

Frequently Asked Questions About Advanced Primary Care Management (APCM)

Background on APCM

Medicare recognizes that strong primary care is essential to improving health outcomes, reducing healthcare costs, and closing gaps in care. To support this goal, the Department of Health and Human Services introduced **Advanced Primary Care Management (APCM)** as part of the **2025 Medicare Physician Fee Schedule**.

APCM was created to strengthen the patient–provider relationship and to support primary care practices as they move toward **value-based care**. The program provides reimbursement for proactive, ongoing care management—especially for patients with chronic or complex medical conditions—rather than only paying for in-office visits.

What Is APCM?

Advanced Primary Care Management (APCM) is a Medicare-supported care model with specific standards that practices must meet to participate. At Alliance Medical Clinic, APCM allows us to deliver more personalized, coordinated, and continuous care.

APCM focuses on four core areas:

- **Access to Care** – timely appointments and responsive communication
- **Continuity of Care** – an ongoing relationship with your primary care provider
- **Comprehensive Care Management** – proactive management of chronic and preventive care needs
- **Care Coordination** – seamless communication between specialists, hospitals, and your care team

This approach ensures your care is consistent, connected, and centered around your long-term health.

What Is the Difference Between Fee-For-Service and Value-Based Care?

Most of the U.S. healthcare system has traditionally operated under a **Fee-For-Service (FFS)** model. Under FFS, providers are reimbursed for each individual service performed. While this model pays for visits and procedures, it often does not account for the ongoing work required to manage a patient's health outside of appointments.

Value-Based Care (VBC) shifts the focus from volume to outcomes. Instead of paying only for services rendered, value-based care prioritizes:

- Improved health outcomes
- Preventive care
- Efficient coordination of services
- Long-term management of chronic conditions

Primary care is the foundation of value-based care, and APCM is one of Medicare's key initiatives to support this transition.

Why Am I Receiving a Monthly APCM Charge?

Unlike traditional medical charges, APCM is **not tied to a single office visit or procedure**. APCM services are billed monthly and support the continuous care your healthcare team provides behind the scenes.

These services include, but are not limited to:

- Responding to medical questions through the patient portal
- Medication refill management between visits
- Coordination of referrals and specialist care
- Reviewing records from hospitals or emergency visits
- Preventive care reminders and outreach
- Chronic condition monitoring and follow-up

This work is essential to your care but is not adequately reimbursed under the traditional fee-for-service model. APCM allows Alliance Medical Clinic to continue providing this high level of support.

The Alliance Medical Clinic Difference

Physician-Led Care

Your care is directed by experienced, board-certified physicians who oversee your medical plan.

Timely Access to Appointments

We prioritize prompt scheduling for both in-person and telehealth visits, helping you get care when you need it.

Direct Communication

Messages sent through our patient portal are handled by your care team, and phone calls are answered by our in-office staff—not a call center.

Continuity of Care

You'll consistently see your primary care provider, allowing for deeper understanding of your health history and needs.

Personalized Support Team

Our medical assistants and staff work closely with you, creating familiarity and continuity throughout your care.

Care Coordination

We assist with referrals, authorizations, record collection, and medication reconciliation so you don't have to manage these alone.

Transitions of Care

When you are hospitalized or seen in the emergency room, we coordinate follow-up care to ensure nothing is missed.

After-Hours Coverage

Urgent medical concerns after hours are supported by on-call providers when appropriate.

Preventive & Chronic Care Management

We proactively track screenings, labs, and chronic conditions to address issues early—before they become more serious.

How Is My APCM Charge Determined?

Currently, **APCM services are covered by Medicare and Medicare Advantage plans.** Coverage details vary by plan.

Medicare Part B (2026):

- Annual deductible: **\$283**
- After the deductible is met, Medicare covers 80% of approved charges
- The remaining 20% coinsurance may be covered by supplemental insurance

Medicare Advantage:

- Many plans have little to no deductible or coinsurance, though benefits vary by plan

In most cases, the majority of APCM costs are covered by your insurance.

If you have questions about coverage or are experiencing financial hardship, please contact **Alliance Medical Clinic's billing department.** Our team is happy to help review your options.