

## Using the Financial Modeling Workbook

### Gathering Information for your Practice

The Financial Modeling Workbook is designed as a modeling tool to estimate revenue and expenses for your Collaborative Care (CoCM) services. The information needed to make accurate estimates will need to come from a variety of sources, so be prepared to involve several members of your team to gather the best information. We recognize that you may not yet be providing CoCM services, so estimates will need to be based on your current plans and best guesses. If you are already providing behavioral health services in your setting you may be able to gather data from your current practices and adapt it.

The following information will need to be gathered for entry into the Financial Modeling Workbook.

#### General Information

- How many hours/week is a 1.0 FTE in your site?
- How many weeks/year do most of your staff work (52 – holiday and vacation weeks)?
- What is your standard administrative overhead for budgeting purposes?

#### Behavioral Health Care Manager

Information about this role will need to be gathered from a Behavioral Health Supervisor, Clinic Administrator, or someone who has authority regarding the Behavioral Health Care Manager's FTE and schedule.

- FTE and salary/benefits
- Hours spent per week in direct patient care by type of visit (Warm Connections, assessments, follow-ups, group visits)
- The average length of each of the visit types
- Hours spent per week in indirect patient care (consultation with team, registry management, outreach)
- Hours spent per week in administrative duties (meetings, supervision)

#### Psychiatric Consultant

- FTE and salary/benefits
- Hours spent per week in direct patient care by type of visit (assessments, follow-ups) **if applicable**
- The average length of each of the visit types
- Hours spent per week in indirect patient care (consultation with team)
- Hours spent per week in administrative duties (meetings)

## Payer Mix

- What are the main payers for your clinic population?
- What percentage of patients is billed under each of these payers?
- Do you anticipate that patients referred for CoCM services will be roughly the same percentages, or are you planning to focus on a particular population (i.e., perinatal services, elderly patients) that might have a different breakdown of payers? Use the most accurate estimate that you can depending on the population you expect to focus your CoCM services on.
- You can be as detailed as you like in identifying your payer mix, or you can lump payers together in large groups, such as Medicare, Medicaid, Private and Self-Pay. We recommend keeping it simple to start with, and adding more detail only as needed.

## Optimum Billing Method – Psychotherapy Codes or CoCM codes

You will need to determine the best option for billing, depending on several related factors: the licensure of your Behavioral Health Care Manager, your clinic site (FQHC/RHC or not), and your likely payer mix. Knowing this ahead of time will determine which parts of the Financial Modelling Workbook you will complete. If you aren't sure yet you can complete multiple versions to assess the impact of each type of billing. Unfortunately, not all codes are billable by all providers, or in all sites. The following questions will help you think about the best options.

- Is your Behavioral Health Care Manager licensed to bill psychotherapy codes independently to your primary payers?
- Does your Behavioral Health Care Manager have the qualifications to bill CoCM codes under your medical providers?
- Do your primary payers allow billing via CoCM codes in your setting?

## Standard or Average Payments by Payer and Billing Code

- For each payer, determine your standard or average reimbursement for the billing codes you are using, or plan to use for your CoCM services.

**Psychotherapy billing example:** What is the standard amount that Medicaid pays for an Initial Assessment (90791 or 90792), or what is the standard amount for a follow-up visit (90832 – 90837). Or, if you are an FQHC or RHC, what is your Encounter rate for qualified visits?

**CoCM billing example:** What is the standard payment from each payer for G2214, 99492, 99493, or 99494 or 99484? Or for G0511 and G0512 if you're practice is an FQHC or RHC. The Financial Modeling Workbook has a special table to help calculate the average payment per patient for CoCM services, based on what percent of your patients reach the required time thresholds for billing each month.

## Download the Financial Modeling Workbook

<https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook>