TPMG
YOUR HEALTH, SKILLFULLY GUIDED

ADVANCED PRIMARY CARE MANAGEMENT
Frequently Asked Questions

10 Questions Patients Ask Most Often

1. What is APCM?

Recognizing that office visits are only one element of essential health care services provided by your primary care team, Medicare initiated Advanced Primary Care Management (APCM) on January 1, 2025. APCM covers the many activities your care team provides including medications management, test results review, coordination with specialists, emergency room or hospitalization follow-up, answering health questions, and keeping your overall care well-organized. In summary, your primary care is more than your office visit and APCM provides better care between visits and a strong relationship with your primary care team.

2. Why did Medicare create APCM?

Medicare recognized that primary care involves much more than an office visit and that Medicare physician payments have not kept pace with the increasing cost of providing medical care. MedPAC reported that from 2001 through 2024, Medicare physician payments increased about 9% before accounting for inflation. Once the rising costs of running a medical practice are considered, that represents an approximate 29% decline in the real value of those payments over the same period. APCM is one of Medicare's efforts to better recognize and support the ongoing work of primary care.

3. What does my primary care team do for me?

Primary care is a team effort. Your provider may be the person you see during your appointment, but many members of the practice may contribute to your care including nurses, medical assistants, care coordinators, clinical staff, prescription/refill teams, and front-office staff. Together, the team helps manage the many pieces of your health care.

4. What am I getting through APCM that happens between my visits?

APCM supports an ongoing relationship with your primary care team. Depending on your needs, this may include medication management, care coordination, follow-up after hospital or emergency care, preventive care reminders, chronic condition support, care planning, and communication with your care team. You may not need every service every month. APCM is designed around your individual needs.

You may only come into the office twice a year, but your care team is doing much more than you see during those visits.

5. Why am I getting a monthly bill if I didn't have an appointment?

Medicare designed APCM as a monthly care-management service because primary care assistance happens throughout the month, even when you are not physically in the office.

For example, your care team may review information from another doctor, manage prescription refills, respond to messages, review test results, coordinate a referral, follow up after an emergency room visit, or review hospital records.

The Centers for Medicare & Medicaid Services (CMS) allow APCM to be billed once per patient per calendar month rather than requiring the practice to bill separately for each care-management activity.

6. Will APCM cost me anything?

It may. APCM is a Medicare Part B service, and Medicare cost-sharing rules can apply. Your actual responsibility depends on your Medicare coverage and whether you have supplemental or secondary insurance that covers the Medicare cost-sharing amount. For some patients, supplemental insurance covers the amount. For others, it may not.

This is why some patients may see a small monthly balance even though they have not traditionally received a bill for services such as their Annual Wellness Visit.

If you have questions about a particular bill, please contact your primary care team's office directly.

7. Do I have to participate in APCM?

No. APCM is a voluntary Medicare service, and participation requires your consent.

CMS allows consent to be given verbally or in writing, and it is documented in your medical record.

8. Why should I participate if I have to pay part of the cost?

That is a reasonable question.

The value of APCM is not simply another visit. The purpose is to support the ongoing work your primary care team does to keep your care coordinated and on track. Medicare created APCM in part to recognize this work. Your primary care team is managing much more than what happens during an examination.

9. What if I decide APCM isn't right for me?

You can ask to stop APCM services at any time.

If you are considering stopping because of a bill or because you're unsure of what you are receiving, we encourage you to talk with our team first. We want you to understand the value of the program and your potential cost before making your decision. Our goal is to provide care that makes participation worthwhile.

10. What will happen if I stop APCM?

You can continue receiving your regular Medicare-covered primary care services. However, you would no longer participate in the APCM services provided through TPMG's practice.

This does not mean that you lose your doctor or your regular Medicare-covered care. It does mean that you would no longer be participating in the additional care-management program designed to support the ongoing work that happens between your regular visits.

What's the bottom line?

APCM is Medicare's way of recognizing that primary care is more than an office visit.

Your primary care team is working throughout the month to help manage your health, coordinate your care, communicate with other providers, manage medications, respond to questions, and help you stay healthy.

There may be a small patient cost-sharing amount depending on your Medicare coverage and secondary insurance. We understand that receiving a new monthly bill can be frustrating, and we want you to understand exactly what you are receiving and why.

Our goal is to make sure that your relationship with your primary care team provides real value to you—between visits, during transitions in care, and whenever you need help navigating your health care.

Important Medicare Information

APCM services began January 1, 2025. Patient consent may be verbal or written and must be documented. Patients must be informed that cost sharing may apply, that only one practitioner can bill APCM for a patient in a calendar month, and that patients may stop APCM services at any time.

Source references for practice review:

- Centers for Medicare & Medicaid Services (CMS), Advanced Primary Care Management Services.
- CMS, Calendar Year 2025 Medicare Physician Fee Schedule Final Rule.
- Medicare Payment Advisory Commission (MedPAC), Medicare physician payment analysis.