in collaboration with Services Australia.

Requirements:

Patients who had the GPACI added to their MyMedicare profile in the July-September 2024 quarter are now in Q4 of their 12-month care period.

To receive Incentive payments for GPACI patients in Q4, practices and providers must deliver the GPACI **quarterly** servicing requirements **AND** the GPACI **annual** servicing requirements.

- Individual providers may have some patients in Q4 while other patients may be in Q1, Q2 or Q3.
 - This is dependent on when the patient had GPACI added to their MyMedicare profile; **not** when the practice registered for GPACI or when the practice linked the provider to the patient as the Responsible Provider.
 - It is the responsibility of the practice and the Responsible Provider to make sure they track which quarter each individual patient is in, and that all servicing requirements are met.
 - It is recommended that practices and providers run an Eligibility Forecast in HPOS, particularly for patients in Q4. This will identify any servicing requirements that have not been met.
- Both the quarterly and annual servicing requirements must be met by **both** the practice and the Responsible Provider for either of them to be eligible for the Q4 payment.



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- If practices and providers were assessed as ineligible for Q1, Q2 or Q3 they **must** still meet the annual servicing requirements by the end of Q4 to be eligible for the Q4 payment.
 - Note that the Responsible Provider is required to deliver care to patients in line with the patient's need. That is, all MBS services **must** be clinically relevant.
 - Meeting the annual servicing requirements (i.e. 8 regular services and 2 care planning services) contributes to eligibility for a Q4 payment. It does **not** trigger back-pay for any previous ineligible quarters.

Quarterly servicing requirements (for all quarters, including Q4):

Each quarter:

- the practice and provider **must** deliver at least 2 regular services to the patient, each in a separate calendar month.
- the Responsible Provider **must** deliver at least one of the regular services. The other regular service can be delivered by either the Responsible Provider or an Alternate Provider.

Annual servicing requirements:

In each 12-month annual care period:

- 2 care planning services **must** be delivered by the Responsible Provider.
- 8 regular services **must** be delivered. For the annual assessment, these services do **not** have to be delivered:
 - in separate months or quarters.
 - by the Responsible Provider. They need to be delivered by an eligible provider linked to the same practice as the patient receiving the services.

Failure to meet the annual servicing requirements:

If the Responsible Provider **does not** deliver the 2 care planning services by the end of the 12-month care period:

- the practice and the Responsible Provider will **not** get the Q4 payment.
- the Responsible Provider **must** deliver at least 1 care planning service in Q1 of the following 12-month care period.

If the requirements are **not** met, the practice and provider will be ineligible for the Incentive payments for that patient for the remainder of the patient's new 12-month care period.



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HPOS sends notifications to the practice and Responsible Provider:

- if they did not meet the annual servicing requirements for a patient by the end of Q4, to notify them of the requirements to maintain eligibility.
- if they fail to meet this requirement in Q1 of the following 12-month care period, to notify them that the practice and Responsible Provider are **not eligible** for assessment for that patient for the remainder of the patient's new 12-month care period.

Additional information regarding servicing requirements, including for Q4, can be found in the GPACI program guidelines here, www.health.gov.au/resources/publications/general-practice-in-aged-care-incentive-program-guidelines-2024.

2. MyMedicare Accreditation Details

All MyMedicare Registered Practices **must** keep their Accreditation Details up to date in the MyMedicare system to maintain MyMedicare eligibility and ensure incentive payments are not impacted.

Information for practices on how to update these details is available at slide 9 of the following HPE resource: hpe.servicesaustralia.gov.au/MODULES/ORGREG/ORGREGM03/index.

Practices may reach out to Services Australia or their PHN for additional assistance, if required.

3. Patient Registration - Consent and Record Keeping Requirements

Patients aged 14 years and over **must** provide consent when registering in MyMedicare. Consent for MyMedicare for patients under 14 is required by a parent or guardian.

Under current MyMedicare policy, staff at aged care facilities or treating doctors are **not** permitted to complete and sign the MyMedicare registration form on behalf of the patient.

If a patient is incapable of providing consent, a signed consent form from a responsible person is required to ensure compliance with audit and privacy standards. A responsible person refers to an adult who is accompanying the patient or responsible for their care. This may include a parent, guardian, a person with POA or guardianship authority, authorised representative or the patient's next of kin.

To register a patient with MyMedicare a practice must declare that the individual providing consent has signed and completed an authorised Patient Registration form, and the practice will retain a copy of this form for compliance of record keeping obligations in accordance with federal, state and territory legislation applicable to their practice. A practice also declares that the information provided is true and correct, and they understand that giving false or misleading information is a serious offence.



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Only the authorised MyMedicare Registration form available online at the Department's website can be used to register a patient in MyMedicare. This form is available at www.health.gov.au/resources/publications/mymedicare-registration-form.

4. Services Australia – Feedback on Health Professional Education (HPE) Resources

Services Australia is reviewing the suite of [MyMedicare Health Professional Education \(HPE\) resources](#) and they'd like your feedback.

HPE resources are available to help practices and providers understand Services Australia's programs and services. Information and step-by-step guides are available on a variety of health programs and systems.

Please provide any feedback by email info@gphn.org.au by Friday, 30 May 2025.

Feedback may include:

- The structure of the site – Can you find what you're looking for? Are things grouped together logically?
- The content of the products – Is the information accurate? Is the information detailed enough? Are there missing steps or do you need more screenshots? Do any of the products leave you with more questions than when you started?
- Anything you think will make the site more useful to you practice and providers.

For support on MyMedicare, please contact info@gphn.org.au.