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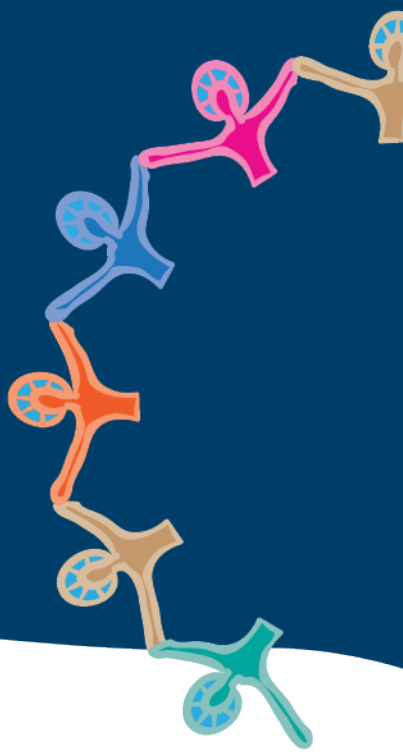
NORTHERN QUEENSLAND
An Australian Government Initiative

Managing Assignment of Benefit and GPACI in residential aged care

A practical guide for general practices

June 2026



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

ISO 9001 QUALITY

Contents

How to use this guide

This pack helps general practices manage Assignment of Benefit (AoB) and the General Practice in Aged Care Incentive (GPACI) together in residential aged care. It brings together practical guidance, workflow tools, and official resources to support day-to-day claiming, consent, registration, and service planning. Practices should still check current Medicare Benefits Schedule (MBS) and Services Australia guidance, as requirements can change.

This pack is intended for both traditional general practices and non-traditional general practice models working in residential aged care, including outreach, mobile, and multi-site services. Whatever the practice model, the goal is the same: to support safe, practical, and workable processes for claiming, consent, registration, and service planning.

Using this pack

Practices can use this pack section by section, depending on what they need – for example, the quick guide for onboarding and workflow setup, the claiming guide for day-to-day billing decisions, or the resource page when staff need to check current Services Australia information.

Key points

- AoB and GPACI are different requirements, but they work best when managed through one shared practice workflow in residential aged care home (RACH) settings.
- Practices can use the individual sections of this pack separately, depending on whether they need guidance for setup, claiming, workflow planning, or official resources.
- Practices should continue to check current MBS and Services Australia guidance, as claiming, consent, registration, and payment requirements can change.

Section 1: Why AoB and GPACI need one shared workflow

Assignment of Benefit (AoB) and the General Practice in Aged Care Incentive (GPACI) do different jobs, but in residential aged care they come together in day-to-day care. AoB is the claiming requirement for each bulk billed Medicare service. GPACI supports continuity of care through the right MyMedicare registration, responsible provider linkage, regular servicing patterns, and care planning. In practice, both sit within the same RACH workflow, so it is safer and more workable to manage them together rather than as separate tasks.

At the time of writing, GPACI requires:

- the practice to be registered in MyMedicare and GPACI
- the patient to be recorded as a permanent residential aged care resident
- the incentive indicator to be activated
- a responsible provider to be linked.

Payment eligibility then depends on meeting servicing requirements, including two eligible regular services each quarter in separate calendar months and two eligible care planning services over 12 months. AoB requirements continue to apply separately to each bulk billed service, including RACH attendance items and other eligible services, with consent needing to be validly obtained before claim submission and records retained for audit purposes.

Key message

The key point is simple; a practice can meet GPACI servicing requirements and still submit a non-compliant claim if AoB is incomplete. The reverse can also happen. AoB may be compliant, but the practice can still miss GPACI eligibility if resident registration, provider linkage, or service timing is not being tracked properly. The safest approach is one shared workflow that brings together registration, assignment, visitation scheduling, care planning, documentation, claim reviews, and exception handling.

Section 2: Quick guide to AoB and GPACI in RACHs

Use this guide to help practices manage compliant bulk billing and GPACI delivery together for permanent residents in residential aged care homes. AoB helps make sure each bulk billed service can be claimed correctly. GPACI supports regular, planned care through MyMedicare registration, responsible provider linkage, regular visits, and care planning.

- **Before visits begin:** Register the practice for MyMedicare and GPACI, add the incentive indicator to the patient profile, and link the responsible provider.
- **At resident onboarding:** Confirm the resident is a permanent residential aged care resident, identify who can lawfully sign AoB, and record contact details for the authorised representative if the resident cannot sign.
- **For GPACI servicing:** Plan at least two regular services per quarter in separate calendar months and 2 eligible care planning services over 12 months.
- **For AoB compliance:** Obtain a valid agreement for each bulk billed Medicare service before the claim is submitted, ensure the service matches the agreement, and retain records for two years.
- **For governance:** Use one shared tracking process for MyMedicare registration, responsible provider status, planned visits, care planning milestones, AoB completion, and claim-hold exceptions.

Practice message

The safest and most workable approach is to treat AoB and GPACI as one RACH workflow. When the resident, responsible provider, visit plan, care plan schedule, and consent pathway are all visible in one place, practices are far less likely to miss payments or submit non-compliant claims.

Section 3: Implementation Checklist

Workflow area	What to check	Action/ notes
Registration and setup	Practice registered in MyMedicare and GPACI; banking details active; patient registered in MyMedicare; GPACI indicator selected; responsible provider linked.	Confirm setup before services begin and review when resident or provider details change.
Resident status and consent pathway	Resident is a permanent RACH resident; capacity considered; lawful assignor identified if needed; representative contact details recorded; RACH staff not used as assignor.	Record the consent pathway early so staff know who can sign AoB for each service.
Quarterly service planning	At least 2 regular services scheduled each quarter in separate calendar months; responsible provider involvement visible; missed visits followed up early.	Track visits across the quarter, not just at quarter end, to avoid missed incentive eligibility.
Twelve-month care planning	2 eligible care planning services scheduled and tracked within the resident's 12-month care period.	Set reminder points so care planning milestones are not left too late.
AoB for each bulk billed service	Valid agreement obtained; service matches agreement; consent completed before claim submission; documentation stored and retrievable for 2 years.	Use a claim review step to confirm AoB is complete before billing is submitted
Claim-hold rules	Hold claim if assignor is unclear, agreement incomplete, service differs from consent, or consent is missing at the point of claim review.	Pause and fix the issue before claiming.
Quarter-end review	Confirm service cadence, care planning progress, responsible provider linkage, and any blocked claims before the quarter closes.	Use quarter-end review to catch both GPACI gaps and unresolved AoB issues.

Section 4: AoB in RACHs – what practices need to know

Assignment of Billing (AoB) still requires consent and documentation for bulk billed services delivered in residential aged care homes (RACHs). During the 12-month transition period from 1 July 2026, **verbal consent** will remain available in all settings. Consent can be obtained **before or after the service**, but it must still be completed before the claim is submitted, and records should be kept so the practice can show who agreed and what service was billed.

4.1. Why AoB is harder in residential aged care homes

- Residents may not be able to sign at the time of service.
- Authorised representatives are often off-site and not immediately available.
- Services are frequent, which makes repeated consent processes administratively heavy.

4.2. Key AoB risks for practices

- **Compliance risk:** Claims may be non-compliant if the wrong person signs, documentation is incomplete, or consent is not in place before submission.
- **Operational risk:** Chasing consent can delay billing, increase staff workload, and create inconsistent processes.
- **Experience risk:** Repeated requests for consent can confuse residents and families if the process is not explained clearly.

4.3. What this means for practices workflow

Key takeaway

The Assignment of Benefit still applies in RACHs, but it is operationally harder because consent often relies on authorised representatives. During the 12-month transition period from 1 July 2026, verbal consent remains available in all settings, but practices still need a clear, consistent process to record who agreed, what service was assigned, and whether enduring AoB may be appropriate where eligible.

Section 5: Queensland decision making and AoB consent

This Queensland-focused guide is for general practices and residential aged care homes and explains what to check when a resident cannot give their own Assignment of Benefit (AoB) consent and a guardian, attorney, or other substitute decision-maker may need to be involved.

5.1. Who can make the AoB decision

If a resident cannot consent for themselves, the practice and residential aged care home need to confirm who can make that decision and make sure the AoB process follows those Queensland arrangements.

- In Queensland, the Queensland Civil and Administrative Tribunal (QCAT) can appoint a guardian for personal and health matters, and an attorney may be appointed under an Enduring Power of Attorney.
- Decision-making authority depends on the type of matter, the person's capacity for that matter at the time, and any existing legal documents or orders.
- Queensland's guardianship framework starts from the idea that adults are presumed to have capacity, and it focuses on support, participation, and the least restrictive option.

In simple terms, AoB consent needs to work alongside any existing decision-making arrangements under Queensland law. It does not replace them.

5.2. What this means for practices and homes

Practice takeaway

The practical issue is not whether AoB replaces Queensland decision-making law – it does not. The issue is making sure the right person is identified early, contact details are current, and whether consent can be obtained and documented before the claim is submitted.

12-month transition

From 1 July 2026, the Government's updated AoB approach includes a 12-month transition period. During this time, practices still need clear consent and good records, but verbal consent remains available in all settings while the changed arrangements are implemented.

- Verbal consent will remain **available in all settings for 12 months from 1 July 2026**.
- Enduring AoB will be available from 1 July 2026 for MyMedicare registered patients, aged care residents, and patients attending Aboriginal Community Controlled Health Organisations (ACCHOs).
- Patients attending ACCHOs will be able to have enduring AoB at multiple sites.
- Providers and software vendors should continue preparing for the new arrangements, including digital solutions already underway.

- Compliance will not begin until regulatory changes are complete and will start with prevention and education.
- Government has committed to working with the profession during the transition period and exploring further ways to reduce administrative burden while maintaining Medicare integrity.

What this means for practices: you can keep using clear, well-documented verbal consent processes during transition, while also preparing for enduring AoB and any longer-term workflow changes.

Practices need a consent process that is easy for staff to follow, easy to retrieve later, and clear about who gave consent. During the 12-month transition period, verbal consent can still be used in all settings, but it should be recorded clearly and consistently.

If a resident cannot sign or verbally consent for themselves, the patient's parent, guardian, or other responsible person may be the appropriate assignor, depending on the circumstances. In residential aged care, this means confirming who can lawfully act, how consent was obtained, and whether enduring AoB may be a more workable option for eligible patients. In practice, teams may need to contact guardians or attorneys earlier so valid consent is in place before billing.

If the resident cannot consent, who is legally authorised to make that decision?

Depending on the circumstances, the legally authorised decision-maker may be:

In Queensland, the Public Guardian and the Public Trustee have different roles. In general, the Public Guardian deals with personal and health decisions, while the Public Trustee deals with financial matters, so the right decision-maker depends on what needs to be decided.

- The Public Guardian.
- A guardian appointed by QCAT.
- An Enduring Power of Attorney holder.

Why it matters
Identifying the decision-maker early helps avoid delays to consent, billing, and care coordination.

Key point
Residential aged care staff should not sign an AoB consent unless they are legally authorised to do so. Services Australia says a responsible person can include a parent, guardian, person holding power of attorney, person holding a guardianship order, or next of kin, but it does not include an aged care home proprietor or staff.

This usually means homes and practices need to:

- identify the correct guardian, attorney, or substitute decision-maker
- keep contact details current
- have a simple process for obtaining and recording consent.

How this works in practice

Extra follow-up may be needed to get the right consent in place, and delays can affect both billing and service workflows.

Some cases may take longer, especially where guardianship arrangements are complex or the decision-maker is hard to reach.

Factors to plan for

- More administration time.
- Possible delays to billing and care coordination if consent cannot be confirmed promptly.

For practice managers and aged care teams, the key is having a simple process, clear records, and the right person involved early.

- Good records make the process easier for everyone.
- Clear documentation helps reduce the risk of invalid billing.
- It helps show who gave consent and on what basis.
- It also supports safer, more consistent practice.

Note: This information is intended for Queensland general practices and residential aged care homes only. Guardianship, substitute decision-making, and consent arrangements differ across Australian states and territories, so this content may not apply outside Queensland.

Legal and policy check note

This information is a general guide only and is not legal advice. Services should follow their own organisational policies and seek legal, clinical, or policy advice if they are unsure how guardianship or consent arrangements apply in a particular situation.

Section 6: AoB claiming guide – when to proceed, pause, or do not claim

Status	What it looks like	Examples	Required action
Proceed	AoB is complete, matches the service, and records are audit ready.	• Resident signs • Representative signs • Consent before claim • Records kept for two years	**Submit the claim** only when the AoB is complete, matches the service provided, and the documentation is stored and retrievable for audit.
Pause and fix	Something is missing, unclear, or needs checking before you claim.	• No representative identified • Representative unavailable • Missing key details • Service mismatch • Unclear legal decision-maker • MBS item changed after consent	**Hold the claim** until the correct assignor is confirmed, the AoB matches the actual service, and valid consent is documented and ready for audit.
Do not claim	The claim is not compliant and must not be submitted until it is corrected.	• No AoB exists • Wrong person signed • No assignor recorded • Consent after claim • AoB does not match service • No valid consent recorded	**Do not submit the claim**. Hold billing until valid consent is obtained from the correct assignor or the AoB record is corrected to match the service provided. Only proceed once the documentation is compliant and ready for audit.

Section 7: Key Services Australia resources

Use the below resource links to go directly to the relevant Services Australia pages on AoB, GPACI, and MyMedicare guidance.

Disclaimer: Medicare and incentive requirements can change. Practices should check the current MBS rules and Services Australia guidance before relying on this pack for claiming, consent, registration, or payment decisions.

Assignment of benefit (AoB) resources

Assignment of benefit for bulk bill claims

Signature requirements, responsible person rules, and what to do when a patient cannot sign.
www.servicesaustralia.gov.au/assignment-benefit-for-bulk-bill-claims

Complete a manual assignment of benefit

Learn how to complete a manual assignment of benefit form if there is no internet or printer access.
www.servicesaustralia.gov.au/complete-manual-assignment-benefit-for-mbs-bulk-bill-claims

Assignment of benefit Medicare bulk bill Webclaim form (DB020)

Downloadable AoB form for use with HPOS Medicare Bulk Bill Webclaims only. It is used where a manual form is needed before the claim is submitted electronically and cannot be sent for manual processing.
www.servicesaustralia.gov.au/db020

Claim Medicare bulk bill payments

Overview of bulk bill claiming channels, including Medicare Online,
Medicare Easyclaim and Webclaims in HPOS, plus EFT setup and related AoB guidance.
www.servicesaustralia.gov.au/claim-medicare-bulk-bill-payments

About bulk billing MBS claims

Bulk billing rules, additional charges, and record-keeping expectations.
www.servicesaustralia.gov.au/about-bulk-billing-mbs-claims

GPACI and MyMedicare resources

General Practice in Aged Care Incentive (GPACI)

Registration steps, HPOS workflow, bank details, incentive indicator, and Responsible Provider linkage.
www.servicesaustralia.gov.au/general-practice-aged-care-incentive

About the General Practice in Aged Care Incentive

Overview of GPACI, quarterly payments, and the Responsible Provider role.
www.servicesaustralia.gov.au/about-general-practice-aged-care-incentive

MyMedicare incentives

Overview page linking GPACI with other MyMedicare incentives.
www.servicesaustralia.gov.au/mymedicare-incentives

About MyMedicare for health professionals

Overview of the MyMedicare program, including practice and provider eligibility, registration requirements, accreditation requirements, and incentive context.
www.servicesaustralia.gov.au/about-mymedicare-for-health-professionals

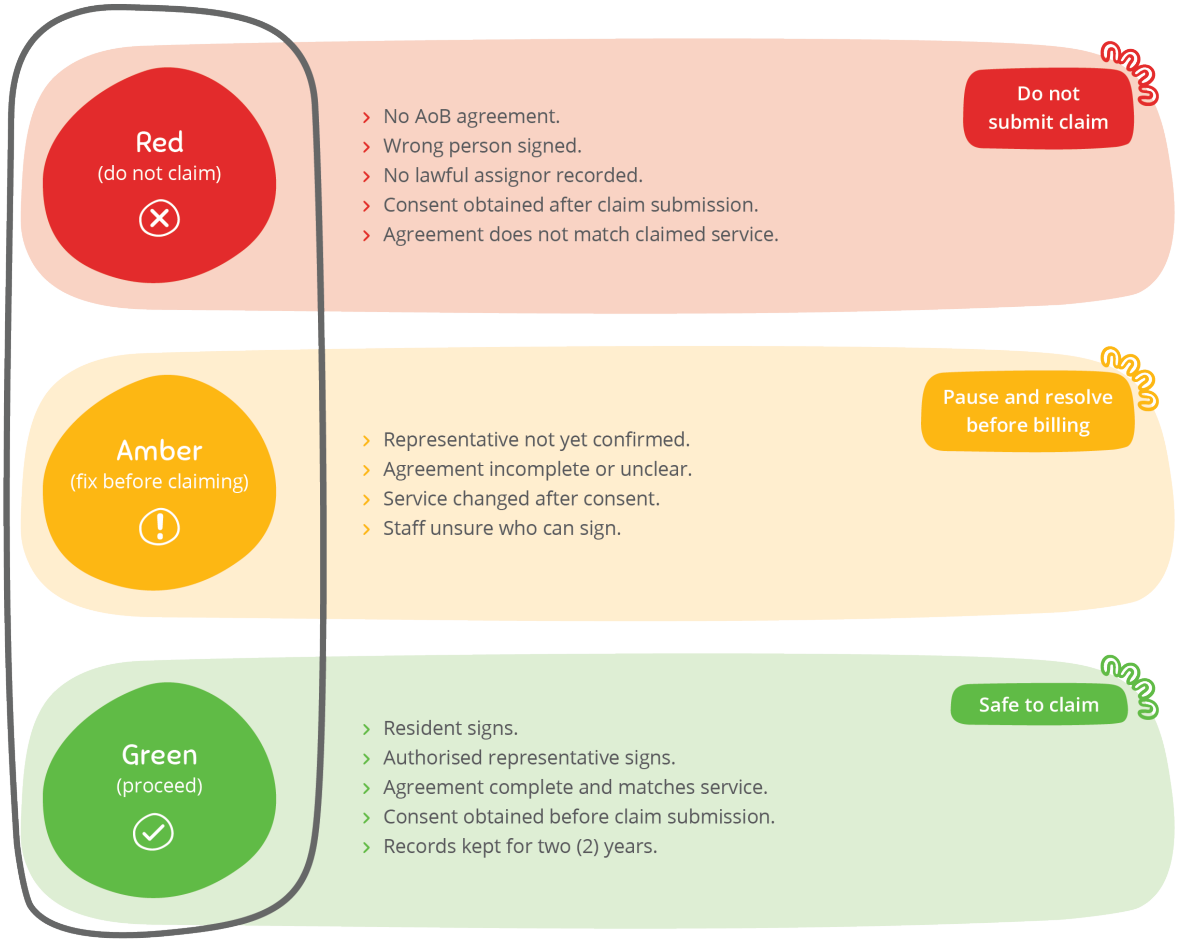
MyMedicare - General Practice in Aged Care Incentive (GPACI)

Health Professional Education Resources – training modules, hints and tips, and practical education resources for practices and providers.
https://hpe.servicesaustralia.gov.au/mymedicare_gpaci.html

Tip for practices

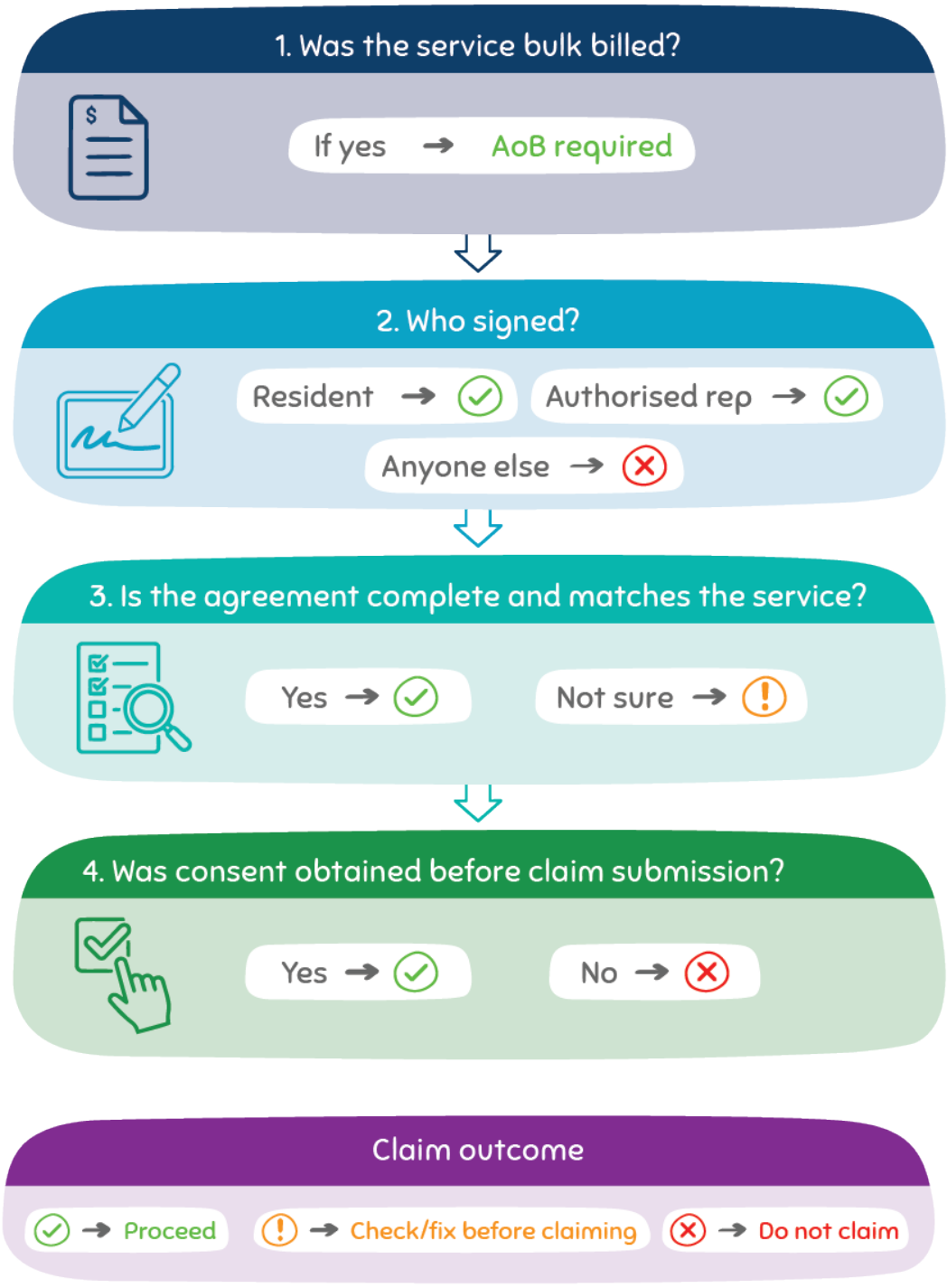
Keep these pages as a quick reference so staff can check the exact Services Australia titles when they need to confirm a rule, form, or claiming step.

Appendix A: AoB RACH decision tool

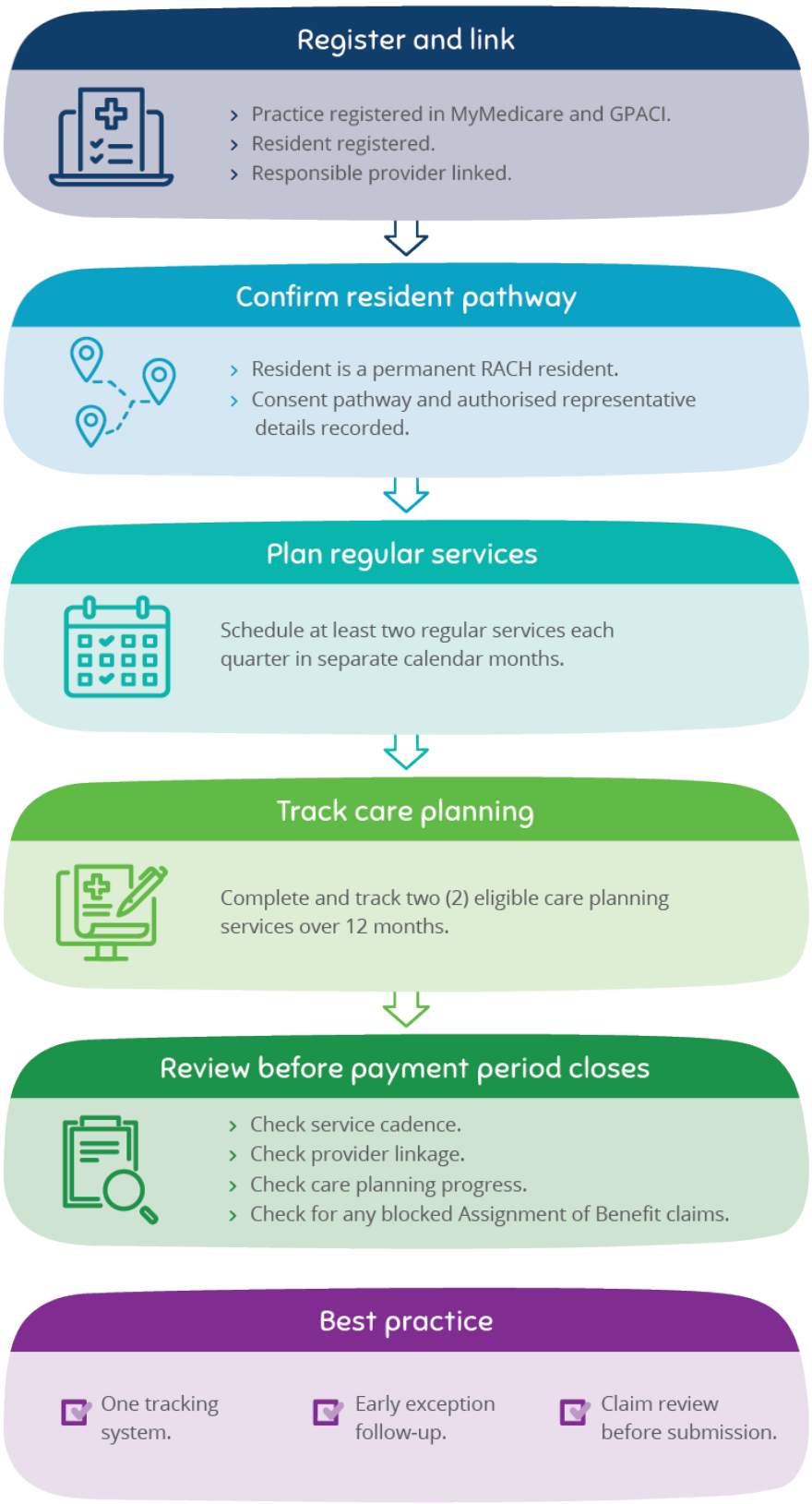


Checklist items

Appendix B: AoB quick decision flowchart for staff



Appendix C: GPACI workflow at a glance



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