



Changes to Chronic Disease Management MBS Items – Implications for MyMedicare Registration

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The changes to the Medicare Benefits Schedule (MBS) Chronic Disease Management Framework from 1 July 2025, aim to support high quality, continuous, multidisciplinary team-based care for patients. These changes simplify, streamline, and modernise arrangements for health care professionals and implement the recommendations of the MBS Review Taskforce. Patients registered through MyMedicare will be required to access the new GP chronic condition management plan preparation and review services through the practice where they are registered, other patients can continue to access the services through their usual GP.

MyMedicare registration aims to ensure greater continuity of care and improve health outcomes by formalising the relationship between patients, their general practice, GP and primary care teams. In view of the changes to the MBS Chronic Disease Management Framework, patients, practices and providers should consider the implications for MyMedicare registration.

This resource has been developed to support conversations with patients, practices and providers. There are four sections of information below for selected use. The first two sections are for general use, summarising the MBS changes and what this means for MyMedicare registered patients. This is followed by a range of scenarios to highlight different patient and provider situations for practices and providers. The last section provides these scenarios as case studies, which may be useful for conversations with patients and consumer organisations.

What are the changes?

- The changes taking effect on 1 July 2025 apply to new plans for patients with a chronic condition and new referrals written under existing GP management plans (GPMPs) and team care arrangements (TCAs), or new GP chronic condition management plans (GPCCMPs).
- **For patients that have a GPMP and/or TCA in place prior 1 July 2025 there is no immediate action required.**
 - Patients can continue to access allied health and other services under their existing plans until 30 June 2027.
 - Referrals written prior to 1 July 2025 will continue to be valid until all services under that referral have been provided.
- Patients that require a review of their GPMP and/or TCA after 1 July 2025 can be transitioned to the new GPCCMP at that time.

- From 1 July 2027 patients will require a GPCCMP to continue to access allied health and other services.

What does this mean for patients with MyMedicare registrations?

- From 1 July 2025, **if a patient is registered in MyMedicare:**
 - They can **only** access GP chronic condition management plan preparation and review services from the practice location where they are registered with MyMedicare. These services can be delivered by any eligible provider at this practice location, not just their preferred GP.
- They cannot access GP chronic condition management plan preparation and review services from another practice or practice location, even if they see their preferred GP at that location.
- From 1 July 2025, **if a patient is registered in MyMedicare at a ‘Hub and Spoke’ practice** (available to Aboriginal Community Controlled Health Service (ACCHS) and Aboriginal Medical Services (AMS)):
 - They can **only** access GP chronic condition management plan preparation and review services from the ‘hub’ or any of its ‘spoke’ locations where they are registered with MyMedicare. These services can be delivered by any eligible provider linked to the hub, at either the hub or any of its spoke locations, not just their preferred GP.
 - They cannot access GP chronic condition management plan preparation and review services from another practice or hub where they are not registered with MyMedicare, even if they see their preferred GP.
- From 1 July 2025, **if a patient is not registered in MyMedicare:**
 - They can access GP chronic condition management plan preparation and review services from their usual GP.

Scenarios

- If a MyMedicare registered patient attends multiple general practice locations or GPs, for different types of health care.
 - The patient should ensure they register for MyMedicare at the practice where they intend to receive ongoing, continuous primary care services, including GP chronic condition management plan preparation and review services.
 - They can still visit alternative GP practices for services that are not MyMedicare linked items, such as when requiring a medical certificate, script or referral for blood tests.
- If a MyMedicare registered patient’s preferred GP works from multiple locations for the same practice (which is not a hub and spoke arrangement) and the patient visits this GP at more than one location.
 - The patient, provider and practice should ensure that any GP chronic condition management plan preparation and review services are delivered at the practice location where the patient is registered for MyMedicare.
 - The patient can visit the preferred GP at other locations for other services that are not linked to MyMedicare, such as when requiring a medical certificate, script or referral for blood tests.

- If a MyMedicare registered patient's preferred GP works across multiple practices (not just different locations of the same practice) and the patient visits them at different practices depending on where the GP is consulting on the day.
 - The patient can only access GP chronic condition management plan preparation and review services at the practice location where they are registered with My Medicare.
 - The patient cannot access these services at other practices, even if their preferred GP is working there. However, the patient can visit the preferred GP at other locations for services that are not linked to MyMedicare, such as when requiring a medical certificate, script or referral for blood tests.
 - The patient and provider should ensure that all GP chronic condition management plan preparation and review appointments are booked at the practice location where the patient is registered in MyMedicare.
- If a patient is registered with MyMedicare at a 'Hub and Spoke' practice (which is available to ACCHS and AMS) and they usually attend a local clinic (a 'spoke') but sometimes visit the main clinic (the 'hub') for additional services.
 - The patient can access GP chronic condition management plan preparation and review services at their registered practice 'hub' or any of its 'spoke' locations. These services can be delivered by any eligible provider linked to the 'hub', at either the 'hub' or any of its 'spoke' locations, not just their preferred GP. They cannot access these services at another practice or 'hub' where they are not registered.
 - The patient, provider and practice should ensure that the patient is registered for MyMedicare at the 'hub' to enable access to both 'hub' and 'spoke' locations. GP chronic condition management plan preparation and review appointments can then be booked at the 'hub' or one of its linked 'spoke' locations.

Case Studies

MyMedicare Patient Registrations

Background

Amina is a patient who regularly visits two different general practices. She sees her long-time family doctor at Practice A for ongoing health concerns, such as managing her asthma and monitoring her blood pressure. However, when she needs a quick medical certificate for work, she visits Practice B, which is closer to her office.

What happens for Amina from 1 July 2025

Patients like Amina can continue to access GP chronic condition management plan preparation and review services from their usual GP - even if they are not registered for MyMedicare.

If Amina chooses to register for MyMedicare, she will need to nominate a single practice (Practice A) as her MyMedicare practice. Once registered she can access GP chronic condition management plan preparation and review services from Practice A. Amina can continue to visit Practice B for consultations not directly related to management of her chronic condition or other MyMedicare linked services, such as medical certificates, scripts or a referral for blood tests.

Action required

If Amina registers for MyMedicare at Practice A, she will need to access all GP chronic

condition management and care planning services from this practice. This includes ensuring that any telehealth appointments for these services are also booked at Practice A.

Managing CCM Appointments for MyMedicare Registered Patients Across Multiple Practice Locations

Background

Connor is a MyMedicare registered patient whose preferred GP works at two different locations within the same general practice - Location A and Location B. Connor books appointments based on where his GP is working on a given day, attending either location or via telehealth as needed. The practice is not set up in MyMedicare as a 'hub and spoke' model (available to ACCHS and AMS) and Connor has registered with MyMedicare at Location A.

What happens for Connor from 1 July 2025

Because Connor is registered for MyMedicare, he accesses GP chronic condition management plan preparation and review services at the specific practice location where he is registered (Location A).

If Connor's GP is working at Location B, Connor can book appointments for services unrelated to his GP Chronic Condition Management Plan at this location. This could range from a script, medical certificate or referrals for blood tests or radiography, for example. For any medical issues associated with his chronic condition or other MyMedicare linked services, Connor will need to make an appointment at Location A.

Action required

Connor and his practice team will need to schedule all GP chronic condition management plan preparation and review appointments at Location A. This includes ensuring that any telehealth appointments for these services are also linked to Location A.

Managing CCM Appointments for MyMedicare Registered Patients when their preferred GP Works at Multiple Practices

Background

Sarah is a MyMedicare registered patient who follows her preferred GP, Dr. O'Brian, for all her healthcare needs. Dr. O'Brian works part-time at two entirely separate general practices, Practice X and Practice Y. Sarah books appointments at either practice depending on Dr. O'Brian's schedule.

What happens for Sarah from 1 July 2025

Because Sarah is registered for MyMedicare at Practice X, she can access GP chronic condition management plan preparation and review services at this practice. These services can be delivered by any eligible provider at Practice X, not just Dr. O'Brian.

Even if Dr. O'Brian is consulting from Practice Y, Sarah cannot access GP chronic condition management plan preparation and review services at that practice. These services are available from the practice where she is officially registered. However, she can continue to access other services from Dr O'Brian at Practice Y if they are not directly related to management of her chronic condition or other MyMedicare linked services, such as medical certificates, scripts and referrals for blood tests or radiology services.

Action required

Sarah needs to book all GP chronic condition management plan preparation and review

appointments at Practice X, where she is registered. This includes ensuring that any telehealth appointments for these services are also linked to Practice X.

Managing CCM Appointments for MyMedicare Registered Patients Registered at Practices using the 'Hub and Spoke' Model

Background

Leah is a MyMedicare registered patient who receives care through an Aboriginal Medical Service (AMS) that operates under a MyMedicare 'hub and spoke' model. She usually visits the 'spoke' clinic in her local community for regular check-ups and health advice but occasionally travels to the main 'hub' clinic.

What happens for Leah from 1 July 2025

Because Leah is registered for MyMedicare at a practice that is set up as a 'hub and spoke' model, she can access GP chronic condition management plan preparation and review services at either the 'hub' or any of its 'spoke' locations.

However, Leah cannot access these MyMedicare-linked services at another practice or 'hub' where she is not registered, even if she sees her preferred provider there.

Action required

Leah and her care team need to ensure that all GP chronic condition management plan preparation and review services are delivered through her registered practice 'hub' or one of its linked 'spoke' locations. This gives her flexibility to receive care close to home while still benefiting from coordinated services across the network.