

GPACI Q4 Service and Payment requirements

13 May 2025



The 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, 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:

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.
- 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.

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](#).

Stay up-to-date

Visit [COORDINARE's website](#) for more information about MyMedicare and Chronic Condition Management Changes.

If you need any additional support, or have any questions, please contact your local [Health Coordination Consultants](#).