Navigating the Payment Eligibility Forecasts in MyMedicare

MyMedicare payment eligibility forecasts are point-in-time assessments of whether a general practice or provider will be eligible for incentive payments, based on available resident data and Medicare billing information.

Practices and providers can use these forecasts to anticipate and ensure they meet the ongoing quarterly servicing requirements, for MyMedicare incentives like the General Practice in Aged Care Incentive (GPACI).

By reviewing forecasts, practices can identify residents for whom they might not meet the servicing criteria and take steps to rectify the situation.

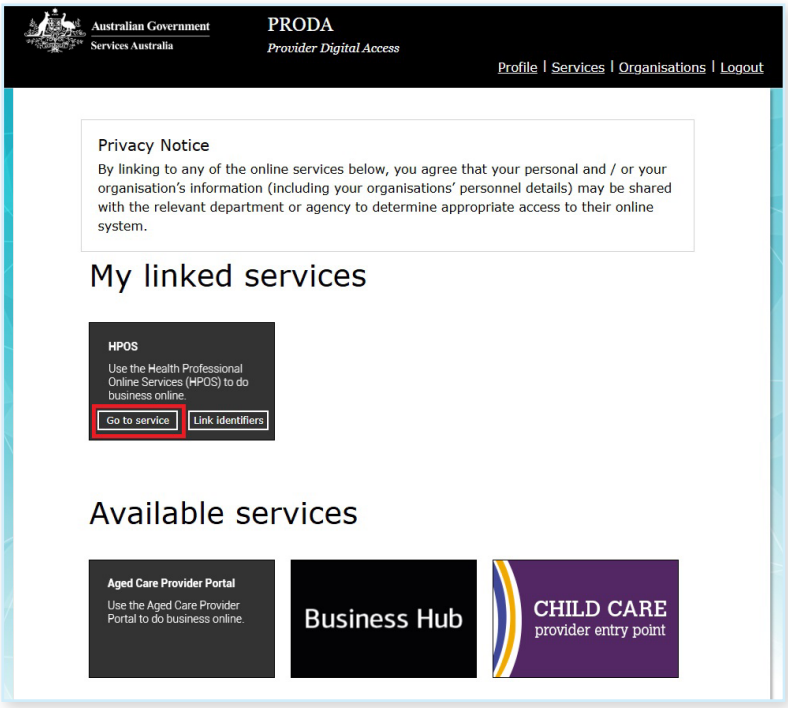
Key Points:

- A forecast is an assessment based on available data and not confirmation of actual payment amounts
- Forecasts provide point-in-time information and can change if new data becomes available or if program criteria are updated
- Performing a quarterly forecast assessment is recommended to stay on top of the evolving eligibility requirements and ensure enough time to schedule outstanding services.

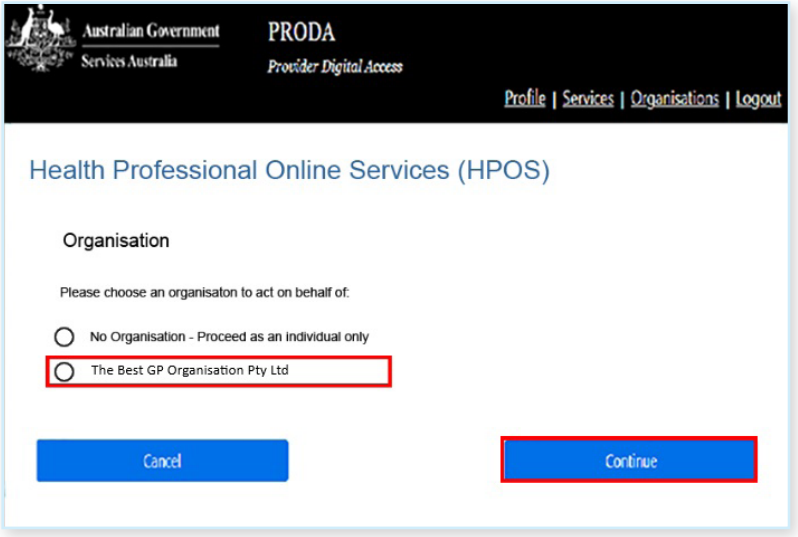
TIP: It's a good idea to include a forecast assessment as part of your regular monthly or quarterly activities, carried out by a nominated team member with the appropriate HPOS access. If you're doing this quarterly, aim to complete the assessment at least four weeks before the end of the quarter. This helps ensure there's enough time to plan and deliver any outstanding services.

Accessing forecasts on behalf of your Organisation

- Log into **PRODA**
- Select **Go to Service** from the **HPOS** tile



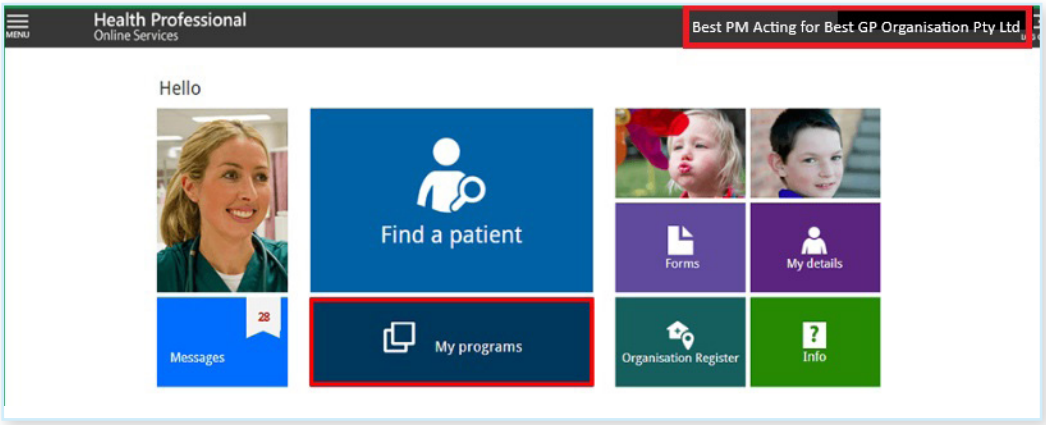
- Select the **Organisation** you are acting on behalf of, then **Continue**



The HPOS home page

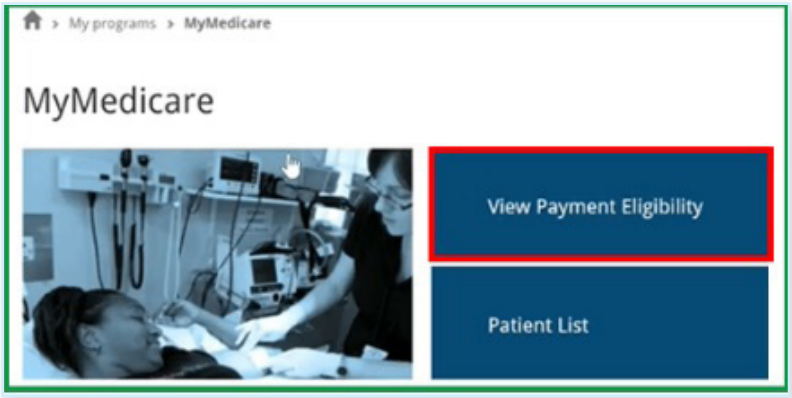
The Organisation you are acting on behalf of is displayed at the upper right-hand corner.

- select the **My Programs** tile.



- then **MyMedicare** tile

- then the **View Payment Eligibility** tile

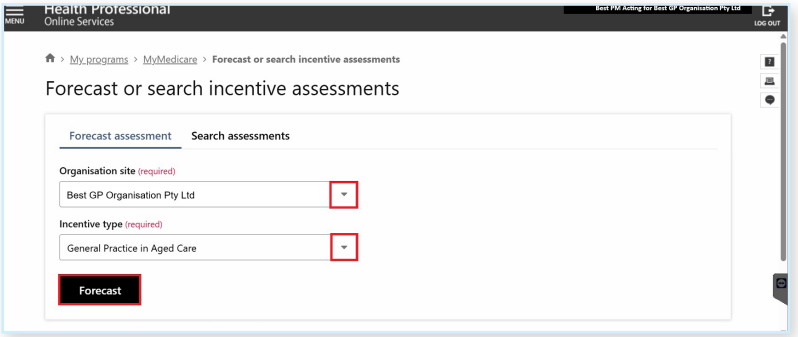


The Forecast Assessment tab is selected by default; however, you can choose to forecast an assessment or search for a Forecast Assessment that has been run previously from the Search Assessments tab .

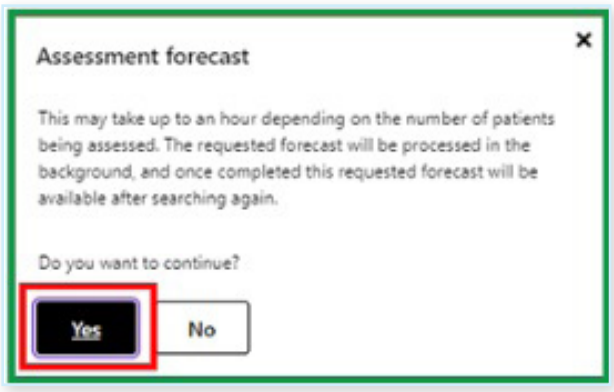
Forecast Assessment

TIP: Only **ONE** forecast can be requested per day for each organisation or provider

- Your **Organisation site** name will be prefilled. If you're linked to multiple organisation sites, use the drop-down arrow to select from the list of options.
- From the **Incentive type** drop-down menu select **General Practice in Aged Care,** then select the **Forecast** button.

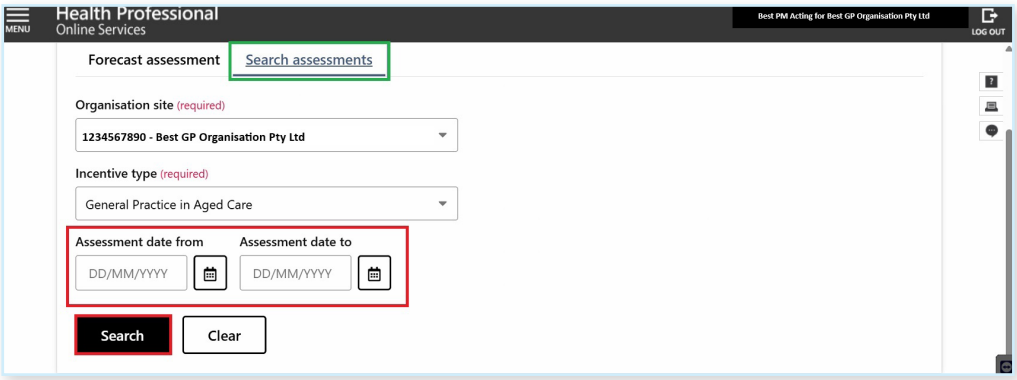


- A notification providing an estimated timeframe will be displayed.
- Select **Yes** to continue.

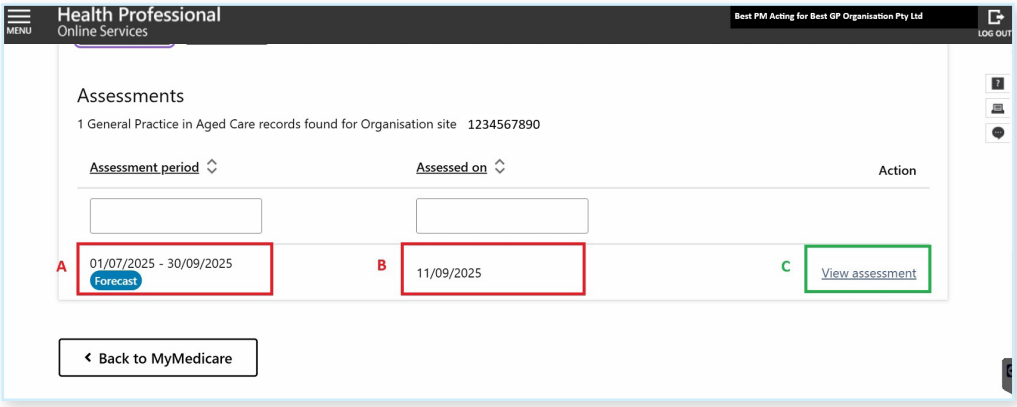


TIP: The forecast may take some time to complete. Once completed the requested forecast results will be available via the **Search assessments** tab.

- Select **Assessment date from** and **to** using the calendar tool (or if you wish to view all assessments, leave blank).
- Select **Search**



- Displayed are **A** Assessment period, **B** date assessment requested and **C**, View assessment option. If more than one assessment has been requested, these will also appear in the list. Select the assessment you wish to view from the **View assessment** option



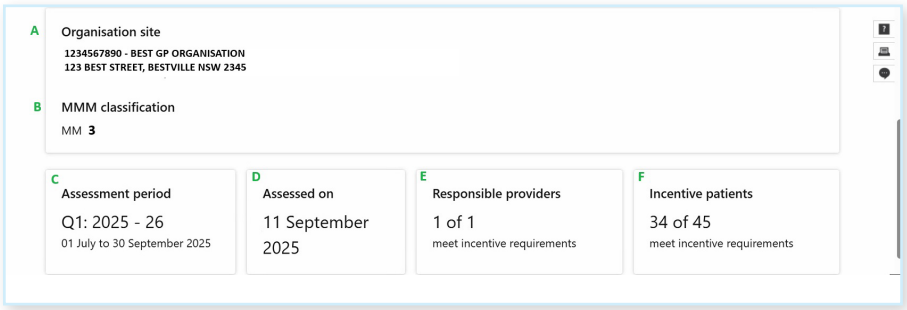
A: Your organisation site details are displayed

B: Your Modified Monash Model classification

C: Assessment period included for the forecast

D: Date forecast was requested

E: Number of responsible providers meeting incentive requirements

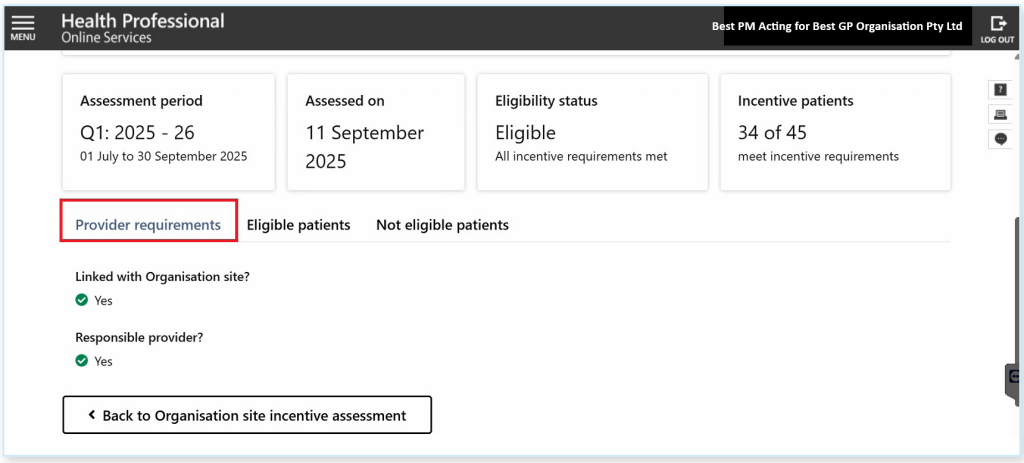


F: Number of patients meeting incentive requirements

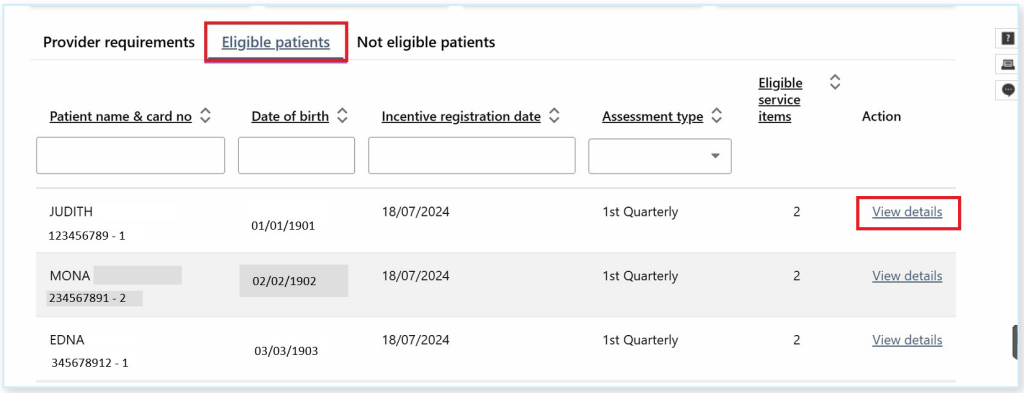
G: Organisation site requirement details, including dates registered for MyMedicare

- Next, select the **Responsible Providers** tab to view all Responsible Providers and the number of residents who met the incentive requirements for the period being assessed

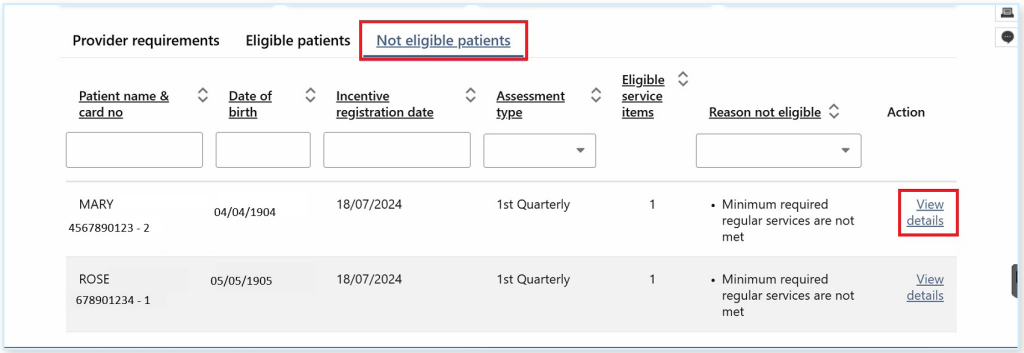
- The **Provider requirements** tab confirms that the GP selected is linked to the organization and is the Responsible Provider



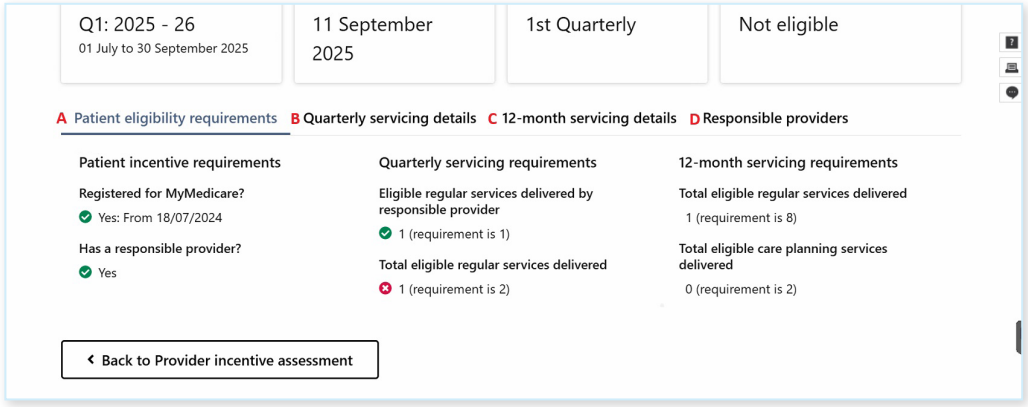
- The **Eligible patients** tab displays residents who have had Eligible service items delivered by the Responsible Provider.
- Select **View details** to see the list of services delivered



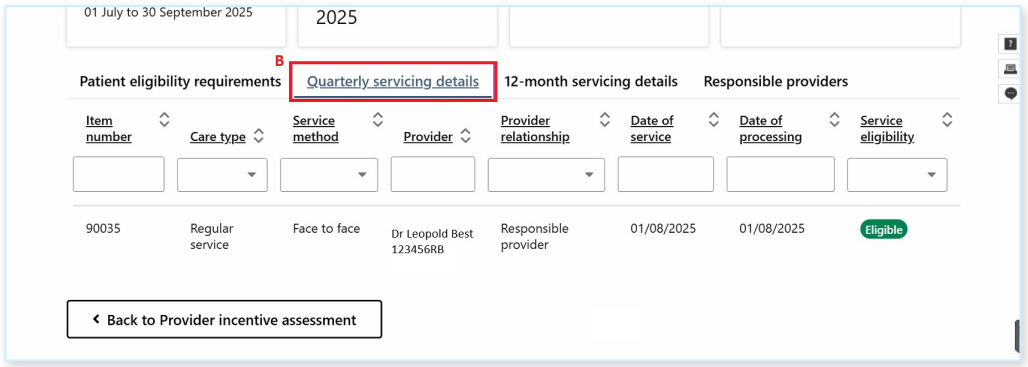
- The **Not eligible patients** tab displays residents who have **not** had their minimum service requirements met. You can find out more about the details by clicking **View details**



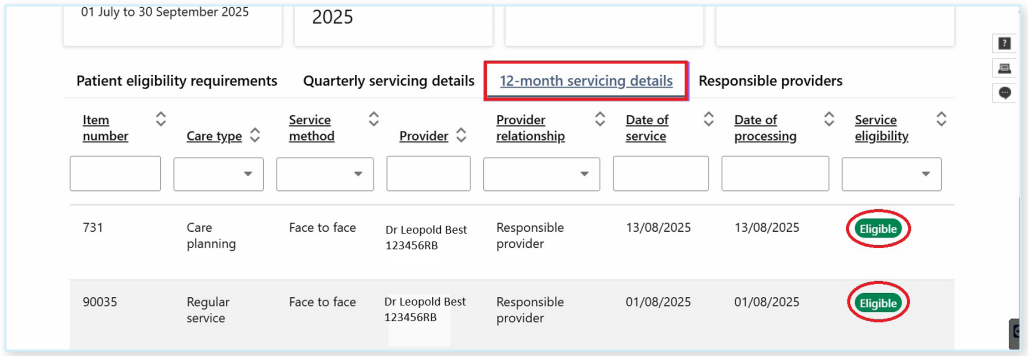
- This screen will allow you to dive deeper into the missing services.
- Tab **A** provides an overview of the residents' eligibility requirements



- Tab **B** lists details of quarterly servicing requirements including; MBS item number, provider/relationship, date and eligibility confirmation (Eligible/Not eligible).



- Tab **C** details the annual servicing requirements. Again showing details about item numbers, date provided/processed and whether service eligibility has been met.



- You may also see **Not assessed** in the **Service eligibility** column. This means the servicing requirements for that resident have been met (Quarterly or Annual)

Using the Forecast enables you to monitor whether eligibility requirements have been met prior to the end of the servicing period(s).

If a resident has only received one regular visit, or has not received the required care planning items, the Responsible Provider can be reminded to schedule the required outstanding visits prior to the end of the servicing period (quarterly or annual).

TIP: the **Responsible Provider** must deliver the **two (2) eligible care planning services** to meet the annual requirements, and quarterly, the **Responsible Provider** must deliver **at least one (1) of the regular visits**. The second visit may be provided by another member of the resident's care team (eg., alternate provider or practice nurse)

Quarterly assessment periods:

• 1 July to 30 September • 1 October to 31 December • 1 January to 31 March • 1 April to 30 June

12-month care period:

Is dependent on the residents' assessment start date (date registered to GPACI). The date of registration to GPACI is the first day of the assessment quarter – regardless of the date within that quarter. This quarter is the first assessment quarter for patients and the start of the 12-month assessment period.

The periods for 12-monthly servicing requirements are:

• 1 July to 30 June • 1 October to 30 September • 1 January to 31 December • 1 April to 31 March.