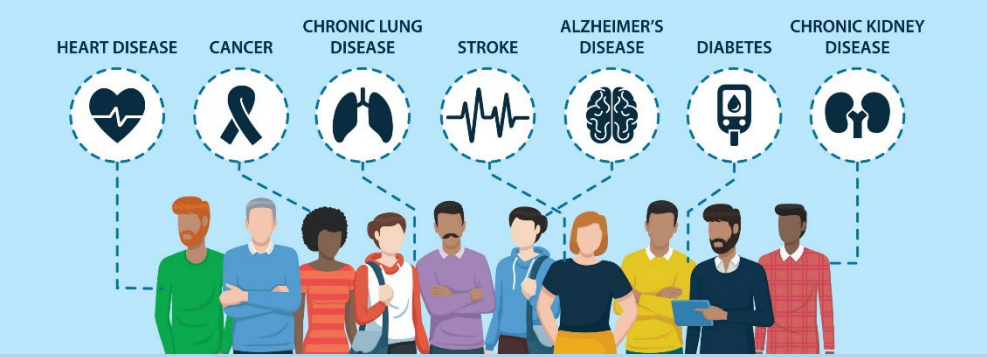
Preparation is the Key. Don’t be left behind with the upcoming changes to Chronic Condition Management



Presented by:
Wendy O’Meara

Learning Objectives

1. Understand the upcoming changes to Chronic Disease Management from July 1, 2025.

2. Describe the benefits of engaging Allied Health to provide multi-disciplinary wrap around care for our patients

3. Recall the MBS criteria of Nurse Item 10997 and when it is appropriate to bill.

4. Review the MyMedicare program and how to engage your patients

5. Describe the General Practice in Aged Care Incentive including the provision of relevant servicing requirements and how to track them.

Chronic Condition Management Changes 01/07/2025

Chronic Condition Management

1st July 2025 (subject to legislation)

- New streamlined “GP Chronic Condition Management Plan” will replace GPMP and TCA
- Supports continuity of care by requiring patients registered for MyMedicare to access management plans through their usual GP
- Introduced as a result of recommendations from the MBS taskforce review

Chronic Condition Management

MBS Taskforce Recommendations:

- Agreed that GPMP and TCA should be combined
  - 30% of TCA's billed during the reviewed period did not access allied health services
- Abolishment of the 729
- Item 731 to remain
- Copy of the plan to be uploaded to My Health Record
- Allied health services will be linked to the new item

https://www.health.gov.au/resources/publications/medicare-benefits-schedule-review-taskforce-final-report

Chronic Condition Management

Proposed Descriptor changes:

- Item is available at the enrolled practice, for patients who are enrolled, or to be performed by the usual GP if the patient is not enrolled
- Include the co-ordination of team care arrangements where required
- Require the GPMP to be uploaded to My Health Record, unless patient consent is withdrawn, and where reasonably achievable
- https://www.health.gov.au/resources/publications/medicare-benefits-schedule-review-taskforce-final-report

Chronic Condition Management

Proposed new descriptor (965)

“Attendance by a patient's usual GP and other health professionals in the practice **where the patient is enrolled (or the usual practice for patients who are not enrolled),** for preparation of a GP management plan and to coordinate any necessary team care arrangements for a patient”

https://www.health.gov.au/resources/publications/taskforce-final-report

Chronic Condition Management

Proposed new descriptor (967)

- Attendance by a **patient's usual GP at the practice where the patient is enrolled (or the usual practice for patients who are not enrolled)** to undertake a comprehensive review of a GP Management Plan prepared by a GP to which item 965 applies, and to coordinate any necessary team care arrangements.

- Each service to which item 967 applies may only be claimed after three months has passed from the creation of the GP Management Plan (item 967), and then every three months up to a maximum of three claims in the first year and four claims in subsequent years, except where there are exceptional circumstances that necessitate earlier performance of the service to the patient.

https://www.health.gov.au/resources/publications/taskforce-final-report

Chronic Condition Management

- Importance of reviewing and updating patients plan in the optimisation of patient outcomes

- 55% of previous 721/723 did not receive a review
- Reviews currently reimbursed at around half of the fee for creation of plan

- Reviews will be strengthened ensuring that it is conducted by a GP at the practice where the patient is enrolled

- Requirement to upload to My Health Record

https://www.health.gov.au/resources/publications/taskforce-final-report

Chronic Condition Management

- Removal of team care arrangements and TCA review item numbers and change of 721 item number
- Eligible for plan whether condition is managed by GP or multidisciplinary team
- Same requirements: chronic condition > 6 months
- Access to same range of allied health services

Chronic Condition Management

Name of Item	GP item number	Prescribed medical practitioner item number
Develop a GP chronic condition management plan – face to face	965	392
Develop a GP chronic condition management plan - telehealth	92029	92060
Review a GP chronic condition management plan – face to face	967	393
Review a GP chronic condition management plan – telehealth	92030	92061

Chronic Condition Management

- 965 will ensure eligibility for enhanced primary care access
- Removal of red tape (e.g. faxback, collaboration and consent to participate removed)
- Rebalancing of 721(965) and 732(967) into equal value
- Reduction in 721, large increase in 732 –exact rebate yet to be announced
- Encourages reviews

Chronic Condition Management

- The current Medicare rebates for Chronic Disease Management Items:
- New GPMP (Item Number 721): $164.35 (once a year)
- New TCA (Item Number 723): $130.25 (once a year)
- Review GPMP (Item Number 732): $82.10 (three times a year)
- Review TCA (Item Number 732): $82.10 (three times a year)
- current maximum Medicare rebate for GPMP/TCA items per patient per year amounts to $787.20. For a GP practice managing 2,000 patients on GPMP/TCA, this translates to total fees of $1,574,400.00

Chronic Condition Management

- While the Government hasn't provided the exact amounts as yet, below is an example as an indication of how it could apply to practices:
- New GPCCP (Item Number 965): $120.00 (once a year) (estimate only)
- Review GPCCP (Item Number 967 – TBC): $120.00 (three times a year) (estimate only)
- In this example, the new Medicare rebate per patient per year could be $480.00 per patient. For a practice managing 2,000 patients on GPCCP, this will result in total fees of $960,000, with practice service fees at 35% equating to $336,000.00

Chronic Condition Management

- No longer require the EPC referral, standard referral letter is adequate
- Practice nurses will be able to assist GP to **prepare** or review
- Patients registered with MyMedicare can only have this service performed by GP and clinic they register with, however:
- If not registered, this can be performed by any GP at the same practice the patient is registered.

Chronic Condition Management

To note:

- Patient will need to have their GP chronic condition management plan prepared or reviewed in the previous 18 months to continue to receive allied health services
- Same MBS claiming requirements (minimum claiming intervals)
- Patients who have 721/723 in place as at 1.7.25 can continue to claim services for 2 years

- 1.7.27 new items replace any existing plans

- 1.7.26 **must have** GPCCMP to access HMMR

Chronic Condition Management

MBS Item 10997, Role of Practice Nurses:

- Practice nurses can play a crucial role in monitoring and supporting patients with CCM plans, providing ongoing care and support between structured reviews by the patient's GP.

- This item can be claimed by a medical practitioner when a practice nurse or Aboriginal and Torres Strait Islander health practitioner provides monitoring and support services for a patient with a CDM plan, on behalf of the medical practitioner

Chronic Condition Management

Role of Practice Nurses:

- Patient education
- Chronic disease
- Symptoms and potential complications
- Medication adherence
- Self management support
- Recognise and manage symptoms
- Medication adherence
- Device technique
- Monitoring and evaluation
- Collaboration and advocacy

Chronic Condition Management

Role of Practice Nurses:

- Patient perspective
- Felt more comfortable with the nurse
- Treated as individuals and nurse worked alongside them
- Provide information that is easy to understand and gain better understanding of their condition
- Easier to access than GP and spent more time with them
- More relaxed
- Promote lifestyle changes
  - https://www.racgp.org.au/getattachment/731a1b12-3f07-4653-8172-c43a0c2ae0bc/A-nurse-led-model-of-chronic-disease-management-in.aspx

Chronic Condition Management

Tracking Nurse Time:

- **Documentation:**
- Maintain a detailed record of all activities performed by the nurse related to CDM plans, including
- **Date and Time:** Record the date and time of each service provided.
- **Patient Identification:** Clearly identify the patient for whom the service was provided.
- **Specific Activities:** Document the specific tasks performed, such as:
  - Monitoring clinical progress
  - Providing education and support
  - Assisting with medication management
  - Facilitating referrals to allied health professionals
  - Reviewing the CDM plan

The Benefits of engaging Allied Health
In General Practice

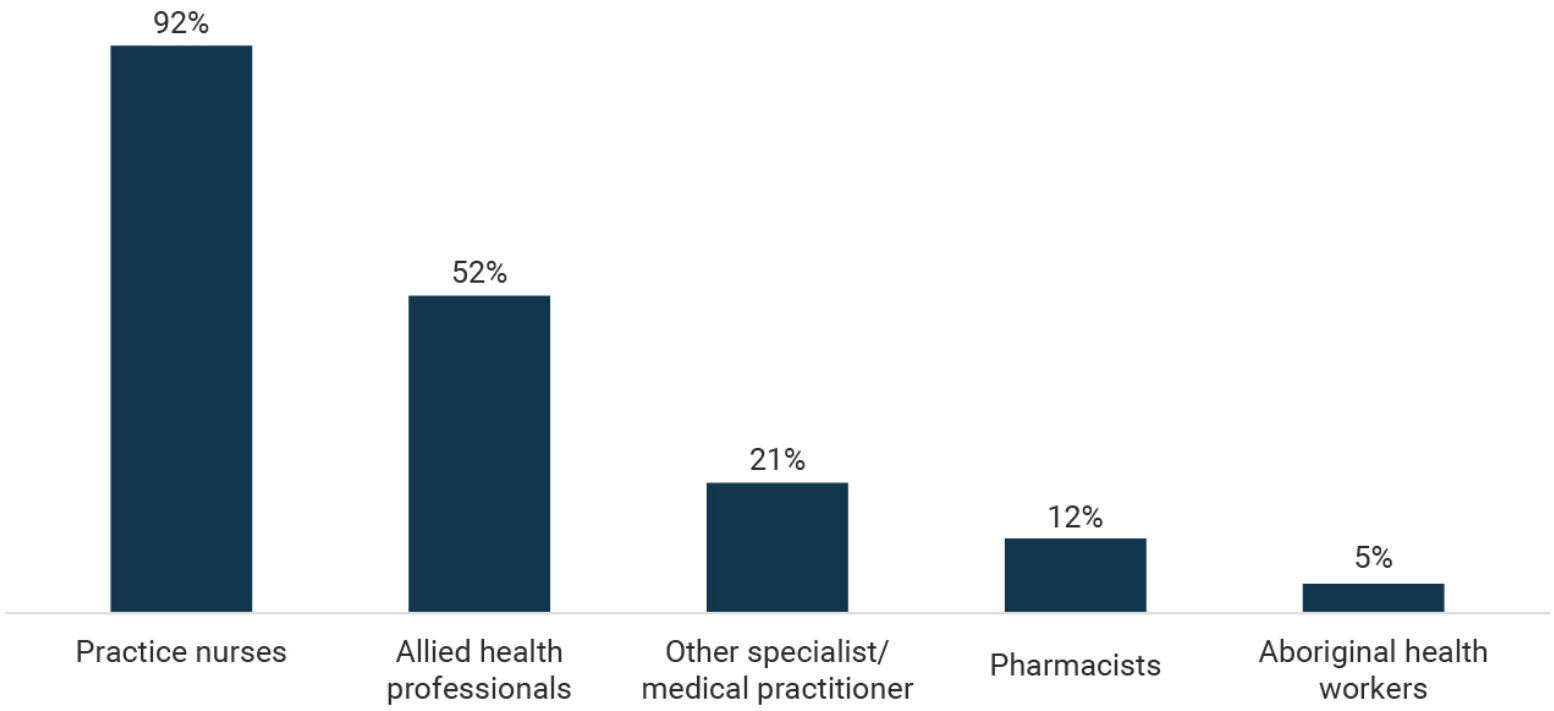
Allied Health

Employing allied health professionals (AHPs) within general practice offers significant benefits including:

- enhancing patient care
- boosting job satisfaction and promoting better outcomes for individuals and the practice as a whole.

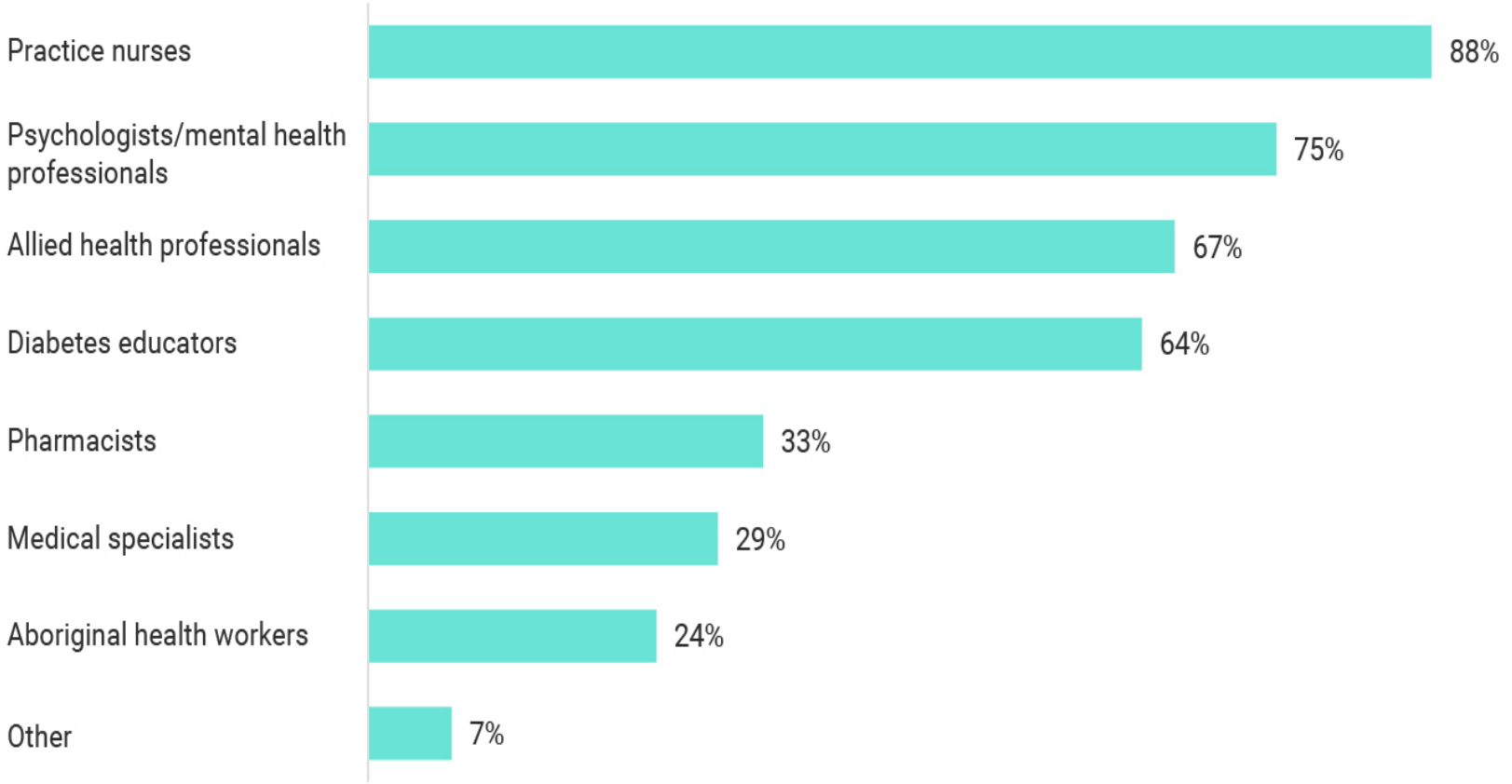
- AHPs, such as physiotherapists, occupational therapists, and speech therapists, provide specialized services to address physical, mental, and functional health issues, complementing the role of GPs, resulting in more comprehensive patient care

Composition of Health Workers within a General Practice



The Navigators, RACGP Health of the Nation survey April/May 2024.

GP perspectives on health professionals that most benefit patient health in general practice teams



The Navigators, RACGP Health of the Nation survey April/May 2024.

Allied Health

Reduced Pressure on GPs:

- AHPs can handle specific aspects of care, including chronic disease management, rehabilitation, and mental health support, allowing GPs to focus on core medical care.

Enhanced Access to Care:

- AHPs can provide services in the community or at the practice location, making it easier for patients to access care and improve adherence to treatment plans.

Allied Health

- Integrating allied health professionals into practice provides opportunities for improving data quality

- Collaboration within a multi-disciplinary team can boost job satisfaction and morale for both AHPs and GPs, leading to a more motivated and productive workforce.

- Integrating allied health professionals into practice can provide career development opportunities for GPs, as well as provide career growth and specialization opportunities for AHPs.

Allied Health

- With the expansion of telehealth, allied health professionals are in an ideal position to provide care to remote patients and improve access to services.

- Allied health professionals have specialized knowledge and skills in areas like rehabilitation, mental health, and chronic disease management.

Allied Health

- Data from across the sector indicates that half of general practices are planning to increase the number of healthcare professionals within their practice in the next year.

- Almost three in five practices (59%) plan to expand the services offered by the GPs and other healthcare professionals within their practice

The Navigators, RACGP Health of the Nation survey April/May 2024.

General Practice in Aged Care Incentive (GPACI)

General Practice in Aged Care Incentive

- In Australia, approximately 200,000 older people live in RACH, who are typically over 80 years of age
- Currently, care is predominantly reactive rather than preventative and proactive care
- Many residents experience poor continuity of care, and many do not have a regular GP
- The Royal Commission into Aged Care Quality and Safety recommended the development of a new model of primary care to encourage holistic, coordinated and proactive health care to meet the growing needs of people receiving aged care services.

General Practice in Aged Care Incentive

- The GPACI incentive aims to improve access to quality, proactive, general practice care for older people in RACH by incentivizing proactive visits, planned reviews and coordinated care planning.

- Participation in the GPACI is voluntary and practices and providers can opt out at anytime

- A patient can withdraw form the GPACI at anytime, and this can be done at the practice level, at the patients or legally responsible person's request

General Practice in Aged Care Incentive

The implementation of the General Practice in Aged Care Incentive also includes:

- Primary Health Networks (PHNs) engaging and collaborating with GPs and general practices, Aboriginal Community Controlled Health Services, and residential aged care homes to support older people to receive quality care as part of the General Practice in Aged Care Incentive.
- Selected PHNs will design a locally tailored solution to address thin market service gaps where older people living in aged care homes may not have access to regular services from a GP and/or practice.
- monitoring and evaluation to ensure incentive payments and supporting activities are achieving their policy objectives.

General Practice in Aged Care Incentive

- 1 August 2024
- The General Practice in Aged Care Incentive will support regular health assessments, care plans and regular GP visits for people in residential aged care home
- Replaces the current Aged Care Access Incentive
- blended-funding package that aims to support regular health assessments, care plans and regular GP visits for Australia's 200,000-plus aged care residents
- Practices registered for MyMedicare will be paid incentives to provide their registered patients in aged care with regular visits and care planning.

General Practice in Aged Care Incentive

New system:

- The incentives include $300 per patient, per year to be paid quarterly to the GP (SIP)
- $130 per patient, per year to be paid quarterly to the practice. (PIP)
- Rural loadings will apply, with payments increasing in line with the remoteness of the community.
- $10k cap removed
- The funding package sits on top of the existing fee-for-service and all existing Medicare rebates will continue to be paid

General Practice in Aged Care Incentive

Patient Eligibility

- Permanently living in RACH (not respite)
- Register with the MyMedicare program and link to an eligible practice and provider
- Have the GPACI indicator selected on their MyMedicare profile by their practice
- Patients can be registered by their practice form July1,2024

General Practice in Aged Care Incentive

Quarterly Visits

- At least one of the regular visits must by provided by responsible GP
- A second visit can be delivered by another member of the team (e.g. alternate GP, Nurse Practitioner, AHW or GP registrar.

- Practices located in MMM 4-7 will be able to provide 4 regular visits in a 12-month period via eligible telehealth MBS items where they are unable to attend face to face.

General Practice in Aged Care Incentive

Regular Visits includes the following:

- Attendance at RACH (Level B-E)
- After hours service
- Nurse practitioner services
- Practice Nurse and AHW services

- triple bulk billing incentives apply to these aged care item numbers

Servicing Requirements For General Practice Aged Care Incentive

General Practice in Aged Care Incentive

Quarterly Payment assessment period (starts in quarter patient is registered)

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

12-month patient care period

- July to 30 June
- 1 October to 30 sept
- 1 January to 31 December
- 1 April to 31 March

General Practice in Aged Care Incentive

Servicing requirements

- Deliver 2 ***care planning*** items over a 12-month period
- Provide 2 regular visits per quarter, each in a separate calendar month
- Deliver at least 8 regular services in a 12-month period

Care Planning

- Comprehensive Medical Assessment (CMA) MBS 701-707
- Contribution to, or review of, multidisciplinary care plan
- Participate in multidisciplinary case conference
  - GP arranged or participated
- Residential Medication Management Review (RMMR) MBS item 903

General Practice in Aged Care Incentive

Failure to meet care planning services

- Where a patient does not receive both care planning items in the previous 12 months, the Responsible Provider will be required to deliver at least one eligible care planning service by the end of the first quarter.

- If the provider does not provide this by the quarter end, the practice and the provider will be ineligible for the GPACI for the remainder of the next 12-month care period.

GPACI MBS User Guide

National MyMedicare PHN Implementation Program

phn COOPERATIVE
An Australian Government Initiative

GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER VISITING ONLY

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to **OR** review of Multidisciplinary Care Plan	**Comprehensive Medical Assessment** MBS 703-707 **OR** MBS 224-227 Comprehensive Management Plan (CMA) - **OR** DVA MT701 – 707 Health Assessment item ***Item choice depend on length of assessment and type of practitioner***	**Residential Medication Management Review** MBS 903 **OR** MBS249 ***Item choice depends on practitioner type***	**Case Conference** MBS 235-240 **OR** MBS 735-758 Multidisciplinary Care Conference ***Item choice depend on length of conference and type of practitioner***

Across the 12-month period must provide 2 of the above Eligible Care Planning Items

These can be claimed at any point across the 12-months. Claiming MBS 731 early in the cycle (Q1) enables other MBS items and referrals. MBS 731 can be co-claimed with other items.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
2x Eligible Regular Services **Must be claimed in separate calendar months** MBS Items 90035-90054 **OR** MBS 90188-90215 **OR** 90093-90096 OR Non-urgent after hours items ***Item choice depend on length of consultation and type of practitioner***	2x Eligible Regular Services **Must be claimed in separate calendar months** MBS Items 90035-90054 **OR** MBS 90188-90215 **OR** 90093-90096 OR Non-urgent after hours items ***Item choice depend on length of consultation and type of practitioner***	2x Eligible Regular Services **Must be claimed in separate calendar months** MBS Items 90035-90054 **OR** MBS 90188-90215 **OR** 90093-90096 OR Non-urgent after hours items ***Item choice depend on length of consultation and type of practitioner***	2x Eligible Regular Services **Must be claimed in separate calendar months** MBS Items 90035-90054 **OR** MBS 90188-90215 **OR** 90093-90096 OR Non-urgent after hours items ***Item choice depend on length of consultation and type of practitioner***

NOTE: Completing 2 Regular Visits with your patient per quarter triggers the incentive payment to both the Responsible Practitioner and the Practice. Payments will not be triggered if the two visits are not completed within the quarter in two separate calendar months. Triple bulk billing applies with eligible patients.

Example Annual Cycle inc. estimated billing - Responsible Provider Only MMM1-3

National MyMedicare PHN Implementation Program

Quarter 1

January	February	March
Eligible Care Planning Item MBS 731 + MBS 705	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**
$80.20 + $216.80 = $297	$82.90	$82.90
Other eligible items available depending on the patient's needs. Start the annual cycle with item 731 to ensure have best access to MDT requirements.	**Other items are available for shorter or longer regular visits, after hours Note regular visits need to be in separate calendar months,**	**Other items are available for shorter or longer regular visits, after hours**

Quarter 2

April	May	June
Eligible Care Planning Item Case Conference MBS743 40+Mins	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**
$229.65	$82.90	$82.90
A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate	**Other items are available for shorter or longer regular visits, after hours**	**Other items are available for shorter or longer regular visits, after hours**

Quarter 3

July	August	September
Eligible Care Planning Item - Med Review MBS 903	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**
$120.80	$82.90	$82.90
Other eligible Items available depending on the patient's needs MMRs aim to help people to get the most benefit from their medicines and minimise their risk of medicines-related harm - National Commission on Safety & Quality in Healthcare	**Other items are available for shorter or longer regular visits, after hours**	**Other items are available for shorter or longer regular visits, after hours**

Quarter 4

October	November	December
Eligible Care Planning Item Case Conference MBS743 40+Mins	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**	**1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min**
$229.65	$82.90	$82.90
A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate	**Other items are available for shorter or longer regular visits, after hours**	**Other items are available for shorter or longer regular visits, after hours**

Annual Billed Amount in this example: $1540.30 + incentive payment of $300 (Responsible GP incentive) + $130 (practice incentive) = $1970.30 (noting incentive paid quarterly)

Noting that the practitioner may visit the patient more frequently in the year for additional care needs to bill for follow up telehealth appointment, or bill for longer appointment items depending on patient's individual care needs, therefore the billed amount for the patient may be more or less - example only.

Planning Delivery of Required Services

General Practice in Aged Care Incentive

Failure to meet care planning services

- Where a patient does not receive both care planning items in the previous 12 months, the Responsible Provider will be required to deliver at least one eligible care planning service by the end of the first quarter of the next 12-month care period

- If the provider does not provide this by the quarter end, the practice and the provider will be ineligible for the GPACI for the remainder of the next 12-month care period.

General Practice in Aged Care Incentive

Also:

- If there is a change in Responsible Provider at the same practice during the quarter, in some circumstances the apportioned rate between providers will be 50:50

- The division of payments will be based on which Responsible Provider delivered the first 2 eligible regular visits within the quarter.

- This may result in 100% payment to one provider only or 50% payment to 2 providers
- If a resident dies during a quarter, NO payments will be received, and resident should be removed form GPACI registration as soon as reasonably able.

General Practice in Aged Care Incentive – Patient Front Sheet

Instructions: The purpose of this tool is to provide a snapshot of where the patient is in relation to General Practice in Aged Care Incentive service requirements. Complete the checklist at the top of the form to record eligibility requirements and confirm linkages to Services Australia systems have been completed. When an eligible service requirement is provided simply click the checkbox under the relevant service within the relevant quarter.

Patient given first name:	Patient family name:	Patient DOB:
Responsible provider name:	Aged care home name:	
MyMedicare registration status: ☐	MyMedicare registration date:	
Patient GPACI indicator on MyMedicare profile: ☐	Patient linked to responsible provider: ☐	Assessment start date: Jul

Service delivery month	Quarterly Service		Residential Medication Management Review	Comprehensive Medical Assessment	Case Conference	Review/Contribution of care plan
General Practice Aged Care Requirement	At least 2 qualifying services a quarter in separate calendar months		At least two of the above services over the annual assessment period			
	Responsible provider	Practice Team Member	Date of most recent service	Date of most recent service		Date of most recent service
1	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐	☐
7	☐	☐	☐	☐	☐	☐
8	☐	☐	☐	☐	☐	☐
9	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐
11	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐	☐	☐
			Click on the checkbox in the month completed	Click on the checkbox in the month completed	Click on the checkbox in the month completed	Click on the checkbox in the month completed

MyMedicare Requirements						Care Planning Services Requirements					Quarter 1 Requirements		Quarter 2 Requirements		Quarter 3 Requirements		Quarter 4
											Responsible Provider Regular Visits		Responsible Provider Regular Visits		Responsible Provider Regular Visits		Responsibl
Date of Registration	GPACI selected on patient profile	Patient linked to responsible provider	Assessment Start Period	Assessment End Period	-	Residential Medication Management Review	Comprehensive Medical Assessment	Case Conference	Review/Care Plan Contribution	Status	Jul-Sep	Q1 Status	Oct - Dec	Q2 Status	Jan - Mar	Q3 Status	Apr
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
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	No	No		TBA		No	No	No	No		-		-		-		
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	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
	No	No		TBA		No	No	No	No		-		-		-		
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	No	No		TBA		No	No	No	No		-		-		-		

Monitoring the Delivery of Required Services

General Practice in Aged Care Incentive

- HPOS allows practices and responsible providers to request a forecast for the current quarterly assessment period

- This will show the eligible services performed to date, and whether the requirements have been met for each patient

- If not met, it will identify services not yet performed to meet requirements

my medicare

Forecast eligibility for MyMedicare Incentives for an Organisation site

You can forecast your eligibility in Health Professional Online Services (HPOS) to track whether the Incentive requirements have been met for each patient.

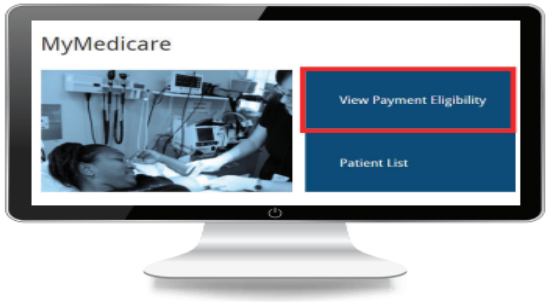
You don't need to call Medicare to access this information – you can access it in HPOS when it suits you.

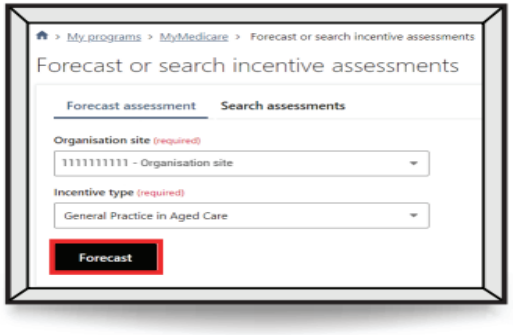
Accessing the Forecast assessment tab

- Login to your **individual Provider Digital Access (PRODA)** account.
- Under **My linked services**, select **Go to service** on the Health Professional Online Services tile.
- Select the **Organisation** you are acting on behalf of in HPOS.
- Select **Continue**.
- The HPOS home page will display.

If you are a practice delegate for multiple MyMedicare-registered practices, there will be a drop-down list where you can select the relevant organisation site.

- Select the **My programs** tile.
- Select the **MyMedicare** tile.
- Select the **View Payment Eligibility** tile.
- Select the **Forecast assessment** tab and select your **Organisation site** in the drop-down list.
- Select the **Incentive** from the **Incentive type** drop-down list.
- Select the **Forecast** button.





A forecast can only be requested **once per day**.

An eligibility forecast is a **point-in-time assessment** based on available data at the time and is **subject to change** based on updated data. A forecast is not a confirmation of actual payment amounts.

Depending on the number of patients, the forecast may take up to one hour. Existing forecasts and, once completed, the requested forecast will be available via **Search assessments.**

For more guidance on accessing and interpreting your MyMedicare Incentive information, refer to the MyMedicare – General Practice in Aged Care Incentive eLearning.

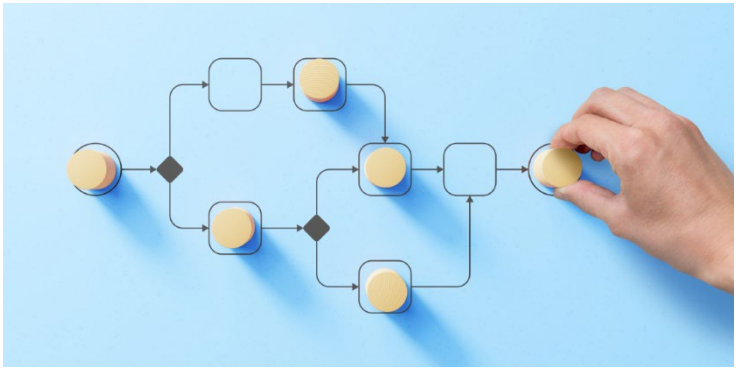
General Practice in Aged Care Incentive

- Sole Practitioners can participate in the GPACI
- Patients participating in the GPACI will be exempt from pre-existing relationship rule
- If a responsible provider moves practice or a patient registers with a different practice, the 12-month care period will re-set and a new RO will need to be nominated, and servicing requirements will need to be met

Patient who is incapable of providing consent:

- Responsible person can provide consent on their behalf
  - Next of kin
  - Medical POA
  - Guardianship
- RACF and GP's can NOT sign on the patient's behalf

Integrating My Medicare to Practice Workflow



MyMedicare- part of our daily workflow

- Enrol your practice with MyMedicare in PRODA
  - All the new incentives rely on registration
- Educate your staff
  - Reception/Nurses and Doctors should be able to have the discussion with patients of benefits of registering and how
- Ensure all providers are linked to your organisation
  - Patients will not be able to select regular GP if not linked
- Start the conversation with your patients
  - Encourage enrolment
  - Offer transparency- additional funding to practice will allow the provision of more services

MyMedicare- part of our daily workflow

- Links to MyMedicare registration on your website
  - Some online booking platforms have the link embedded in their booking system

- Handout with instructions on how to register

- Registration forms with doctors and in waiting room
- Register residents of RACH

- Access to PRODA for reception to allow enrolment and checking eligibility

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Why register with My Medicare?

Here at **(enter clinic name)** we pride ourselves in our ongoing commitment to our patients.

We invite you to register with us as your preferred general practice, to formalise our ongoing relationship.

Benefits to you:

- Longer MBS funded telephone and telehealth consultations to allow you access to a more comprehensive consult with your preferred GP.
- Eligibility for future funding opportunities as part of the Strengthening Medicare Taskforce review.
- Continuity of care through the knowledge that **(enter clinic name)** will value our relationship and continue to provide you with the best possible care.

Registration with our clinic will also provide the practice with future funding opportunities, allowing us to increase the services we have available for you to access.

How do I register:

Simply complete the attached registration form and return to our friendly reception team who will process the registration on your behalf.

If you have any questions or concerns, please speak to either your GP during your consultation, or to the team at reception.

We look forward to you registering with our practice and continuing our valuable patient-practice relationship.

MyMedicare – part of our daily workflow

Checking patient enrolments

- What systems do you have in place?
- How are you identifying those who have enrolled?
- Software developers are working towards integration into PMS
  - Best Practice has developed a script
  - Further integration needed
- Linked to My Health Record

MyMedicare- part of our daily workflow

PRODA

- Manage registrations
- Identify those who have self registered
- Should be checked regularly for new registrations and updated in your practice software
- Can change Responsible Provider (patient consent)


QUESTIONS