

GPCCMP practice workflow

Run the plan as a cycle on purpose: find eligible patients, check they can be billed at your practice, prepare the plan, book the reviews and watch the 18-month window.

Which patients need a plan, and when to review or re-plan, stays a clinical decision for the GP; the workflow only makes sure nothing is missed.

1

Recall list

- ☐ Patients with a chronic condition and no plan.
- ☐ Legacy GPMP or TCA patients before 30 June 2027.
- ☐ Plans due for review.
- ☐ Plans approaching 18 months since the last preparation or review.

2

Before booking

- ☐ Check MyMedicare registration or usual GP status.
- ☐ Check whether the patient is a legacy-plan patient who needs a new 965 rather than a review.
- ☐ Check the date of the last 965 or 967.

3

Booking

Make the plan or review its own appointment, so the same GP is not also billing a standard consultation that day. Book a separate nurse appointment if a 10997 service is planned.

4

Nurse preparation

The nurse can gather history, measurements and goals beforehand; that time is part of the plan item, not 10997.

5

The consultation

The GP sees the patient, agrees the plan, records consent and agreement, writes referral letters and sets the review timeframe.

6

After the visit

Offer the patient a copy, add the plan to the record, and upload it to My Health Record where possible (encouraged, not required for the claim). Keep the plan for at least 2 years, the retention period the MBS note sets for documents an item requires. Book the first review before the patient leaves.

7

Between reviews

Schedule 10997 services consistent with the plan and track the 5-per-year count.

Keep the cycle running

- ☐ Software: check that practice software templates, recall rules and fee lists use 965 and 967 and the 1 July 2026 fees. Vendor templates can lag schedule changes, and old 721 and 723 templates left in place invite errors.
- ☐ Ownership: give recalls and unpaid claims a named owner. When everyone assumes reception or the nurse is following up, nobody is.