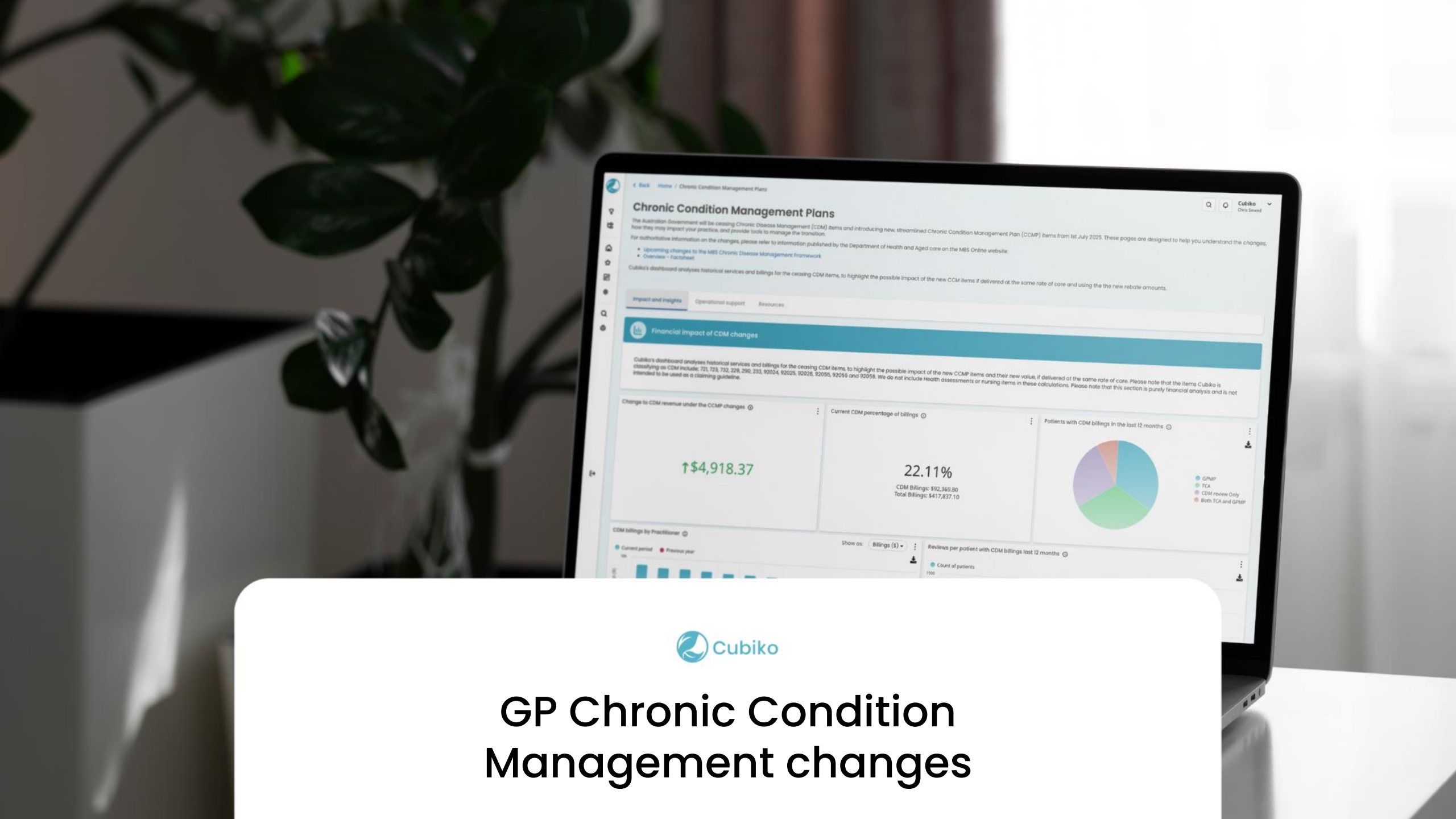

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GP Chronic Condition Management changes

Who am I?

Nick Adams
COO at Cubiko

Cubiko

2,500+ practices

using

Cubiko

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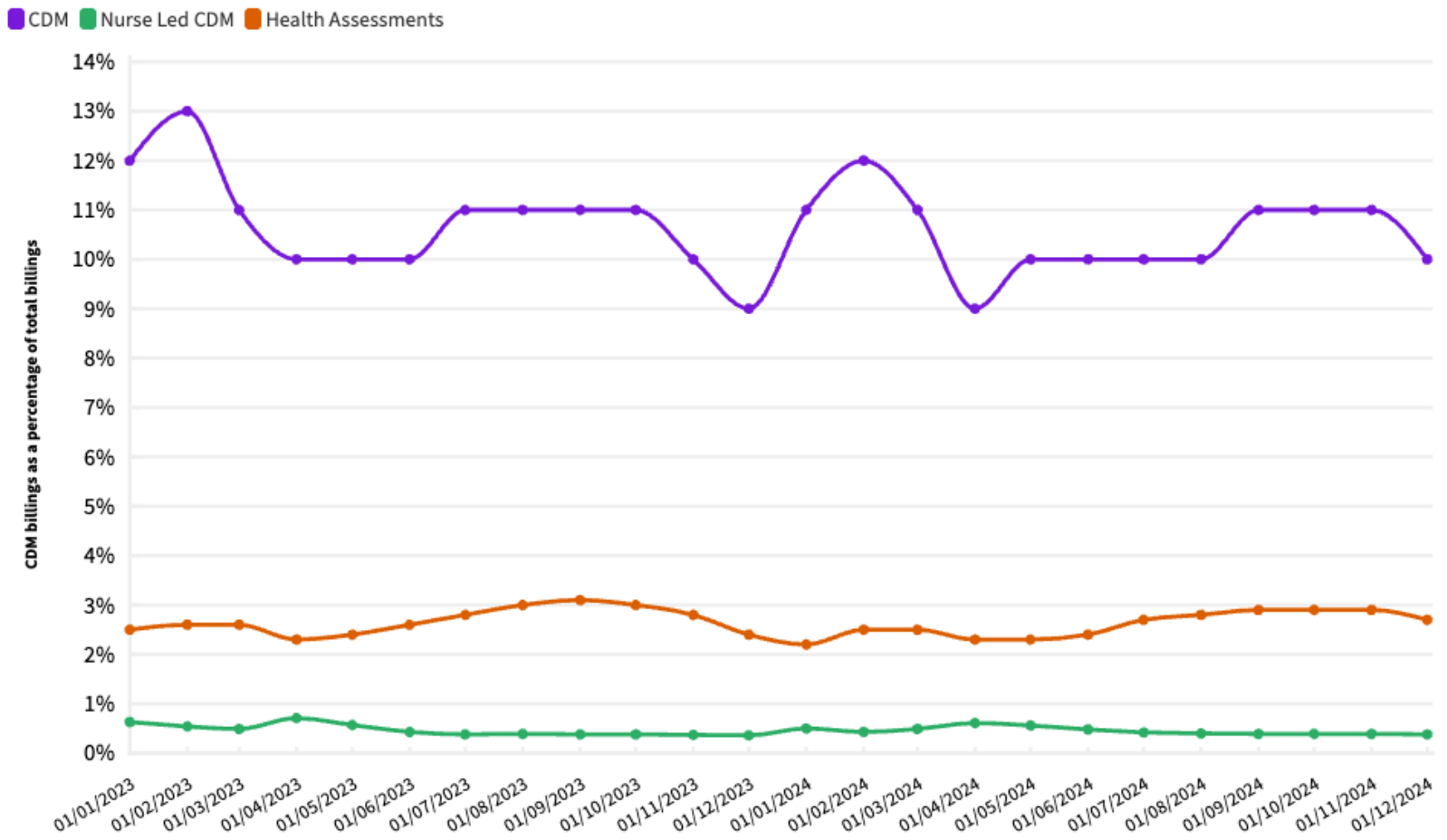
CDM billings as a percentage of total billings



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What changed

- Equal fees for creation and reviews
- No annual plan rewrites needed - just quarterly reviews
- Referral letters replace TCA forms
- MyMedicare patients use registered practice only

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What stayed the same

- Same eligibility (chronic condition 6+ months or terminal)
- Same allied health service allocations (5 individual, 10 Aboriginal and Torres Strait Islander)
- Same clinical judgment determines patient suitability
- Same bulk billing incentives and co-claiming restrictions

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One Integrated Plan = Better Care

Before

- Fragmented Approach
- GPMP created separately
- TCA requires 2+ provider consults
- Patient bounced between processes

After

- Living Document Approach
- Single GPCCMP that grows with patient
- Create once, only reviews needed
- Nurse expertise recognised
- Quarterly reviews, never stale
- One document, continuous improvement

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What changed for doctors?

Old Plan	New Plan
GP Management Plan (GPMP) **$164.35** + Team Care Arrangement (TCA) **$130.25**	New GP Chronic Condition Management Plan **$156.55**

Old Review	New Review
GP Management Plan (GPMP) Review **$82.19** + Team Care Arrangement (TCA) Review **$82.10**	Review of GP Chronic Condition Management Plan **$156.55**

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The MBS now clearly specifies: "reviews can be conducted once every 3 months if clinically relevant."

- Chronic conditions don't wait
- Evidence-based frequency
- Better outcomes, fewer crises

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Allied Health Item Numbers $61.80

- 10950 ATSI health service provided by AHW AHP
- 10951 Diabetes Education
- 10952 Audiology
- 10953 Exercise Physiology
- 10954 Dietetics
- 10956 Mental Health Services (AHW AHP Mental Health Nurse OT Psychologist, Social Worker)
- 10958 OT
- 10960 Physiotherapy
- 10966 Osteopath
- 10968 Psychology (Gen Registration)
- 10970 Speech Pathology

Requirements

- Minimum 20 minutes
- Consistent with care plan
- Telehealth equivalent (93000)
- Telephone equivalent (93013)
- Documentation retention 2 years. Includes reports to the referring doctor.
- Providers responsible for services claimed from Medicare meet all legislative requirements
- Evidence for compliance checks related to Medicare claims may be required
- Adequate and contemporaneous records must be kept

Allied Health | Key Details

No Longer Required

- EPC referral forms
- Named referrals
- Specification of # of services to be provided
- Collaboration requirements between GPs & Allied Health

Instead

- Routine referral letter
- Discipline referral
- Negotiate with patient their requirements including financial consent
- Write to GP

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Tracking Allied Health Services

HPOS

- View and check patient eligibility based on their MBS history
- Check your own eligibility for claiming or billing MBS items
- Check the claiming conditions for MBS items.
- Patients – check your Medicare Online Account
- Education! Advise patients it is their responsibility to track
- Think of your billing processes (private Vs bulk billing)

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Communication

Am I required to provide information back to the referring medical practitioner?

- if service is the only service under the referral
- if service is the first or last service under the referral
- if service involves matters that the referring medical practitioner would reasonably expect to be informed of

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Medicare Compliance

My patient has elected not to claim MBS benefits for the service. Do I still need to meet all of the requirements of the MBS item?

No. However, it is still good practice to provide regular updates to the patient's GP about their progress.

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Sarah’s story

Meet Sarah - 65, with diabetes and arthritis requiring complex care coordination

Old way

- GP creates GPMP in January
- Waits to coordinate TCA with physio and dietitian
- TCA finally completed in March
- First allied health visit in April
- Plan sits static until next year's rewrite

New Way (Living Document)

- GPCCMP created in one visit in January
- Immediate referrals to allied health
- April review: Plan updated as diabetes improves
- July review: Arthritis flares, plan adapts
- 10997 nurse support (FTF & telephone) to set lifestyle goals and to increase movement
- October review: New goals added as fitness improves

Result: One living plan that grows with Sarah, no annual rewrites needed

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Allied health referrals

- Referrals written prior to 1 July 2025 remain valid
- Any new referrals post 1 July 2025 must be under the new rules (i.e. letters instead of forms)
- Unless otherwise specified, referrals remain valid for 18 months.

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Nurses and GPCCMP

- Existing GPMP and TCAs can continue to access 10997 items through 30 June 2027

- Formally recognised as being part of the GPCCMP preparation and review process.

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Referral entitlements under GPCCMP

- 5 individual allied health services per calendar year
- 10 services for Aboriginal or Torres Strait Islander descent
- Referrals don’t roll over each year
- No need to review the plan to roll over – it happens automatically

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MyMedicare and Bulk Billing

MyMedicare Requirements

Patients registered with MyMedicare must access GPCCMP through their registered practice only.

This secures patient retention for chronic care and prevents service access at other practices.

Non-MyMedicare Patients

Can access GPCCMP services at any General Practice but should be with usual GP.

Bulk Billing

GPCCMP items eligible for single bulk billing incentives Included in expanded Bulk Billing Practice Incentive Program (November 2025)

How do you assist GPs in staying up to date on Care Plans using data

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Potential eligibility | Verified eligibility

5/100 patients selected

Select top 36 unchecked rows | Clear selection | Run Eligibility Check (5)

QuickCheck appointments with potential eligible items

Reset

	Patient	May be eligible for	View legend	Appt date
1	ROBERTS, K (39yrs - Fortitude Valley)	**Item 965**		10/06/2025
2	FLORES, T (77yrs - Fortitude Valley)	**Item 965**		10/06/2025
3	COX, D (78yrs - Ashgrove)	~~Item 965~~		10/06/2025
4	CASTILLO, R (5yrs - Mogill)	**Item 965**		10/06/2025
5	KELLY, A (56yrs - Mogill)	Potential new CDM care plan		10/06/2025

Page Size: 200 | 1 to 45 of 45 | Page 1 of 1

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Send Care Prompts
Patients
Eligible for:
Item 965
Best Practice
Appointment Details:

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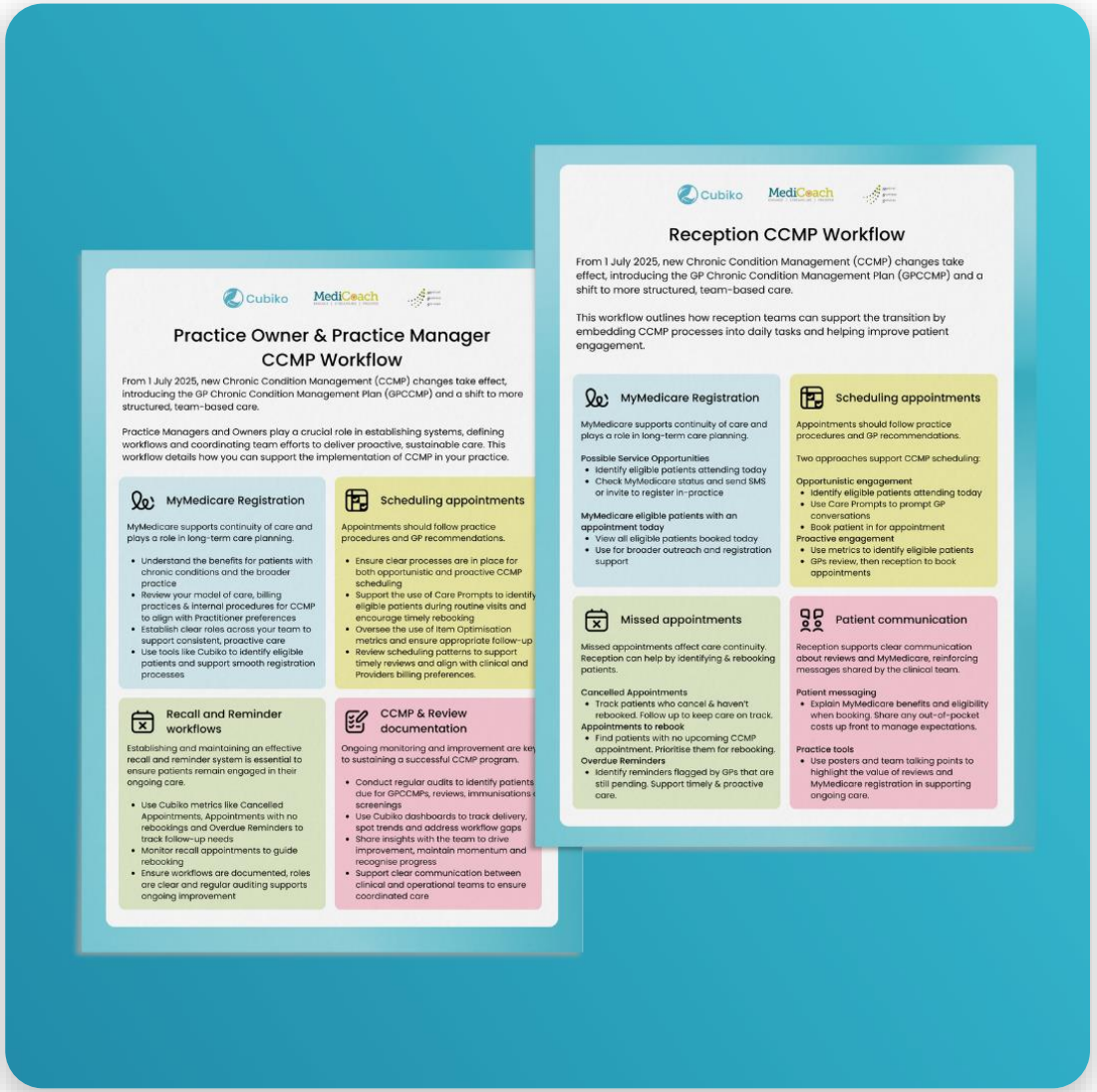

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Practice Owner & Practice Manager CCMP Workflow

From 1 July 2025, new Chronic Condition Management (CCMP) changes take effect, introducing the GP Chronic Condition Management Plan (GPCCMP) and a shift to more structured, team-based care.

Practice Managers and Owners play a crucial role in establishing systems, defining workflows and coordinating team efforts to deliver proactive, sustainable care. This workflow details how you can support the implementation of CCMP in your practice.

MyMedicare Registration

MyMedicare supports continuity of care and plays a role in long-term care planning.

- Understand the benefits for patients with chronic conditions and the broader practice
- Review your model of care, billing practices & internal procedures for CCMP to align with Practitioner preferences
- Establish clear roles across your team to support consistent, proactive care
- Use tools like Cubiko to identify eligible patients and support smooth registration processes

Scheduling appointments

Appointments should follow practice procedures and GP recommendations.

- Ensure clear processes are in place for both opportunistic and proactive CCMP scheduling
- Support the use of Care Prompts to identify eligible patients during routine visits and encourage timely rebooking
- Oversee the use of Item Optimisation metrics and ensure appropriate follow-up
- Review scheduling patterns to support timely reviews and align with clinical and Providers billing preferences.

Recall and Reminder workflows

Establishing and maintaining an effective recall and reminder system is essential to ensure patients remain engaged in their ongoing care.

- Use Cubiko metrics like Cancelled Appointments, Appointments with no rebookings and Overdue Reminders to track follow-up needs
- Monitor recall appointments to guide rebooking
- Ensure workflows are documented, roles are clear and regular auditing supports ongoing improvement

CCMP & Review documentation

Ongoing monitoring and improvement are key to sustaining a successful CCMP program.

- Conduct regular audits to identify patients due for GPCCMPs, reviews, immunisations & screenings
- Use Cubiko dashboards to track delivery, spot trends and address workflow gaps
- Share insights with the team to drive improvement, maintain momentum and recognise progress
- Support clear communication between clinical and operational teams to ensure coordinated care

Cubiko MediCoach

Reception CCMP Workflow

From 1 July 2025, new Chronic Condition Management (CCMP) changes take effect, introducing the GP Chronic Condition Management Plan (GPCCMP) and a shift to more structured, team-based care.

This workflow outlines how reception teams can support the transition by embedding CCMP processes into daily tasks and helping improve patient engagement.

MyMedicare Registration

MyMedicare supports continuity of care and plays a role in long-term care planning.

Possible Service Opportunities

- Identify eligible patients attending today
- Check MyMedicare status and send SMS or invite to register in-practice

MyMedicare eligible patients with an appointment today

- View all eligible patients booked today
- Use for broader outreach and registration support

Scheduling appointments

Appointments should follow practice procedures and GP recommendations.

Two approaches support CCMP scheduling:

Opportunistic engagement

- Identify eligible patients attending today
- Use Care Prompts to prompt GP conversations
- Book patient in for appointment

Proactive engagement

- Use metrics to identify eligible patients
- GPs review, then reception to book appointments

Missed appointments

Missed appointments affect care continuity. Reception can help by identifying & rebooking patients.

Cancelled Appointments

- Track patients who cancel & haven't rebooked. Follow up to keep care on track.

Appointments to rebook

- Find patients with no upcoming CCMP appointment. Prioritise them for rebooking.

Overdue Reminders

- Identify reminders flagged by GPs that are still pending. Support timely & proactive care.

Patient communication

Reception supports clear communication about reviews and MyMedicare, reinforcing messages shared by the clinical team.

Patient messaging

- Explain MyMedicare benefits and eligibility when booking. Share any out-of-pocket costs up front to manage expectations.

Practice tools

- Use posters and team talking points to highlight the value of reviews and MyMedicare registration in supporting ongoing care.

Role-Based Chronic Condition Management Workflows

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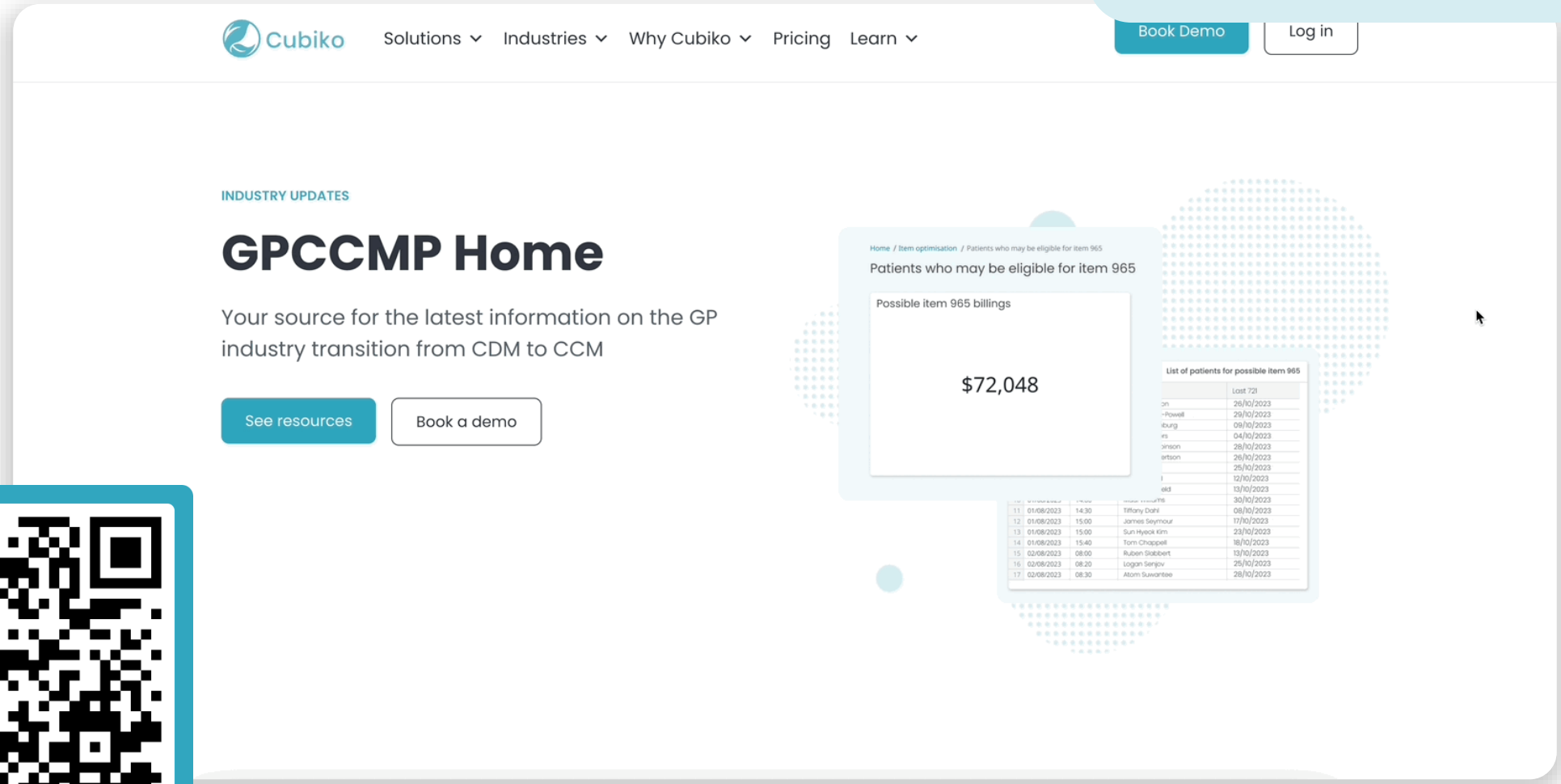
https://www.cubiko.com.au/gpccmp/



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Thank you

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