

## Primary Care Behavioral Health (PCBH) 1/29/2026 Webinar Q&A Document

Question #	Topic	Question	Answer
1.	BHC	Would you exclude a practice that does not have physical space for an extra care team member, but who would be willing to refer patients for phone follow-up?	PCBH is an embedded model with an in-office care team. The model cannot work as designed without the presence of an onsite BHC.
2.	BHC	<p>For PCBH model, "who" qualifies as the BHC and what are the required credentials??</p> <ul style="list-style-type: none"> <li>• Can the BHC be an RN?</li> <li>• The slides mention a psychologist or LSW Are you asking for a psychologist to be embedded in the PCPs practice?</li> <li>• How can one psychologist answer all different areas of needs, meaning one psychologist may specialize in eating disorders while the patient in the clinic may need someone with suicidal specialty training?</li> </ul>	<ul style="list-style-type: none"> <li>• PCBH calls for a licensed behavioral health clinician embedded in primary care, but that clinician does not have to be a psychologist. Many PCBH programs successfully embed: LCSW/LMSWs, LPCs, LMFTs or psychologists.</li> <li>• The BHC role requires graduate-level psychotherapy training, diagnostic authority, and behavioral intervention competencies that are distinct from nursing training.</li> <li>• The BHC functions as a behavioral health generalist embedded in primary care. They stabilize, triage, and provide brief evidence-informed interventions. When a patient needs structured, specialty-level therapy such as exposure and response prevention for obsessive compulsive disorder or trauma treatment, the BHC helps connect them to the appropriate level of care; like a PCP manages many conditions but refers to cardiology when necessary.</li> </ul>
3.	BHC	Can a BHC provide services to more than one practice?	PCBH is based on the care team delivering services from within the primary care practice model. Physical presence is a key component of the PCBH model. The BHC may provide services for up to two practices provided that the BHC is onsite and available at each location for half of the time of an FTE.

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4.	BHC	What are the required PCBH team members roles for PCBH?	There must be a treating provider and a BHC.
5.	Billing and codes	Can we bill the PCBH code 99484 prior to completing PCBH training?	Yes. 99484 has been payable since the code was released. See the code nomenclature for details.
6.	Billing and codes	Is 99484 the only billing code used?	Yes. 99484 is the only billing code that will count for the PCBH initiative.
7.	Billing and codes	Do all groups pay for the 99484 code?	Practices should always check a member's coverage and benefits before providing services.
8.	Billing and codes	Is 99484 a cumulative time-based code similar like the CoCM codes?	Yes. See the code nomenclature for details.
9.	Billing and codes	Will there be a newly recorded billing webinar with the code changes starting in April?	The code changes starting in April are specifically PDCM billing changes. Please reach out to the provider inquiry areas for PDCM-related questions.
10.	Billing and codes	Can we bill for the warm hand off if there is a clinical intervention?	The "warm hand off" is a component of PCBH delivery and should not be billed separately.
11.	Capabilities	Do we attest to having capabilities in place using the same process as CoCM?	Attesting to capabilities in place for both CoCM and PCBH will be entered through the Practice Assessment and Collaboration Tool (PACT). More details to come.
12.	Capabilities	What is the due date for submission of capabilities for PCBH practices?	The PCBH pathway will be available for the 2027 cycle of Advanced Primary Care (APC) designation. More details to come.
13.	Denominator	Who is the denominator of eligible members? Only PDCM eligible? All BCBSM attributed?	All PPO and MAPPO attributed members will be in the denominator.

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14.	CoCM connection	<p>Do you have to have both CoCM and PCBH together or is it just one of those models?</p> <ul style="list-style-type: none"> <li>• Could we start with PCBH and then move to CoCM in the same year?</li> <li>• Can we offer both PCBH and CoCM in the same clinic?</li> <li>• If we offer both PCBH and CoCM in the same practice, would there be any increase in the PO or practice reward?</li> <li>• If a practice both meets the PCBH threshold and requirements and is CoCM designated, would the practice receive CoCM rewards?</li> </ul>	<p>You only need to deliver one of these integrated behavioral health models to be considered for Advanced Primary Care designation.</p> <p>You could start with PCBH and move to CoCM in the same year or provide both models in the same clinic, but the benefit is unclear. The models, workflows, and resources for CoCM and PCBH are significantly different. A transition from one program to the other would require extensive time and resources which, if not implemented seamlessly, may jeopardize the practice’s eligibility for APC designation.</p> <p>Practices considering implementing both are encouraged to carefully consider the anticipated benefit of investing in developing both programs.</p> <p>There are no additional PGIP rewards for delivering both models. If a practice is nominated for both models, Blue Cross would first consider whether the practice is eligible to be considered for CoCM designation. If so, practitioners would receive the CoCM designation and associated rewards.</p> <p>If the practice doesn’t meet CoCM designation requirements but meets the PCBH threshold, they would be considered eligible for APC designation and associated APC VBR. They would not receive any other PGIP rewards.</p>

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15.	PCMH connection	Will these capabilities continue to be separate from PCMH? If yes, does that mean that there will be more site visits for PCMH?	<p>The integrated behavioral health capabilities will be separate from the patient-centered medical home capabilities.</p> <p>More information about site visits will be available when PGIP Transformation activities are finalized</p>
16.	PDCM connection	In what ways is PCBH different than having an LMSW doing PDCM in a practice?	If the LMSW is managing behavioral health conditions they may bill the PCBH code for those patients. .
17.	PDCM connection	Will the PCBH care management code count toward the 4% threshold for PDCM care management as a touchpoint?	No 99484 is not part of the PDCM design and will not contribute towards that threshold.
18.	PDCM Connection	Can you please clarify if the 99492, 99493 and 99484 codes will count toward the PDCM target?	<p>The CoCM codes, 99492-94 and G2214 are CoCM codes only. 99484 is for PCBH services only. PDCM codes are distinct and separate codes are to be used for the PDCM program only.</p> <p>There are no changes to these programs that would allow any code from one bucket to apply toward the threshold of another bucket.</p>
19.	PCBH thresholds	Which lines of business count toward the 2% PCBH threshold?	All PPO and MAPPO attributed members will be in the CoCM and PCBH denominators.

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20.	PCBH threshold	Two percent for PCBH seems high. Our practices have a limited number of care managers. They would need to choose to focus on PDCM 1% and 4% or to focus on PCBH 2%. Some patients who have received PDCM services and counted toward PDCM thresholds would now receive those services, but they should be billed as PCBH. Doesn't that impact our PDCM targets? The initiatives may be competing within a practice.	While we understand that some services previously billed as PDCM may now fall under PCBH. We feel that the resources and skill set for PCBH are separate, distinct, and offer a clear path to APC designation for practices unable to support CoCM.
21.	PCBH threshold	Is there a specific number of PCBH touchpoints required per patient?	Practice size varies, so there is not a specific number of patients, however; 2% of attributed members must have more than two claims (99484).
22.	Process: Warm hand off	What is definition of a "warm hand off?" How is it different from the "introduction" we currently use for CoCM?	<p>A warm handoff is a real-time, face-to-face introduction of the BHC during the same clinical encounter, who ideally then assesses, provides a brief intervention, and develops a follow-up plan within that shared appointment. It emphasizes collaborative, team-based care and increases patient engagement by reducing the barriers of a traditional referral.</p> <p>In contrast, a typical CoCM introduction explains the model and refers the patient to the Behavioral Health Care Manager for follow-up contact, which often occurs after the visit rather than in the moment.</p>

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23.	Process: Number of patient interactions	Is it possible that some patients that might need only one interaction and other patients might need multiple interactions.	PCBH care is flexible and population-based, meaning the number of visits is driven by functional need rather than a fixed treatment plan. Some patients benefit from a single brief intervention (e.g., sleep coaching, stress management, medication adherence support), while others may need several short follow-up visits to address more complex behavioral or health-related concerns.
24.	Training	<ul style="list-style-type: none"> <li>• When do you expect PCBH training to be available?</li> <li>• Do all team members need to take the PCBH base training when it is available?</li> </ul>	PRISM's PCBH base training, which is required for all team members including the PCP champion, is scheduled for 6/17/26 and 6/18/26. For the two training days the whole team is required to attend Day 1 (8 a.m. to 1 p.m.) and BCHs must also participate on Day 2 (8 a.m. to noon). We will alert POs when registration is available.
25.	Training	<ul style="list-style-type: none"> <li>• Is the PDCM training only a requirement for new hires?</li> <li>• If they are already trained in PDCM, are they exempt?</li> <li>• If the BHC does not provide PDCM services, do they have to have the MICMT PDCM training?</li> </ul>	<p>To provide PCBH, each PCBH team member must meet the annual PDCM requirements.</p> <p>Regardless of whether the practice provides PDCM, all newly hired PO and/or practice care team members who will provide PCBH must complete the "Introduction to Team-Based Care" course within the first 6 months of being in the PCBH role.</p>
26.	Training	Do you have a checklist already developed-a step-by-step-process for practices that want to participate?	The PRISM slides will be available, which includes the next steps for the PCBH program. PRISM will also discuss these steps in your on-going support calls.

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27.	Training	Is the PRISM training the same for both the CoCM and the PCBH programs?	No. Each integration model has its own curriculum. PRISM will continue to deliver the CoCM training and will begin with PCBH-specific training in 2026. In addition to the PCBH training by PRISM, if practices haven't already completed the training requirements related to PDCM, they will need to do so. MICMT will continue to host all training related to PDCM.
28.	Rewards	What is the difference between the reward for meeting PCBH requirements and the CoCM designation rewards?	Meeting the PCBH requirements only makes a practice eligible for APC designation. <i>No other rewards are available.</i>  CoCM designation rewards maintain their current reward structure.