



MyMedicare Program Guidelines

Effective – February 2026



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1 Introduction

1.1 Purpose

The MyMedicare Program Guidelines (the guidelines) provide clear guidance for practices, General Practitioners (GPs) and patients who wish to voluntarily register with the MyMedicare Program. The guidelines also set out MyMedicare's requirements, benefits and dispute processes.

1.2 Background

In March 2022, the Australian Government (the government) released [Australia's Primary Health Care 10 Year Plan 2022–2032](#) (the plan). The plan focuses on strengthening primary health as part of the health system and provides an agenda for primary healthcare reform over a decade. The plan proposes a system of voluntary patient registration as a platform for reforming general practice funding to incentivise quality person-centred primary healthcare.

Following the release of the plan, the government established the Strengthening Medicare Taskforce (the taskforce). The taskforce was established to identify the highest priority reforms in primary care. In December 2022, the government released the [Strengthening Medicare Taskforce Report](#), which outlined the vision for Australia's primary care system. The taskforce made a number of recommendations to the government to progress implementation of the plan.

1.3 MyMedicare

MyMedicare is a voluntary patient registration model available to all patients, practices and primary care providers who meet eligibility requirements. (Refer Section 2 for eligibility requirements.)

It is the government's response to the taskforce recommendation to support better continuity of care, a strengthened relationship between the patient and their care team, and more integrated, person-centred care through the introduction of voluntary patient registration.

MyMedicare is the foundation upon which a stronger, more personalised Medicare is being built. Through MyMedicare patients can receive more tailored, quality care from their regular general practice and primary care team.

MyMedicare is a registration model and will not hold any clinical health information. Clinical health information will continue to be stored in a patient's My Health Record (if they have one).

1.3.1 Benefits for patients

Patients registering in MyMedicare benefit from:

- greater continuing of care with their registered practice, improving health outcomes
- longer Medicare Benefit Schedule (MBS) funded telehealth consultations with their GP
- more regular visits from a responsible GP and better care planning for people living in a residential aged care home¹.

¹ Program information on General Practice in Aged Care Incentive can be accessed [here](#)



Benefits for patients will continue to evolve as Government implements reforms that contribute to Australia's Primary Health Care 10 Year Plan.

1.3.2 Benefits for providers and practices

Benefits to providers and practices include:

- incentive for longer MBS telehealth consultations for all eligible MyMedicare patients.
- payments for visiting patients in an aged care home, rather than at the practice
- funding to practices managing care for registered patients living in an aged care facility
- supporting continuity of care for people with chronic and complex conditions
- incentive payments for practices that bulk bill all eligible patients
- strengthening and formalising relationships between patient, GP, practice, and other members of a patient's care team.

1.4 The Organisation Register

The [Organisation Register](#) is a streamlined practice registration tool connecting a general practice, GPs, patients, MBS claiming and incentives in the one central system.

The Organisation Register supports new, existing and future health programs to move towards a single view for practices, providers, patients and other health professionals for health programs.

It allows an organisation to enter their details, and for this information to be used across multiple health programs. Through these systems, a practice will be able to register in the Organisation Register, participate in MyMedicare and register patients, identify preferred providers, and be able to access linked items and incentives.

The Organisation Register functionality was co-designed between the Department of Health, Disability and Ageing (the department) and Services Australia. It was user-tested with providers and practice managers to ensure it meets current and future policy and user needs.

1.5 Organisational Payment Capability

To support funding reform and enable blended funding models through MyMedicare, an Organisational Payment Capability (OPC) was developed. The OPC system manages payments made directly to healthcare practices, combining different funding approaches like fee for service and incentive payments into a single blended model.

The OPC works by assessing whether a practice or provider is eligible for incentive payments, calculating the payments, and forecasting future eligibility based on program criteria and payment cycles. It also facilitates the delivery of payments to practices and providers, ensuring they receive the correct funding.

1.6 Remoteness classification

MyMedicare uses the [Modified Monash Model](#) (MMM) to determine whether a location is metropolitan, rural or very remote. The model measures remoteness and population size on a scale of categories from 1 to 7. MMM1 is major city and MMM7 is very remote.



- have at least one eligible GP linked to the practice in the Organisation Register.

1.7 Practice Type

Practices registering for MyMedicare will be required to define their practice type. Practice type refers to the main function for that practice consistent with the defined model of general practice described in the RACGP definition². For example, the practice provides comprehensive, patient-centred, whole person and continuous care, and its services must be predominantly of a general practice nature.

The practice type should be applied using the below definitions of general practice types for MyMedicare.

1.7.1 General Practice

A general practice that provides patient-centred, continuing, comprehensive, coordinated primary health care to individuals, families and communities within a fixed, physical location, often referred to as 'bricks-and-mortar'.

1.7.2 Aboriginal Community Controlled Healthcare Service (ACCHS)

An ACCHS is a community-run primary health service that provides comprehensive, culturally informed health care to Aboriginal and Torres Strait Islander people.

1.7.3 Aboriginal Medical Service (AMS)

An AMS is a primary health service that specialises in providing comprehensive, and culturally informed health care to Aboriginal and Torres Strait Islander people.

1.7.4 Mobile Practice

A mobile practice provides patient-centred, continuing, comprehensive, coordinated primary health care without a dedicated physical premises. It provides services and conducts consultations at multiple locations.

1.7.5 Outreach Practice

An outreach practice does not have a traditional 'bricks and mortar' practice location and provides health care services to people living in regional, rural and remote communities. It brings outreach primary health care to patients where they live or spend time.

1.7.6 Sole Provider Practice

Independent GPs and sole practitioners provide patient-centred, continuing, comprehensive, coordinated primary health care to individuals, families and communities, either within a fixed, physical location or without a dedicated physical premise but that provide services that conduct consultations at multiple locations.

1.7.7 Nurse Practitioner within GP-led team

A general practice nurse practitioner consults and works collaboratively as part of a GP-led multidisciplinary care team delivering coordinated primary health care to patients.

² The definition of a general practice for the purpose of accreditation can be assessed [here](#)



2 Eligibility to participate in MyMedicare

Participation in MyMedicare is voluntary and open to patients, practices and providers who meet the MyMedicare eligibility criteria. This section sets out these eligibility requirements.

2.1 Practice eligibility

To participate in MyMedicare practices must:

- provide Medicare Benefits Schedule (MBS) services
- be registered in the following Services Australia systems:
 - » Provider Digital Access (PRODA)
 - » Health Professional Online Services (HPOS)
 - » the [Organisation Register](#)
- be accredited or registered for accreditation, as a general practice against the National General Practice Accreditation Scheme.
 - » If registered for accreditation, be accredited against the Royal Australian College of General Practice (RACGP) Standards within 12 months of registering for MyMedicare.
 - » Accreditation exemptions are available to select practice types as outlined at Section 4.

3 Hub and Spoke model

ACCHS and AMS can choose to register their organisation sites under the 'Hub and Spoke' model. Practices operating under this model are considered as a 1e organisation for purposes of MyMedicare Patient Registration.

The standard structure of the MyMedicare registration process has each practice set up as an Organisation Site under a parent Organisation. A patient can only be registered at one Organisation Site at a time, and the patient is only eligible for MyMedicare at the Organisation Site where they are registered.

Under the hub and spoke model, there is a single Organisation Site (Hub) registered, and additional clinics/practices are set up as Service Locations (Spokes). The spoke location/s operate as an extension of the practice (Hub) and may operate on a part-time or full-time basis.

ACCHS and AMS practices can choose to add other regular service locations that are not spoke sites. By selecting 'mobile' as a service type, it will enable practices to add additional locations that are not spoke sites.

Under this model, patients registered for MyMedicare at the 'Hub' Organisation Site will be MyMedicare eligible both at the Hub and Spoke locations. Each AMS and ACCHS has a choice if this hub and spoke model is appropriate for them.

- In the Organisation Register, patients register with the "Hub" rather than with the "Spoke."



- Patients can access MyMedicare MBS items from any eligible GP linked to the hub at either the hub or any of its spoke locations.

The MyMedicare registration criteria for ACCHS and AMS practices and patients under the hub and spoke model is as follows:

- Practices must register in Provider Digital Access (PRODA), Health Professional Online Services (HPOS) and the Organisation Register.
 - Providers must have a provider number that is linked to the practice (Hub) on the Organisation Register. Noting that:
 - providers may travel to and provide services at one or more of the Spoke locations associated with the organisation, including the Hub.
 - Patients will register with the Hub of the organisation rather than the Spoke (however, they should be able to do this at any of the hub or spoke locations). Noting that:
 - patients may travel to and receive services at one or more of the Spoke locations, including the Hub
- » patients can access MyMedicare MBS items from any GP that is linked to the Hub.

MyMedicare registered ACCHS or AMS can contact Services Australia if they wish to change their current organisation structure set-up.

4 Organisational Change

This section outlines the requirements for a practice undergoing an organisational change under the MyMedicare program. It is designed to support continuity of care and ensure compliance with accreditation and incentive program and payment eligibility requirements.

4.1 Permanent relocation

Practice relocation refers to a MyMedicare registered practice moving from its current location to a new site and continuing to operate under the same practice owner. This includes transferring all operational aspects, such as staff, equipment, patient records, and infrastructure to a new premise. To ensure ongoing eligibility for MyMedicare and associated incentives, the practice must adhere to the below conditions when relocating

- There must be no changes to the practice ownership.
- The original and new practice locations must be within the **same local area** (see Section 4.5), ensuring continued accessibility for MyMedicare registered patients.
- The practice's accreditation must be transferred by the accrediting agency to the new location within 6 months of the date of relocation.
- The relocated practice must adhere to MyMedicare policies and guidelines, including maintaining accreditation.

Practices are **not required** to notify Services Australia about a permanent relocation where there is no change in ownership or ABN. Practices are required to process the relocation through the relocation function in the Organisation Register.



- Patients will remain eligible for MyMedicare following the relocation; however, the practice will need to update each patient's Preferred GP to link to the new provider location number.
- If the practice is participating in the General Practice in Aged Care Incentive (GPACI), the practice will need to update each patient's Responsible Provider by re-adding the Responsible Provider with the new provider location number.

4.2 Change of Ownership

4.2.1 Sale of practice

A sale of a practice refers to the transfer of practice ownership from one practice owner to another. This typically includes transfer of assets, (such as medical equipment, patient records and office facilities), goodwill, and sometimes the employment of existing staff. The sale may also involve transitioning patient care responsibilities, with the new practice owner assuming all legal and operational obligations.

The new owner of a MyMedicare registered practice will be recognised as a **continuing entity**, provided the practice continues to adhere to MyMedicare policies and guidelines, including maintaining accreditation.

4.2.2 Mergers (including amalgamations)

A merger refers to two or more entities combining to form a single entity under one of the original Australian Business Numbers (ABNs). In this process, practices pool their resources, including staff, patient records, and operational systems, to operate under a unified management structure.

A practice amalgamation is a type of merger. It occurs when two existing entities combine and a new ABN is created.

A practice undergoing a merger or amalgamation is required to adhere to the below conditions to be considered a **continuing entity** for the purpose of its MyMedicare registration.

- The merging or amalgamating practice locations must be within the **same local area** (see Section 4.5), and operate from one location as a single practice, ensuring continued accessibility for MyMedicare registered patients.
- The merged or amalgamated practice must continue to adhere to MyMedicare policies and guidelines, including maintaining accreditation. This includes ensuring that the practice's accreditation is transferred or maintained at the merged or amalgamated location or is reissued by the accrediting agency to reflect the merged or amalgamated practice location.
- Patient registrations, medical records, staff, and services must be combined under one practice.

4.2.3 Separation of Practice

A separation of a practice refers to the division of a practice to be owned by two or more operational and legal entities. This includes:

- dividing patient registrations, medical records, staff, and services across two or more entities.
- each new practice obtaining/maintaining accreditation.
- operating from two or more locations as individual practices while ensuring continuity of patient care.



One of the separating entities may be considered a **continuing practice** for the purpose of MyMedicare, provided it adheres to MyMedicare policies and guidelines, including maintaining accreditation.

4.2.4 Internal change in business structure (no change in ownership, including ABN Changes)

Internal business structure changes can occur within an organisation, including ABN changes. These changes do not necessarily mean there has been a change in ownership.

4.2.5 Deceased estates

If ownership of a MyMedicare registered practice transfers to a deceased estate, it is the responsibility of the party assuming control, such as the executor or administrator of the estate to notify Services Australia with supporting evidence, as soon as practicable. Deceased estates registered in MyMedicare are not eligible to receive incentive payments.

4.3 Payment arrangements following a change of ownership

Eligibility for MyMedicare incentive payments is assessed for the entire quarter in which an organisational change occurs. There is no provision for pro-rata payment where an organisational change occurs part way through a payment assessment period. If the eligibility, program and service requirements for the incentive have been met, as outlined in the incentive program guidelines, the payment will be directed to the bank account provided by the organisation site and responsible provider at the time of payment. Where a payment is made to the previous practice owner before new bank details are notified, the previous and new practice owners must resolve the matter privately.

Practices that undergo a change of ownership are responsible for meeting the requirements of any associated incentive programs related to MyMedicare.

Retrospective assessment

Where an under or overpayment is identified for a past assessment period following a change of ownership, future payments of the current practice will be adjusted. If an underpayment is identified, the amount of incentive payment for the next quarter will be increased to account for the under payment. If an overpayment is identified, this amount will be offset against future incentive payment/s.

4.4 Accreditation following an organisational change

Where a sale takes place and accreditation is **not transferred to the new practice**, the new practice owner will not be considered a continuing entity for the purpose of MyMedicare. The practice will be required to register for MyMedicare and meet all eligibility requirements, including obtaining accreditation within 12 months of registration.

Where an accredited practice relocates (including following a sale, merger or amalgamation), the practice must work with their accrediting agency to ensure the new location meets accreditation standards. The practice will have **6 months** from the date of the relocation to finalise the transfer of accreditation. The Department monitors accreditation to ensure continued program eligibility.



4.5 Same Local Area

For MyMedicare polices, the **same local area** is considered on a case-by-case basis, based on an assessment of the patient accessibility, community needs, health service distribution and geographical location under the Modified Monash Model. This ensures patients can still easily access their healthcare services. This assessment may include:

- **Proximity:** the new location should be close enough to the original site so that patients can still easily access a practice providing health services.
- **Community Boundaries:** the local area might be defined by community or municipal boundaries or local government areas.
- **Health Service Regions:** sometimes, the local area is defined by health service regions or districts, Primary Health Networks, or other relevant jurisdictional divisions that manage healthcare services.

4.6 Organisational change notification requirements

The new practice owner is required to notify Services Australia within 7 days following an organisational change. Notification can be made by email to organisation.register@servicesaustralia.gov.au or through a message through the Health Professional Online Services (HPOS) messaging service. All HPOS messages should be directed to the Organisation Register mailbox.

Services Australia will provide a Commonwealth Statutory Declaration Form template to complete. The Statutory Declaration Form must be signed by an authorised representative of the practice owner, such as a director or owner, and witnessed by an approved person as listed on the form.

Change of ownership notification must be submitted to Services Australia by the new practice owner. Payments will continue to the previous practice owner based on existing system records until all required documentation is received.

The new practice owner is responsible for ensuring that all organisational details in MyMedicare are accurate and up to date following an organisational change. This includes setting up a new Organisation Site Record in the Organisation Register, adding/updating bank account details, verifying linked GP provider numbers, and confirming that the practice meets all eligibility and servicing requirements for MyMedicare and the MyMedicare incentives prior to registering for these programs.

5 Practice accreditation

MyMedicare is available to general practices accredited (or registered as working towards accreditation) against the National General Practice Accreditation Scheme.

Practices participating in MyMedicare will be required to record their accreditation status to verify and maintain their eligibility status. This information will be verified at regular intervals to ensure the information remains current and to ensure accreditation status is applied appropriately for MyMedicare eligibility.

At the end of a practice's accreditation period the practice must be re-accredited, and the information updated in the Organisation Register, so the practice can continue to participate in MyMedicare.



If the practice participating in MyMedicare has not obtained accreditation or re-accreditation at the end of their accreditation period, the practice will be ineligible for MyMedicare.

5.1 Non-accredited practices

Non-accredited practices will have 12 months to gain accreditation through a registered accreditation agency from the date they register in MyMedicare as a practice.

5.1.1 Accreditation extension and appeals requests – Australian Commission on Safety and Quality in Healthcare (the Commission)

In certain circumstances, general practices may request additional time for assessment process, extension to the accreditation expiry period, or appeal an assessment or decision³ from the Commission. Should the Commission approve the request, the practice will continue to be eligible for MyMedicare for the approved period.

5.1.2 Temporary exemption to the MyMedicare accreditation requirement

In limited circumstances that are not considered through an extension from the Commission, a practice can request an exemption from the MyMedicare accreditation eligibility requirement to the department. Where an exemption is approved by the department, the practice's accreditation will be temporarily exempt for the approved period.

The department can authorise an exemption to the MyMedicare accreditation eligibility requirements through specific direction on a case-by-case basis.

Exemptions applied by the department in this manner are applied specifically to MyMedicare accreditation eligibility requirements and are not an exemption to any requirements for accreditation for any other program.

General practices must refer requests to the department for a temporary exemption to accreditation requirements for MyMedicare in writing. Supporting⁴ evidence and documentation from an authorised person or ownership must accompany the request. These requests must be for a specified reason and should not contradict or seek to contravene a decision from the Commission.

Should the department authorise an exemption from the MyMedicare accreditation eligibility requirement, the department will determine the new MyMedicare eligibility end date which will be communicated to the general practice and the relevant departments and agencies.

Upon an exemption period being approved and reflected in the MyMedicare program, the practices eligibility may be updated accordingly.

5.2 Temporary accreditation exemption – non-traditional practice models

A temporary exemption to the MyMedicare accreditation requirement is available until 31 December 2026 to non-traditional practices such as mobile, outreach, and sole provider practices, ACCHS, AMS and Nurse Practitioner-led with GP. This will give non-accredited practices who

³ Information and requests for extensions or appeals under the NGPA Scheme can be accessed [here](#).

⁴ Requests for extensions to the department can be sent [here](#).



currently operate under non-traditional business models an opportunity to access MyMedicare benefits while preparing to meet accreditation standards.

The exemption seeks to recognise the current transition within the sector to a new definition of a general practice for accreditation purposes published by RACGP⁵. Non-traditional practices who now meet the definition of a general practice under the standard will require time to prepare their practice to obtain accreditation where required for health programs such as MyMedicare.

A temporary exemption is available for non-accredited practices (including sole providers) who deliver general practice services entirely through mobile and outreach models including:

- in rural settings
- in residential aged care facilities
- in disability residential settings
- to First Nations Australians
- to people experiencing homelessness.

This exemption is applied through a declaration model in the Organisation Register when the practice registers for MyMedicare.

5.3 Accreditation exemption – Bulk Billing Practice Incentive Program

From 1 November 2025, an exemption to the MyMedicare accreditation requirement is available for practices that are not already MyMedicare registered and participating in BBPIP.

Existing eligibility and accreditation requirements remain for other MyMedicare programs. Registering in MyMedicare under this accreditation exemption will not entitle practices to participate in other MyMedicare linked initiatives and incentives. Program eligibility details are outlined in program specific guidelines.

The BBPIP accreditation exemption is applied through a declaration model in the Organisation Register at the time of MyMedicare registration.

Practices already registered in MyMedicare must continue to meet the existing MyMedicare accreditation requirements to participate in BBPIP.

Withdrawal of Accreditation

Where practices are unsuccessful in meeting ongoing accreditation requirements the accrediting agency may decide to withdraw a practice's accreditation.

Following the notification of withdrawal of accreditation, the practice's accreditation information will be updated, and the practice will be ineligible for MyMedicare. The practice will not be able to participate in MyMedicare until they meet the accreditation requirements.

⁵ The RACGP Standards for General Practices can be found [here](#).



6 Provider registration requirements

6.1 Provider requirements

To be considered eligible for MyMedicare, a provider must be one of the following:

- a vocational registered GP, or
- a non-vocational registered GP, or
- a GP registrar; and
 - » have a valid Medicare Provider Number for the registered practice
 - » be working at a MyMedicare registered practice
 - » be linked to the MyMedicare registered practice in the Organisation Register.

6.2 Patient registration requirements

Patient registration in MyMedicare is voluntary and requires documented consent. Patients who choose to register with MyMedicare will have access to continuity of care, which evidence indicates will contribute to better continuity of care and improved health outcomes. Patients can nominate one practice (or [Hub](#)) and one preferred GP on their MyMedicare registration at any given time.

If a patient chooses not to register for MyMedicare, they will still be able to access the same quality of care from their healthcare providers.

6.2 Patient registrations

6.2.1 Online registration

Patients can initiate their MyMedicare registration online through their MOA on the myGov app. Once completed, the patient's registration request will be submitted to the patient's practice. A parent or guardian listed on the same Medicare card as a child under 14 can complete patient-initiated registration through online registration on behalf of this child.

6.2.2 In-person registrations

Where a patient is not comfortable with digital registration processes, they can initiate the MyMedicare registration process by requesting the authorised patient registration form from their general practice, completing it, and returning the completed form to their practice. If a patient is living in a residential aged care home, their home should be able to provide them with a copy of the paper form.

By signing the form, the patient or an authorised person, parent or guardian is giving consent to participate in MyMedicare. Practice staff will then complete the registration in the MyMedicare system.

For registrations outside MOA, only the authorised MyMedicare registration form available online at the department's website can be used to register a patient in MyMedicare. It is this form that the practice or residential aged care home will give their patient



It is the practice's responsibility to retain a copy of the registration form in the patient's clinical records, for compliance with record keeping obligations⁶ in accordance with federal, state and territory legislation applicable to their practice. Any forms sent to the department or Services Australia will not be processed.

The practice must use the authorised MyMedicare Registration form, available to order or download and print from the Department's website. A patient initiated MyMedicare registration will only be active once their preferred practice has accepted the request.

6.2.3 Accepting patient-initiated registration

Patient initiated registration requests must be accepted by the practice for a MyMedicare registration to be active. The practice is required to accept or decline the patients' registration. Practices can set one of the following system preferences for patient-initiated registration:

- auto accept – automatically accepts all new registrations submitted by the patient through Medicare online
- auto decline – automatically declines all new registrations submitted by the patient through Medicare online
- manual accept/decline – all registrations submitted by a patient through online services need to be individually reviewed by the practice.

Where a practice has set their preferences to 'manual accept', the practice will have 28 days to accept or decline the patient's registration.

6.3 Patient eligibility requirements

To be eligible for MyMedicare registration, patients must meet the following criteria:

- have a valid Medicare or Department of Veterans' Affairs (DVA) Veteran card, and
- have had face-to-face MBS services with the practice in the previous 24 months consisting of:
 - one face-to-face MBS service for practices in remote locations (MMM6-7), or
 - two face-to-face MBS services for all other locations.

6.4 Exemption to patient eligibility requirements

Patient exemptions to the face-to-face MBS servicing requirements support those experiencing extenuating circumstances who are wishing to continue to see their usual GP or reconnect with the primary care system.

6.4.1 General exemptions

A general exemption is available to:

- Children aged under 14 who have a parent registered with MyMedicare at the same practice
- The parent of a child aged under 18 who is registered with MyMedicare at the same practice.

⁶ The Australian Government's *Administrative Recording Keeping Guidelines for Health Professionals* can be found [here](#).



6.4.2 Exemptions for extenuating or unforeseen circumstances

Exemptions for extenuating or unforeseen circumstances recognise that some individuals have experienced, or are experiencing circumstances that may have limited their ability to receive face-to-face MBS services.

Patient eligibility exemptions can only be applied for by a practice when registering their patient for MyMedicare. These exemptions are for those who:

- have medical conditions or other unforeseen circumstances that have limited their capacity to attend face-to-face appointments with their GP,
- are living in rural and remote areas who have limited access or ability to travel to medical services,
- have had to relocate due to natural disasters, weather events or emergencies,
- were previously released from state or territory confinement in the past 24 months,
- were discharged from the Australian Defence Forces (ADF) within the past 24 months,
- were refugees or asylum seekers and have been granted a protection visa in the 24 months prior to seeking to register for MyMedicare,
- have returned from overseas after an absence of more than 24 months.
- live in a residential aged care home.

The exemption reason will not be collected by the Department and will not be visible through any other online service, electronic notifications, or on any other MyMedicare systems.

6.5 'About You' questions (demographics)

When registering for MyMedicare, patients can voluntarily provide additional personal information in the 'About You' section. This information will help the practice and government to plan and improve healthcare services. If a patient chooses not to provide this information, they can still register for MyMedicare.

If patients provide responses to the 'About You' questions on the MyMedicare registration form at the practice, the practice is required to add these responses when registering the patient for MyMedicare. Patients can also provide responses to these questions when registering through Medicare online services.

Patients can change or remove their 'About You' responses at any time using Medicare online services. Practices can remove responses at a patient's request but cannot change or add responses to existing MyMedicare registrations.

Patients are encouraged to complete the 'About You' section of the MyMedicare registration form.

6.6 Reduced MBS service eligibility requirements

Preferred GP

Through the MyMedicare registration process, patients are required to nominate their preferred GP at the practice they are registering. This is the GP that the patient trusts most with their care. This aims to recognise established relationships between patient, GP and the practice. Having a preferred GP



also supports a patient's continuity of care and acknowledges that GPs are central to the coordination of primary health care.

Patients can only have one general practice, and one preferred GP listed on their MyMedicare registration at any given time.

If the preferred GP is no longer providing services at the practice or their provider number is no longer eligible, there will be no impact to a patient's MyMedicare registration. When a patient's preferred GP is no longer eligible for MyMedicare, a notification is sent to the patient's myGov inbox.

6.7 Changing the preferred GP

Once a patient is registered for MyMedicare with their practice they can update their preferred GP at any time. This can be done through their MyMedicare registration in their Medicare Online Account (MOA) through the myGov app, or by the practice at the patient's request.

Dependant on the patient's myGov settings, the patient may receive a generic text message from myGov advising the patient they have received a new message in their myGov inbox. This text message will not contain any specific MyMedicare registration information.

The patient is notified that their preferred GP is no longer providing MyMedicare services at their registered practice. The notification explains why they no longer have a GP assigned and provides information on selecting a new preferred GP if they wish. It also confirms that they remain registered in MyMedicare and can continue to access services at their registered practice, regardless of whether they choose a new preferred GP.

7 Consent

7.1 Adult patients

Patients aged 14 years and older must provide consent when registering in MyMedicare unless [exceptions](#) apply.

7.2 Young person patient

Patients aged 14 years and older must provide consent for a MyMedicare registration. For young people aged 14-17 years, a parent or guardian can also complete (or assist with completing) the MyMedicare registration form on their behalf. This option can only be exercised where the parent/guardian has declared (on the registration form) that the young person is aware of the registration and has provided consent.

7.3 Under 14 years of age patient

Consent for MyMedicare for patients under 14 is required by a parent or guardian. A parent or guardian can complete a MyMedicare registration form and return it to their practice which will complete the MyMedicare registration.

A parent or guardian listed on the same Medicare card as the child can register and consent through MOA through the myGov app.



7.4 Lack of capacity to consent in MyMedicare

As for other Medicare arrangements⁷, if a patient lacks the capacity, a person can act on behalf of the patient when any of the following applies:

- they are the patient's appointed Power of Attorney (POA)
- a court or tribunal has appointed them as the patient's guardian and administrator
- Medicare has accepted them as the patient's authorised representative
- they are the patient's authorised third party.

Staff at residential aged care homes or treating doctors are not permitted to complete and sign the MyMedicare registration form on behalf of the patient. If a patient is incapable of providing consent, a signed consent form from a responsible person is required to ensure compliance with audit and privacy standards. **The practice may be asked to provide the department with evidence of patient consent if requested for audit and compliance purposes.**

A responsible person refers to an adult who is accompanying the patient or responsible for their care. This may include a parent, guardian, a person with POA or guardianship authority, authorised representative or the patient's next of kin.

For patients who have the capacity to consent but are physically unable to sign the registration form, a medical practice employee can complete and sign the form on their behalf. In such cases, the employee must include a note explaining the patient's condition and record the patient's consent by signing the registration form on the patient's behalf. Alternatively, consent methods such as electronic signature may be utilised to confirm registration.

8 Withdrawing from MyMedicare

As MyMedicare is a voluntary patient registration model, patients can withdraw from MyMedicare at any time. This can be done online through their MOA. Patients can also contact their GP, their practice, or Services Australia to advise that they wish to withdraw their registration from MyMedicare.

A patient will continue to be registered with their practice until they:

- withdraw from MyMedicare
- register with a different practice
- are deceased.

When a patient registers at a different practice or is deceased, their MyMedicare registration will be automatically withdrawn and the practice will be notified.

A responsible person who is acting on behalf of a patient who lacks capacity to make decisions can withdraw them from MyMedicare by requesting the practice to withdraw the patient, or by registering the patient with a new practice, automatically withdrawing the current registration.

⁷ Medicare representative information can be accessed [here](#)



A parent or guardian can withdraw a child patient from MyMedicare by requesting the practice to withdraw the patient, through MOA, or by registering the patient with a new practice, automatically withdrawing the current registration.

Practices can withdraw a patient from a MyMedicare registration through their MyMedicare program in the Organisation Register. Where a practice has withdrawn a patient, the patient will be notified through the myGov app.

9 MBS items linked to MyMedicare

Registering with MyMedicare will unlock access to additional or amended Medicare Benefit Schedule (MBS) item rebates.

9.1 Longer MBS funded telehealth consultations

MyMedicare registered patients are eligible for longer MBS funded phone-based telehealth (levels C and D) consultations with their registered practice. These items include Level C (more than 20 minutes) and Level D (more than 40 minutes) general attendance telephone consultations which will have the same clinical requirements as equivalent in-person and video services.

Unregistered patients will still be able to access shorter telephone and video telehealth MBS services.

9.2 Triple bulk billing incentive for MBS funded long telehealth

To support general practitioners to continue to bulk bill patients, triple bulk billing incentives are available for:

- all face-to-face general attendance consultations more than 6 minutes in length
- all telehealth general attendance consultations which are between 6 and 20 minutes in length (known as Level B consultations)
- longer telehealth phone and video general attendance consultations (levels C, D and E) where a patient is registered through MyMedicare.

Standard bulk billing incentives will continue to be available to be claimed with other relevant MBS items.

For longer telehealth consultations (levels C, D and E), the patient must be registered in MyMedicare and receive the service from the practice at which they are registered for triple bulk billing incentives to apply. Where the patient is not registered in MyMedicare, standard bulk billing incentives will apply.

Patients eligible for triple bulk billing incentives are not required to be registered in MyMedicare to access the triple bulk billing incentives for face-to-face consultations or Level B video or telephone consultations.

10 Linked incentive programs

MyMedicare linked incentive programs will drive the government's primary care reform agenda.



10.1 General Practice in Aged Care Incentive

GPs and general practices registered in MyMedicare receive an incentive for providing their registered patients in a residential aged care home with a quality bundle of care, including regular visits. Access to the incentive will only be available to patients registered with MyMedicare.

More information on General Practice in Aged Care Incentive program guidelines can be found on the department's website [here](#).

⁸Bulk Billing Practice Incentive Program

Practices and providers registered in MyMedicare will receive an incentive for bulk billing all eligible services for Medicare eligible patients. Incentive payments will be paid as a percentage of eligible MBS item rebates.

11 MyMedicare and My Health Record

My Health Record provides patients and their healthcare providers with access to vital health information at the point of care, including in an emergency. This can include shared health summaries, current medicines and prescriptions, immunisation history, hospital discharge information and Medicare, DVA and Pharmaceutical Benefits Scheme history.

When patients register in MyMedicare, their chosen practice and GP will appear in their My Health Record to ensure all health professionals they see – for example, at a public hospital – will know who to contact to discuss their regular care if required. If patients do not wish for their MyMedicare registration to appear on their My Health Record, they can choose this option in [My Health Record](#).

12 Additional MyMedicare program information

12.1 Medicare Benefit Scheme and Department of Veterans' Affairs requirements

All providers, practices and medical professionals are required to meet the requirements of the relevant eligible MBS and DVA service item.

12.2 Legislative requirements

All providers, practices and medical practitioners are required to meet all the legislative requirements associated with the delivery of eligible service MBS and DVA items. All providers, practices and medical professionals are responsible for ensuring their delivery of services does not conflict with requirements of any other programs or legislation that applies to the provider or practice.

13 Review of decision

Practices and providers can seek a Review of Decision (RoD) relating to MyMedicare. To seek a review, the provider or authorised contact person/owner(s) of the practice must provide Services Australia with a completed RoD form and supporting documentation within 28 days of receiving the



decision. The form is available at [MyMedicare Incentives Review of decision form \(IP034\) - Services Australia](#).

Services Australia will review the decision against the published guidelines at the time of the event and the outcome of the review will be advised in writing. If practices or providers are not satisfied with the decision, they can request reconsideration via a second review. If not satisfied with the outcome of a second review, practices or providers may ask the Formal Review Committee to reconsider the decision. For further details about the RoD process, please contact Services Australia.

For further information on MyMedicare:

email: mymedicare@health.gov.au

website: health.gov.au/mymedicare

13.1 Privacy and data collection

The MyMedicare Privacy Notice explains how the Australian Government will manage personal information consistent with obligations under the [Privacy Act 1988](#) (Cth) and the Australian Privacy Principles (APPs). This includes how Australian Government agencies will collect, use, and disclose patient and provider information as part of the MyMedicare program. Patients should read this privacy notice together with other privacy-related information that their medical practice gives them about how they manage a patient's personal information.

The department may use a patient's personal information to enable:

- MyMedicare program management, monitoring and reporting.
- routine monitoring and reporting for MBS or DVA claims, or General Practice in Aged Care Incentive payments
- policy analysis
- program compliance and audit
- evaluation and continuous improvement of the MyMedicare Program
- MBS payments, DVA payments, or incentives linked to MyMedicare registration including determining whether providers and practices are eligible for incentives or payments
- data sharing to inform policy and program management under secure data sharing arrangements within government (where authorised by the data custodian and in line with any relevant legislative authority).

Services Australia uses personal information to:

- Assess a patient's eligibility for Medicare Benefits Schedule (MBS) items, MyMedicare incentive programs and DVA funded services linked to MyMedicare registration.

Further information about how Australian Government agencies involved with MyMedicare manage personal information is available from the following websites:

- [Services Australia](#)
- [Department of Veterans' Affairs](#)
- [Australian Digital Health Agency \(ADHA\)](#).



If a patient makes a request via their My Health Record (managed by ADHA), Services Australia will provide information about them to the My Health Record system so that the name of their registered practice and GP will appear in their My Health Record if they choose to have it displayed.

Privacy notices

A copy of the MyMedicare Privacy Notice can be found at the Department of Health and Aged Care website [MyMedicare Privacy Notice](#).

A copy of Services Australia’s Organisation Register Privacy Notice can be found on the Services Australia website: [Organisation Register for General Practitioners \(GPs\) and Health Professionals privacy notice](#).

14 Useful links

- [About the General Practice in Aged Care Incentive - Health professionals - Services Australia](#)
- [About MyMedicare for health professionals - Health professionals - Services Australia](#)
- [Features of the Organisation Register - Health professionals - Services Australia](#)
- [General Practice in Aged Care Incentive - Health professionals - Services Australia](#)
- [Health care and Medicare - Medicare - Services Australia](#)
- [MyMedicare Incentives - Health professionals - Services Australia](#)
- [Organisation Register for General Practitioners \(GPs\) and Health Professionals privacy notice - About us - Services Australia](#)
- [Register for MyMedicare - Services Australia](#)
- [Register as an individual practitioner - Health professionals - Services Australia](#)
- [Register your practice for MyMedicare - Health professionals - Services Australia](#)
- [Resources for First Nations People, patients, general practices and health care providers, First Nations People and translated resources](#)

15 Appendix

15.1 Glossary of terms

Term	Definition
Accreditation	An independent assessment and recognition that a practice meets the requirements of governing industry standards as set by the Royal Australian College of General Practitioners.
Accrediting agency	An independent agency from which practices can attain accreditation against the RACGP standards for general practice.



Term	Definition
Adult patient	For the purposes of MyMedicare, a patient who is 14 years of age and over.
Child patient	A patient who is under 14 years of age.
Chronic condition	A chronic condition is a disease or condition that has been, or is likely to be, present for at least 6 months or is terminal. Whether a patient meets the eligibility requirement of having a chronic or terminal condition is for a GP to determine using their clinical judgement.
Chronic condition management	The planning and coordination of healthcare for patients with chronic or terminal medical conditions.
DVA	Department of Veterans' Affairs
Eligible provider	Medical Practitioner who holds an eligible speciality code as linked to the practice in the Organisation register. Eligible providers can be vocationally registered GP, non-vocationally registered GP or GP registrar. Providers must have a valid provider number and be eligible to deliver MBS or DVA equivalent services.
Family and domestic violence	Behaviour that is violent, threatening, coercive, controlling or causes a person to be fearful.
General practice	<p>General practice is defined by the RACGP Standards for general practices and must be an accredited service. For the purposes of accreditation as a general practice a site must:</p> <ul style="list-style-type: none"> • provide comprehensive, patient-centred, whole-person and continuous care; and • its service must be predominantly* of a general practice nature. <p>*More than 50 per cent of the practice's general practitioners' clinical time (i.e. collectively), and more than 50 per cent of service for which Medicare benefits are claimed or could be claimed (from the practice) are in general practice.</p>
General Practice Aged Care Incentive	An incentive program that aims to improve access to quality, proactive general practice care for older people who live in residential aged care by incentivising proactive face-to-face visits, regular, planned reviews and coordinated care planning.



Term	Definition
General practitioner	General practitioners (GPs) are doctors who have completed training in general practice.
Healthcare provider	A person who is involved in or associated with healthcare delivery.
Hub & Spoke	A model of organisation registration in MyMedicare in which a single organisation site (Hub) is registered and additional practices are set up as service locations (Spokes). The spoke location/s operates as an extension of the hub and may operate on a part-time or full-time basis.
Medicare Benefits Schedule (MBS)	A listing of Medicare services subsidised by the Australian Government, providing information on the amount Medicare will rebate for each service.
Merger of Practice	Two or more practices combining into one entity, sharing patients, staff, systems, and accreditation, operating as a single practice.
Modified Monash Model (MMM)	A model that defines whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash Model (MMM) categories MMM1 to MMM7 where is MMM1 is a major city and MMM7 is very remote.
myGov	A simple and secure online platform to access government services online from one place.
MyMedicare	A voluntary patient registration model that formalises the relationship between patients, their practice, general practitioner and primary care teams.
My Health Record	A safe and secure online health record that stores key health information which is available to consumers and healthcare providers at any time.
Nurse Practitioner (NP)	A registered nurse who the Nursing and Midwifery Board of Australia have endorsed as an NP. Nurse practitioners practice independently in an advanced and extended clinical role and can prescribe some medicines.
Original Practice	The entity or sole trader that had ownership of a MyMedicare practice prior to an organisational change.



Term	Definition
Ownership Change	Any major structural or ownership change to a practice, such as a sale, merger or amalgamation.
Patient	A person who is eligible to receive Medicare or Department of Veterans' Affairs services.
Practice	A site meeting RACGP Standards that provides comprehensive, patient-centred care. More than fifty percent of GP time and Medicare services must be general practice.
Practice Owner	The entity or sole trader that is the current owner of a MyMedicare registered practice.
Preferred GP	The GP the patient trusts most with their care at the patient's MyMedicare registered practice and nominated by the patient as their 'preferred GP' on MyMedicare.
Primary care	In Australia, primary care refers to those services in the community that people go to first for health care: GPs, ACCHS, allied health professionals, mental health services, drug and alcohol services, community health and community nursing services, maternal and child health services, sexual health services and oral health and dental services. It is differentiated from secondary health care delivered by specialists, where a referral is usually required, and tertiary care delivered in hospitals.
Primary health care	"Whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment." (source: WHO and UNICEF - A vision for primary health care in the 21st century: Towards universal health coverage and sustainable development goals)
Primary care provider	A healthcare practitioner who is the first point of contact for individuals seeking health services.
Registered patient	A patient who is eligible to participate in the MyMedicare program and is registered with a registered practice and preferred provider.



Term	Definition
Responsible person	<p>Refers to an adult person accompanying the patient or in whose care the patient has been placed. A responsible person can include someone who is any of the following:</p> <ul style="list-style-type: none"> • is the parent or guardian, or • holds power of attorney, or • holds a guardianship order, or • is the next of kin. <p>This does not include the:</p> <ul style="list-style-type: none"> • the health professional who rendered the service • the health professional’s staff • a hospital proprietor or their staff • an aged care home proprietor or their staff.
Royal Australian College of General Practitioners (RACGP)	The professional body for general practitioners in Australia. The RACGP is responsible for setting the standards for education and practice and advocating for better health and wellbeing for all Australians.
<i>RACGP Standards for General Practices</i>	A set of standards which are a benchmark for quality care and risk management in Australian general practices.



15.2 MyMedicare eligible provider specialty codes

Version 1 – As of 8 May 2024

Specialty	Description	Specialty	Description
104	Other Health professional - pre 1/11/96	450	North Coast NSW GP Training
130	Vocational Register	451	Victoria Felix Medical Education
131	RACGP Trainee	452	Rural Health Ed/Dev West (RHEDWEST)
132	FRACGP	453	GPET - GPlogic
133	RACGP Trainee Post 1/11/96	454	GPET - GP Synergy
134	RACGP Trainee 1/1/99	455	GPET - Beyond Medical Education
176	Remote Vocational Training Scheme	456	GPET - Southern GP Training
177	Queensland Country Relieving Program – QCRP	457	GP Training - Murray City Country Coast
178	Prevocational General Practice Placements Program	458	GP Training - Eastern Victoria GP Training
179	Special Approved Placements Program (SAPP)	459	GP Training - South Eastern Queensland
180	Temporary Resident Doctor (TRD)	460	GP Training - James Cook University
182	Occupational Trainee (OT)	461	GP Training - GP Synergy Ltd Western NSW
186	RURAL OTHER MEDICAL PRACTITIONER	462	GP Training - GP Synergy Ltd Lower Eastern NSW
188	MedicarePlus OMPs Participation Program	463	GP Training - GPEX
189	MedicarePlus OMPs Ongoing > 5 years Program	464	GP Training - Western Australia GPET
190	Local Rural/Remote Relief (RLRP)	465	GP Training - GP Synergy North Eastern NSW
194	AMDS Program Approved Placement	466	GP Training - Tasmanian GP Ed and Training
196	ACRRM Program Approved Placement	467	GP Training - NT GP Education
197	APED Program Approved Placement	468	ACRRM - GP Pathway



Specialty	Description	Specialty	Description
198	Temporary Resident Other Medical Practitioners (TROMP) Program Approved Program	470	ACRRM Fellowship Program - ACRRM
199	AFTER HOURS OMPS PROGRAM	471	AGPT - ACRRM
430	GPEA/GPET	472	ACRRM Independent Pathway post 1/1/2019
431	GPET Stuart - Fleurieu GP Training	473	RVTS - ACRRM
432	GPET Training Valley to Coast	474	AGPT - RACGP
433	GPET Institute of GP Education	475	RVTS - RACGP
434	GPET Sydney Institute of GP Ed	476	RACGP Fellowship Program - RACGP
435	GPET Went West	477	ACRRM Fellowship Program - Health
436	GPET NT GP Education	478	RVTS - Health
437	GPET Central and Sthn QLD	479	RACGP Fellowship Program - Health
438	GPET Tropical Medical Education	480	MDRAP
439	GPET Rural and Regional QLD	481	Pre Fellowship Program (PFP)
440	GPET Adelaide to Outback	483	GP Training-Murrumbidgee Local Hlth District Trial
441	GPET Tasmania GP Ed and Training	484	GP Training - Riverland Mallee Coorong LHN
442	GPET Gippsland	485	ACRRM - Fellowship Programme
443	GPET Greater Green Triangle	486	RACGP - Fellowship Programme
444	GPET VIC Metropolitan Alliance	530	General Practitioner - Approved by Health
445	GPET WA Ed and Training Alliance	532	Fellow of ACRRM
446	Bogong Regional Training Network	540	Specialist General Practitioner
447	Central West Consortium Ltd	615	Outer Metro OMPs
448	Coast City Country GP Training Inc	616	Outer Metro Specialist Trainees
449	New England Area Training Service P/L	617	Metropolitan Workforce Support Program