



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



AGENDA

Upcoming Events - Kathy

Developing Financial Sustainability for Integrated Behavioral Health Practices Part 1

*Dr. Lesley Manson, Psy.D,
Arizona State University
Pam Ballou-Nelson, RN, MSPH,
FMC, CMPE, PhD, Healthcare
Consulting Inc.*



Events on the Horizon

Wednesday, February 19, 2025, 12:00 – 12:45

Developing Financial Sustainability for Integrated Behavioral Health Practices Part 1

*Dr. Lesley Manson, PsyD, Arizona State University
Pam Ballou-Nelson*

Friday, February 28, 2025, 12:00 – 12:45

Connecting the Dots: Screening and motivational conversations about alcohol

Carolyn Swenson, MSPH, MSN, RN

March 5, 2025, 12:00 – 12:45

LGBTQIA+ Inclusive Behavioral Healthcare

Alex Floyd, LCSW, One Colorado

Thursday, March 20, 2025, 12:00 – 12:45

Developing Financial Sustainability for Integrated Behavioral Health Practices Part 2

Dr. Lesley Manson, PsyD, Arizona State University Pam Ballou-Nelson

Monday, April 21, 2025

Spring Collaborative Learning Session ***Keynote speaker – Attorney General Phil Weiser***

Register Now!

2025 Collaborative Learning Session



<https://tinyurl.com/4zu7sa3e>

All Practices and Practice Transformation Organizations participating in the I302 Behavioral Health Integration Project are invited to register and attend.



Keynote Speaker:
Colorado Attorney General, Phil Weiser



Practice Innovation Program
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



Monday April 21, 2025

Registration opens at 8:00am

Anschutz Medical Campus, Health Sciences Building



Department of
Family Medicine

Scan to complete evaluation



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_dmz74UUkEFi6D0a





Practice Innovation Program
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Project funded by the Colorado
Department of Healthcare Policy
and Finance per House-Bill 22-1302
Healthcare Practice Transformation



COLORADO
Department of Health Care
Policy & Financing

Developing Financial Sustainability for Integrated Behavioral Health Practices Part 1

Dr. Lesley Manson, PsyD

Pamela Ballou-Nelson, RN, MSPH, FMC, CMPE, PhD

February 19, 2025



Department of
Family Medicine



Building Sustainability: *Developing Financial Sustainability for Integrated Behavioral Health Practices Part 1.*

LESLEY MANSON, PSYD

Learning Objectives



Identify

Identify 3 essential strategies for successful fiscal sustainability strategic planning.



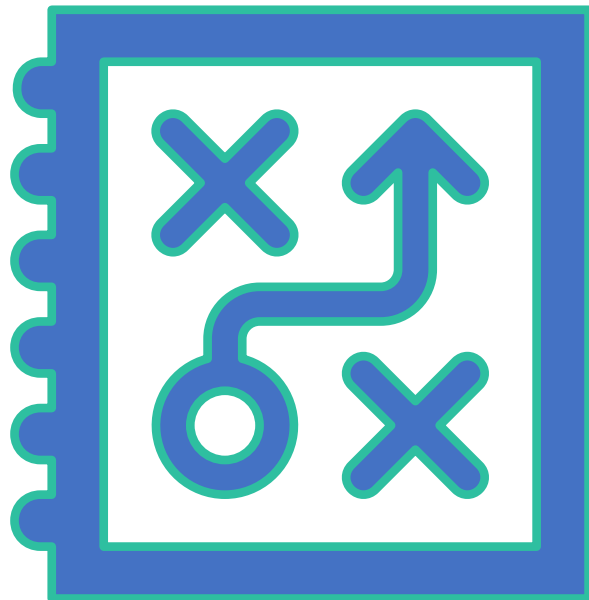
Identify and critique

Identify and critique health care financing and management techniques related to integrated care.



Appraise and identify

Appraise and identify quality metrics for integrated care sustainability.



Be Prepared to
be Interactive



Open Microphone, Chat Box, Email, Phone, and Text



INTEGRATED CARE





Picture Your Integrated Care Service

*Consider how you wish to
demonstrate your business
success...*



\$

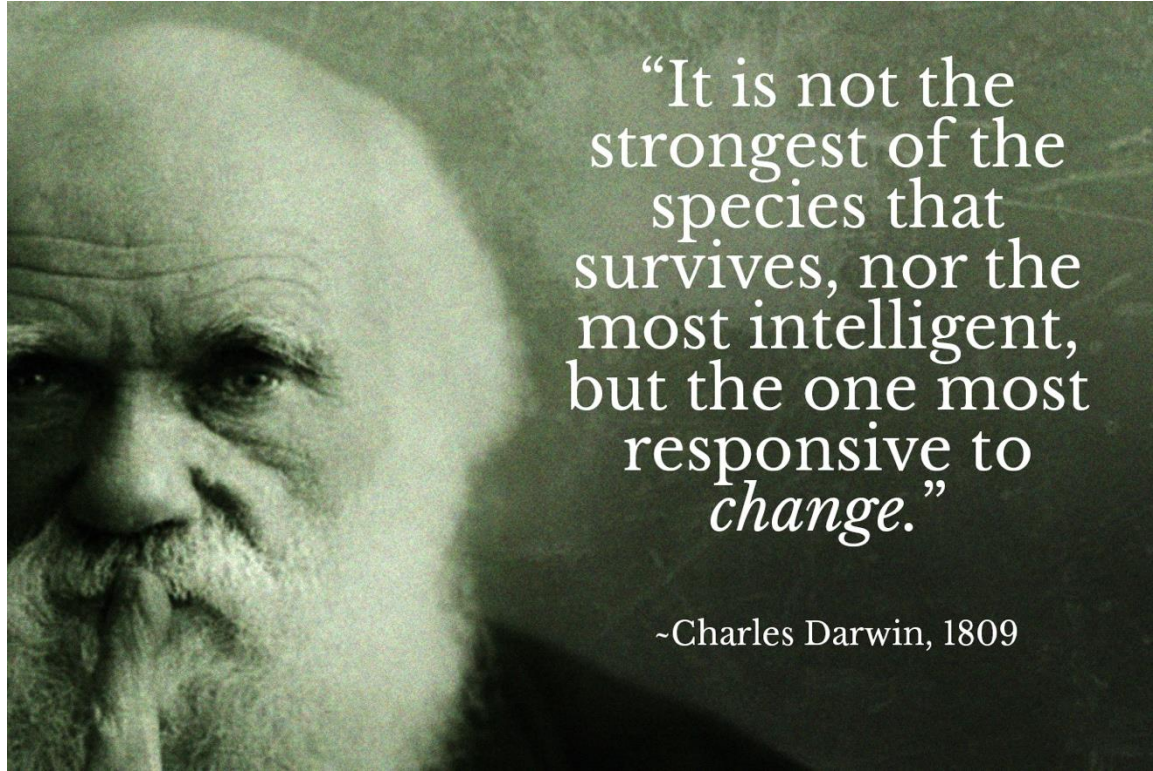


POPULATION
HEALTH



TIME





What is your model?

How did you align it for sustainability?

Planning, Implementation, and Sustainability Core Elements



Systematic and operationalized



Employs evidence-based practices



Promotes change across the system - from patient to policy



Flexible



Uses metrics and data for quality improvement and assurance



Builds and refines return on investment analysis

Integrated Health Care Outcomes

Depression	Panic Disorder	PTSD, Generalized Anxiety	Social Anxiety Disorder
Tobacco Use	Alcohol Misuse	Diabetes	Obesity
Primary Insomnia	Chronic Pain	IBS	Somatic Complaints

Integrated Health Care Outcomes



Reduced Specialist Utilization



Lower ED Utilization and Hospital Admissions



Fewer Errors, Improved Problem Identification



Lower Overall Costs Per Patient



Improved Cost Savings



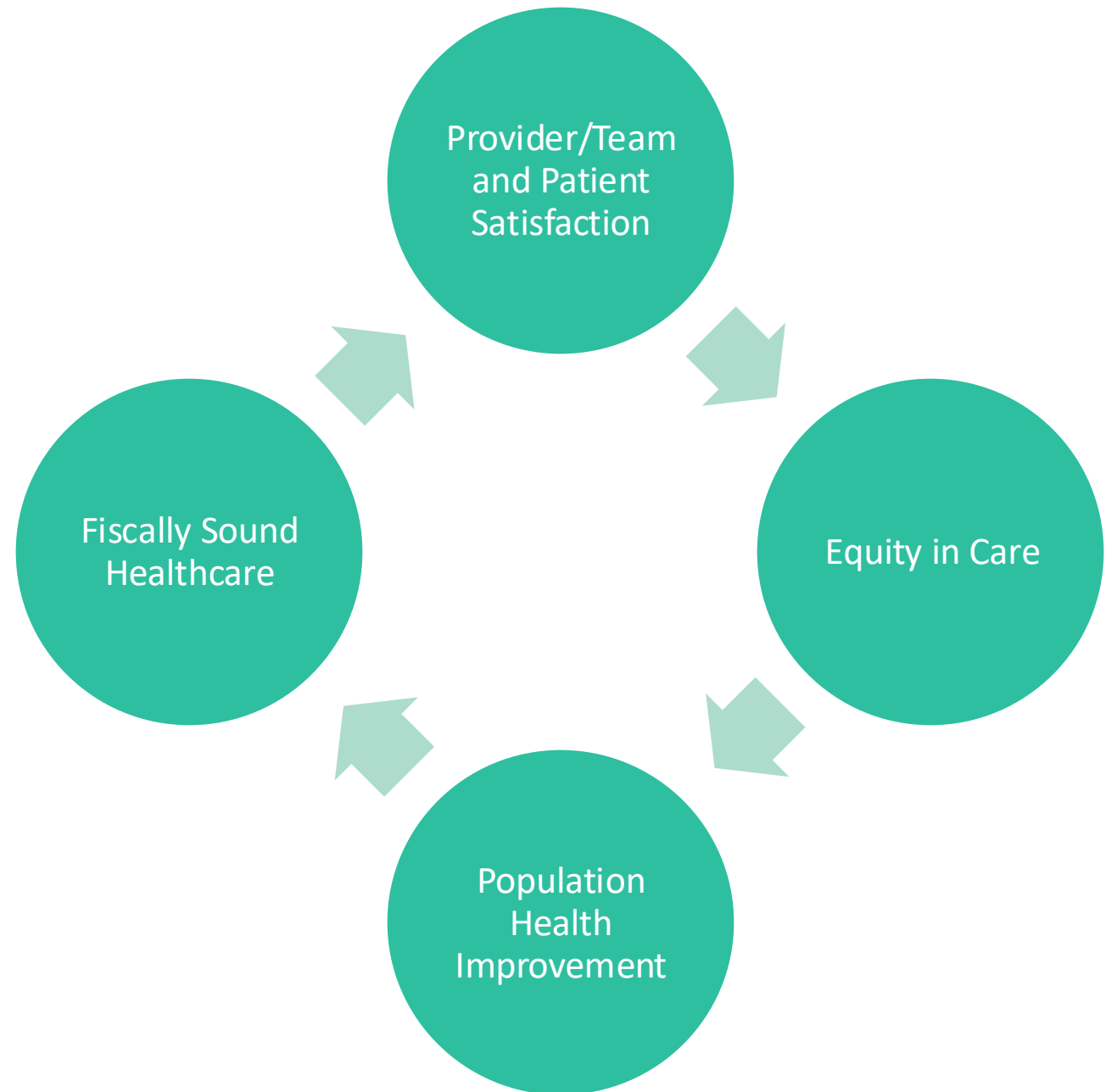
Improved Referral Acceptance



Improved Satisfaction for Patients and Providers; Reduced Presenteeism and Absenteeism

National Quality Strategy & Quintuple Aims

- Promote effective chronic care management
- Make full care accessible
- Make care safer
- Promote community and population health
- Promote effective care coordination
- Integrated team-based care
- Strengthen patient and family engagement
- Equitable care



The background is a grayscale photograph of a modern hospital building with large glass windows and columns. In the foreground, there is a sign that reads 'This Hospital is CLOSED' and 'If this is an emergency, call 911'. The title text is overlaid on the image.

Billing & Coding for Fiscal Sustainability: *Preventing Fatal Events*

5-STEPS to Sustainability:

Overcoming the Reimbursement Fiscal Sustainability Challenge!



Healthcare Institution Site License
(*legalities*)



Site Type



Payers (*stakeholders*)



Provider License Type (*workforce*)



Service Delivery and Coding (*business case*)

1. Understand Your Legal Requirements

Identify your health care institution site licensure. This will define your parameters for service provision and hiring. (Example: integrated site, hospice, hospital, other)

Identify and review your state office of administrative counsel rule making regarding your facility.

Review your state laws:

- Are you **legally** able to offer integrated care or other specific services?
- Do you need to complete a state application if you are preparing to offer integrated care or CMS services?
- Do you need to complete a state application for service?

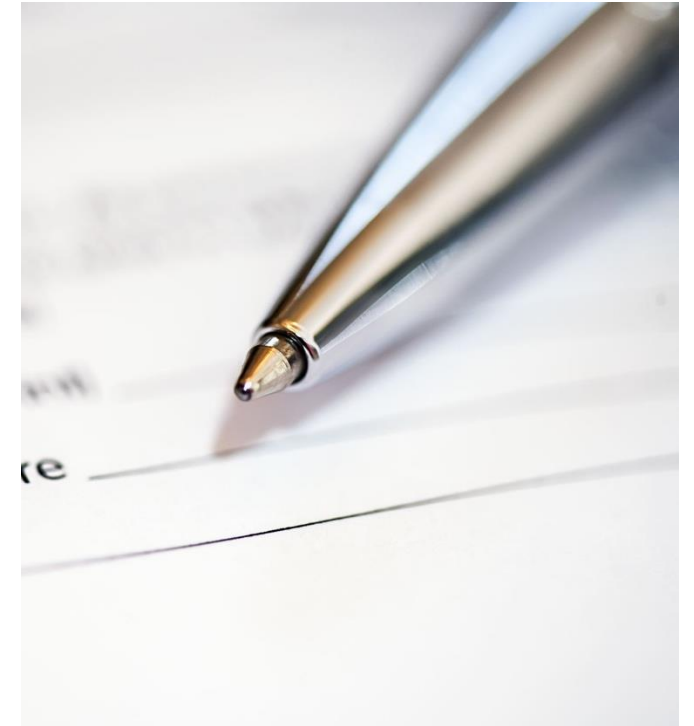


2. Site Type

Identify your site type (identify how your site is classified? E.g.: ACO, FQHC, RHC, etc.). *This will assist with identifying state and federal payment models and eligibility for quality reimbursement initiatives. Further, it will provide information on which professionals are reimbursable for which services.*

This helps to identify the way you can receive **direct reimbursement**, health savings, and outcome measurements. Fiscal direct pro forma as well as return on investment and cost savings are primarily dependent on site. Many sites have specific eligibility for quality reporting, funding, and reimbursement models.

- Are there rules, regulations, and support for my specific entity for integration?
- PCMH? CARF? Etc.
- Do I report specific behavioral metrics already related to chronic health conditions and behavioral health (HEDIS, NCQA/PCMH, Joint Commission, PQRS, UDS, MACRA), which I can leverage for IBH development and quality health outcome improvements?



3. Stakeholder Communication

- **Develop patient advisory councils, patient questionnaires, and/or community stakeholder meetings** to identify needs, interest, and further insight into program development.
- Utilize **IBH Screening tools and questionnaires** to identify and address provider needs in developing IBH programming and services. Leverage **data mining** for common diagnoses, treatment considerations, screenings, CPT coding, registry use, and health maintenance and quality outcomes data for further program development.
- **Contact payers (insurance programs) to identify reimbursement** (service types, program types, value contracts), health savings, bundling payments, and outcome measurements needed for sustainability. Payers identify the licensure, regulations, and documentation requirements of providers, services, and program. Identify specific state, federal, and private rules and regulations for integrated care services.



4. Workforce Development and License Needs

Provider license types identify the areas of specialty, education, training, and **professional practice**, which may be required or encouraged by payer systems, members, and providers. Action: in addition, review state, federal, and payer specific regulations related to licensure requirements for reimbursable and provided services.

Create **EHR and practice infrastructure** to support the services and requirements identified for integrated care.



4. Workforce Development and License Needs

Consider **workforce development** and **formal training** opportunities in team-based care, population health, behavioral medicine, and creation of internships, and fellowships. Further, consider augmenting your workforce with training and leveraging community service professionals, allied health, and patient members to deliver specific evidenced based healthcare programs.

Understand your **institution, site, stakeholder, and workforce requirements related to service delivery, documentation, coding, interventions, and privacy/consent requirements.** Ensure all verbiage and service delivery descriptions are aligned for integrated team-based care.



5. Business Case Development, Service Delivery, and Coding

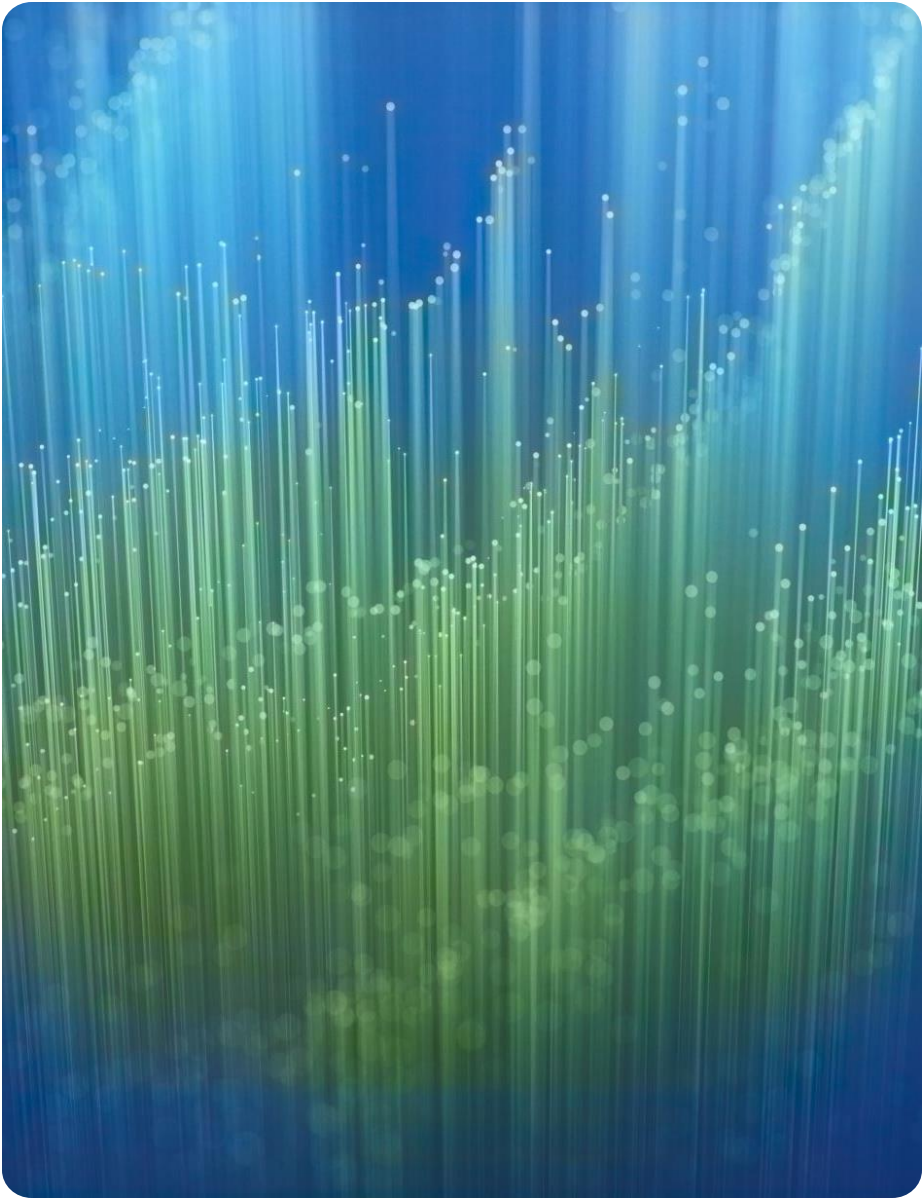
Ensure the service delivery, essential coding, site, payer types, and licensure are aligned appropriately.

Identify the business cost of all professionals/programs and the **pro forma** related to billing and/or cost savings for program and performance monitoring.

Create **auditing tools** for successful monitoring, continuity of care, quality outcomes, and fiscal measurement. Ensure interventions and documentation meets expectations (continuity, quality care, and regulatory).

Create a formal business case and proposal for IBH services inclusive of **return on investment**, shared-cost savings, pro formas, and direct reimbursement metrics which align with provider and patient satisfaction, population health improvement, and healthcare costs reduction (quadruple aim).





Nation-wide Most Common Errors to Reimbursement

Coding requirements

License type

Frequency

Documentation requirements

Time

Link to diagnosis

Documentation/filing completion time

Authorization

Necessity

Lack of coding knowledge basics

Overcome Challenges



Medicare

Medicaid

Insurance
Programs

- **Provider Manuals**
- **Call Your Payers**
- **State Medicaid Manuals & Offices**
- **Medicare Websites**





Fiscal Sustainability Tools

Pro Forma



A method of calculating current or projective fiscal results; describes a presentation of data, in financial terms, where the data reflect the world on an “as-if” basis.



AKA: A process/method that allows you to calculate the value of current or anticipated roles or processes.

*What does your
pro forma reveal?*



**Your Program's /
Provider's
Financial Value &
Expectations**



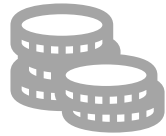
**Remember to
Monitor, Evaluate,
Adopt, Adapt, Review
for Future Planning**

Pro forma



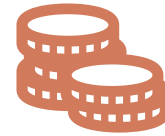
Costs Expenses

Overall
Personnel and
Operational
Costs



Fee for Service Income

Specific Coding
and
Reimbursement
Amounts
expected w
Production



Return on Investment Metrics

Direct Return
Cost Savings



Pay for Reporting Models: Performance/Value

External
Payment
Internal
Motivational

Pro Forma Development: Understanding Value

Review Your Job Descriptions

Identify Data Points

Identify Performance Indicators

Use to Evaluate Expansion

**Use to Monitor Change and
Progress**

Use to Create Dashboards

Productivity Considerations

Value in Comparison

Change Management

Growth

Quality Improvement

Justification

Access



	Integrated Behavioral Health Provider (IBHP) Pro Forma			
Direct Revenue	Annual visits per BHP	2,750		
	Reimbursable visits	75%		
	TOTAL		2,062.50	
	Psychotherapy Code 90832	\$ 65.00	1600	\$ 104,000.00
	SBIRT/Brief Screening	\$ 25.00	545	\$ 13,625.00
	HBAI Code 96152	\$ 20.00	605	\$ 12,100.00
	Total Visits		2750	\$ 129,725.00
			Total Visits Reimbursable	\$ 97,293.75
Indirect Revenue	Contribution	Amount	Frequency	
	1. Group Visits Where PCP Bills [2 groups per year of PCP billing an extra 6 patients in an hour. Average PCP rate reimbursed \$95.00. IBHP contribution 50%.]	\$285.00	2	\$570.00
	2. Identified Complexity to Increase PCP Billing [1xper month. Increased E&M level service code billing average \$30.00 increase. IBHP contribution 50%.]	\$15.00	12	\$180.00
			Total Contributions	\$750.00
	Grants			
	1. IBHP SAMHSA HRSA 5 Years (2018-2023) 25% Salary	\$20,000.00		
	TOTAL	\$20,000.00		
			Total of All Revenue Generation:	\$118,043.75
Costs/Expenses	Salary (1.0 FTE)	\$ 80,000.00		
	Benefit 1 (health insurance)	\$ 20,000.00		
	Benefit 2 (retirement)	\$ 6,000.00		
	Benefit 3 (CME/CE)	\$ 500.00		
	Benefit 4 (laptop)	\$ 500.00		
	Benefit 5 (cell phone)	\$ 500.00		
	Total compensation	\$ 107,500.00		
	Coding & billing expense	\$ 3,000.00		
	Materials/Books/Print/Tools	\$ 500.00		
	Total other expenses	\$ 3,500.00		
			Total Costs/Expenses:	\$ 111,000.00
			Team Member Total Revenue:	\$ 118,043.75
			Team Member Total Costs/Expenses:	\$ 111,000.00
			Team Member Total:	\$ 7,043.75

Pro Forma Example

Integrated Behavioral Health Provider Pro Forma				
	Identify how many BH visits per year	X,XXX		
	Identify estimate of how many will be reimbursed	XX%		
			XXXXX	Total Number of Visits Reimbursed
Consider listing	Est. reimb per Psychotherapy code visit	\$XX	XXXXX	Number of visits reimbursed
each insurance separately	SBIRT/Brief Screening	\$XX	XXX	Number of visits reimbursed
and actual reimbursement rate	Est. reimb per HBAI code visit	\$XX	XXX.X	Number of visits reimbursed
	Total Visits		XXXXX	Total Number of Visits Reimbursed
			XXXXXX	
Variable: Indirect Revenue	Contribution Margin/Net	XXX	(conservative 2 patients per day offset or increase in year for Medical Provider: dual visit, optimal coding, group visit, increased access)	
Consider listing each type separately		\$XX.00 per visit		
for tracking and productivity. This will		\$XXXX.00	\$XXXX.00	
go into the job description and monitoring				
	Doctorate Level Net Revenue		\$XXXXX.00	From reimburseables above
	Masters Net Revenue (usually pays between 10 and 20% less for private payers; 25% less for Medicare)		\$XXXXX.00	May be different dependent on license and reimbursement rate
Variable 2: Other forms of Revenue	Grant funding	\$X,000		
List potential grants	Total Net Revenue		\$XXXXX.00	
Salary of your BHP	Doctorate Level (1.0 FTE)	\$XX,000		
Benefits of your BHP	Benefits	\$XX,000		
	Total compensation	\$XXX,000		
Salary of your BHP	Masters Level (1.0 FTE)	\$XX,000		
Benefits of your BHP	Benefits	\$XX,000		
	Total compensation	\$XXX,000		
Additional benefits	CME	\$X,000		
	Laptops	\$X,000		
Personell or program expenses	Coding & billing expense	\$XX,000		
	Total Expenses Doctorate Level		\$XX,000	

Pro Forma Worksheet

1. Role/Process: _____
2. Annual gain/income from individual/process (follow steps to calculate below)

a. Billable patients/services each day: # _____

b. Estimate number of patients/services reimbursed (not all visits are reimbursed): # _____

c. Daily revenue (calculate below)

Service codes	Revenue per code	# Patients/services per code	Total

Total daily revenue/gain = \$ _____

- d. Monthly revenue (calculate below)

Days per month provider works x Total daily revenue/gain = \$ _____
- e. Annual revenue (calculate below)

Total monthly revenue x 12 = \$ _____

3. Estimate percent to be reimbursed (annual revenue x percentage): \$ _____

4. Indirect revenue (calculate below)

Indirect Revenue Name	Amount
Contribution 1:	
Contribution 2:	
Contribution 3:	
Grant 1:	

Pro Forma Worksheet

Direct
Revenue

Costs

Indirect
Revenue

Grants

Pro Forma
Development:
What you
need to know

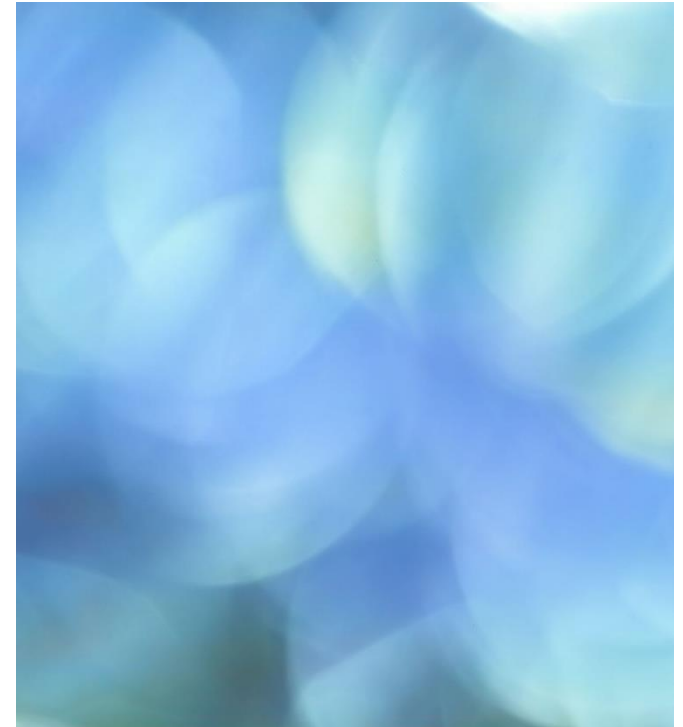
1. Identify IC Revenue: Direct & Indirect

Billable Reimbursement Associated with IC

Other Income or Cost Savings Associated with IC

Grants Directly Related to IC

Value Based Care Incentives for IC



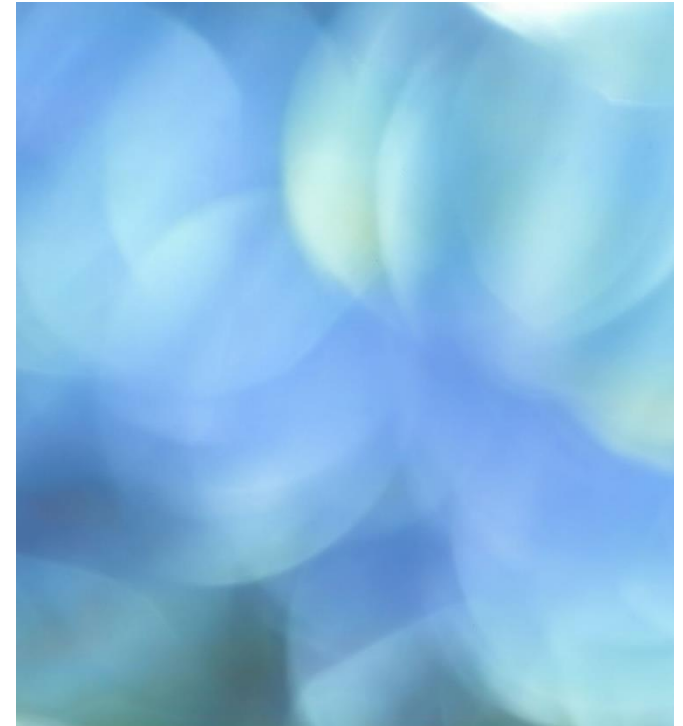
2. Identify IC Costs

Salary, Bonus, Incentives

Benefits & Payroll Taxes (Health Insurance, Retirement Contributions, Payroll Taxes, Workers' Compensation Insurance, Disability & Life Insurance, Paid Time Off)

Overhead & Indirect (Office Space & Utilities, Equipment & Supplies, Technology & IT Support, Training & Development, Recruiting & Hiring, HR & Payroll Administration, Employee Perks, Legal & Compliance Costs)

Productivity Related (turnover & Replacement, Absenteeism & Presenteeism)



Calculate: Income (minus) Costs =

Income:

- Number of days/hours working
- Number of appointments / service
- Codes used and reimbursement values average
- Average amount received per month
- Other

Costs:

- Business/office expenses
- Time
- Travel
- Personnel
- Programs
- Utilities
- Other



Pro Forma EXAMPLE

1. Title: IC BH Provider

2. Annual gain/income from individual/process

- Billable patients/services each day: **6 Average**
- Number of working days in 2025: **250**
- Average Rate Per Visit: **\$85.00**

3. Estimate reimbursement: **\$127,500**

Service Codes	Revenue Per Code	# Pts Per Code/Service	Total

Indirect Revenue	Amount
Contribution 1:	
Contribution 2:	
Grant 1:	
Grant 2:	

Pro Forma Worksheet

4. Indirect revenue: 1 Grant covering partial salary of **\$10,000**

5. Total Income:

$$\$127,500 + \$10,000 = \$137,500$$

6. Consider estimate number of patients/services NOT reimbursed (not all are reimbursed): **10% of Direct Revenue, \$12,750**

$$\$127,500 - 12,750 = 114,750 + \$10,000 \text{ (Grant)} = \$124,750$$

Pro Forma Worksheet

7. Estimate costs
 - A. Cost for provider (\$85,000 Salary)
 - B. Estimate other personnel expenses
8. Pro forma (total revenue – total costs)
9. Review results and evaluate
10. Complete Return on Investment Calculations



Payroll Taxes (Mandatory Employer Contributions) – ~10%

- Social Security (6.2%) → \$5,270
- Medicare (1.45%) → \$1,233
- FUTA (0.6%-6%) → \$510 (average)
- SUTA (varies by state, ~2%) → \$1,700
- Workers' Compensation (0.5%-5%) → \$850 (estimated at 1%)

→ Total Payroll Taxes: ~\$9,500 (11%)

2. Health Insurance – ~12%

- Employer portion of health insurance: \$7,500–\$12,000

→ Estimated: ~\$10,200 (12%)

3. Retirement Contributions (401k, Pension) – ~5%

- Typical employer match: \$4,250 (5%)

4. Paid Time Off (Vacation, Sick Days, Holidays) – ~10%

- Cost of paid leave: \$8,500 (10%)

5. Other Benefits & Perks – ~5%

- Life & disability insurance, tuition reimbursement, commuter benefits: \$4,250 (5%)

4. TOTAL COST: \$121,700

(\$85,000 Salary plus costs)

Pro Forma Worksheet

7. Estimate costs: **\$121,700**

8. Pro forma (total revenue – total costs):
\$124,750- \$121,700 = \$3,050

9. Review results and evaluate

10. Complete Return on Investment Calculations:
2.5%, for every dollar spent an additional 3 cents is added!



ROI analysis is a method / process that allows you to calculate the value of current or anticipated roles or processes



Direct ROI \$

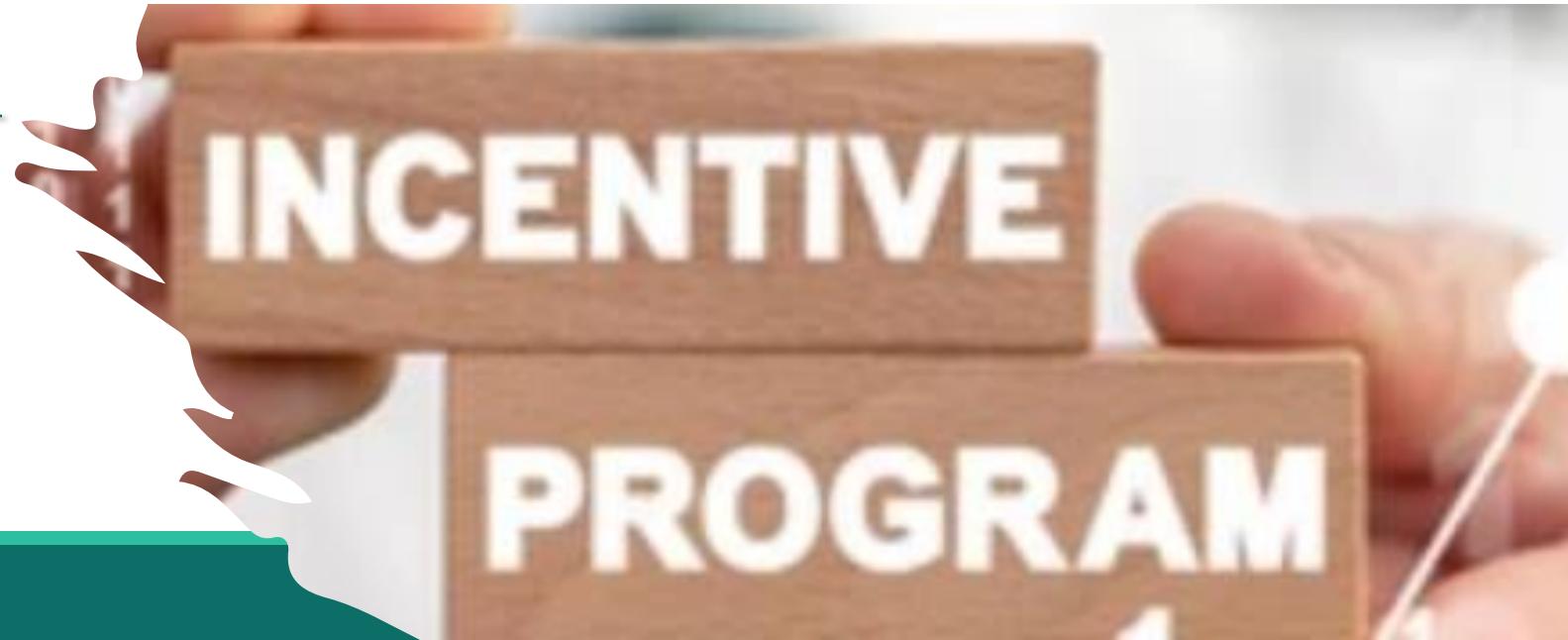
The diagram consists of a dark grey rectangular box at the top containing the text 'ROI analysis is a method / process that allows you to calculate the value of current or anticipated roles or processes'. Below this box, on a light grey background, are two teal-colored rounded rectangular boxes. Two white downward-pointing triangles with dark purple outlines connect the top box to the two bottom boxes. The left triangle points to the box labeled 'Direct ROI \$', and the right triangle points to the box labeled 'Cost Savings ROI'.

Cost Savings ROI

Value Based Purchasing
Foundational Tenants

Financial
incentives

Performance
measures



Keeping Track of Finances & Waste

Pro Forma Development

ROI Development

Balance Sheets

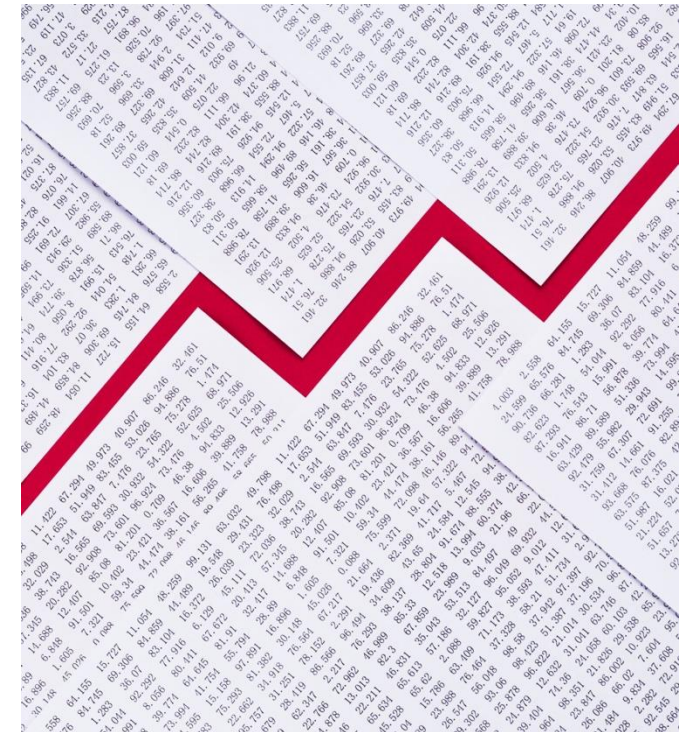
Profit Analysis

Costing

Risks and Returns

Financial Monitoring

PESTLE and SWOT





Answer to Fiscal Sustainability

PLAN, ALIGN, DEMONSTRATE



Q&A Time!



THANK
YOU

Contact

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THANK YOU!