

Frequently Asked Questions About Medicare Advanced Care Planning Management (APCM)

What is Advanced Care Planning Management (APCM)?

- Advanced Primary Care Management (APCM) is a new way for primary care providers to be paid by Medicare for all the between-visit work they do to help and support their patients.

Who qualifies for APCM?

- APCM is available for any patient seen by a provider in the past 3 years who needs additional care between office visits.

How Does APCM Help Me as a Patient?

- Advanced Primary Care Management supports patients by delivering high quality, proactive care to help them maintain their health and manage any conditions they may have.
- APCM is just one program designed to strengthen primary care services, which the Center for Medicare Services (CMS) believes are “fundamental to improving health outcomes, lowering mortality, and reducing health disparities.

What is Included in Advance Primary Care Management

- Regular visits with your Primary Care Provider (PCP) and/or a member of their team when needed
- 24/7 access to your care team by portal or phone including after-hours nursing advice
- Check-ins with your care team when needed
- Coordination of care with specialists and the hospital
- Telehealth visits when needed, as permitted by Medicare
- Comprehensive up-to-date care plan with each visit
- Preventive health needs review

Will I Have a Co-Pay with APCM?

- As with all Medicare services, patients may have an applicable copay for APCM services, depending on their plan. Many patients carry supplemental insurance, which may cover your out-of-pocket costs.
- Most patients with Medicare and Masshealth will not have a cost-sharing requirement to receive APCM services.
- The monthly fee pays to maintain APCM services, and is not billed for specific services received each month.

Why Do I Need to Sign A Consent Form to Receive These Important Medicare Services?

- Medicare requires patients to consent prior to a patient being billed for APCM services.

Do I need to do anything to enroll?

- Patients must provide written or verbal consent before starting APCM services.
- Patients may consent electronically, on paper or by verbally agreeing to receive APCM services.

How long may I receive APCM services?

- There is no time limit for how long a patient receive APCM services.

Does Medicare Advantage Cover Services for APCM?

- Coverage by private payers including Medicare Advantage varies. Check with your local Medicare Advantage representative regarding your coverage.

May I stop APCM services if I want to?

- Yes, you have the right to opt out of being billed for APCM services at any time. The cancellation will be effective at the end of the calendar month in which you make the request.

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