



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

Last updated: 7 July 2025

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.

What are the changes?

- The changes from 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 had 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.

Patient 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. This includes ensuring that any telehealth appointments for these services are linked to the patient's MyMedicare registered practice.
 - 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 (including telehealth 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.