Starting and Growing Your Own Telehealth Private Practice

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About the Presenter

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Owner, Silver Linings Counseling (Since July 2017)

- Licensed Clinical Social Worker with expertise in private practice development
- Consultant: group practice expansion, insurance contracting, credentialing, and business operations for mental health professionals
- Continuing Education presenter for Colibri Healthcare

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Purpose Statement

A 2-hour course equipping mental health professionals to launch and grow a telehealth private practice.

FOUR MODULES

Platform selection, digital infrastructure, insurance billing, and credentialing for virtual services.

SCALING THE PRACTICE

Hiring remote clinicians, managing compliance at scale, and sustaining a telehealth group practice.

GROUNDED IN PRACTICE

Current industry data, telehealth regulatory requirements, and real-world clinician scenarios.

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Self-Assessment Question (Pre-Course)

Which of the following is the most common reason newly licensed therapists struggle in their first year of private practice?

A. Insufficient clinical skills or training
B. Difficulty building rapport with clients
C. Underestimating the business and operational demands of running a practice
D. Choosing an inconvenient office location

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Self-Assessment Question (Pre-Course): Answer

Which of the following is the most common reason newly licensed therapists struggle in their first year of private practice?

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B. Difficulty building rapport with clients

C. Underestimating the business and operational demands of running a practice

D. Choosing an inconvenient office location

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Module 1 Part I

The Business of Starting Your Practice

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Module 1 Curriculum: Laying the Foundation

PART I: THE BUSINESS OF STARTING YOUR PRACTICE

1. Why private practice? The data behind the decision
2. The mindset shift: clinician to entrepreneur
3. SBA 10 steps to start your business
4. Business structures: LLC, S-Corp, sole proprietorship
5. EIN, bank accounts, and financial setup
6. Telehealth platform selection and setup

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Module 1 Curriculum: Laying the Foundation (continued)

PART II: CLINICAL AND LEGAL FOUNDATIONS

1. Professional liability insurance
2. HIPAA compliance essentials
3. Informed consent and practice policies
4. Fee setting and financial policies
5. EHR selection and marketing basics

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Why Private Practice? The Data

The mental health services market is experiencing significant demand growth:

4.1%

Annual growth in the U.S. mental health services market

1 in 3

Private practice therapists operate cash-pay only

$159

Average private-pay session rate, vs. $111 from insurance

40%

Of the U.S. population lives in a provider shortage area

Private practice allows you to address this gap on YOUR terms; your niche, your schedule, your rates.

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The Mindset Shift: Clinician to Entrepreneur

Starting a practice means taking on **two roles simultaneously**:

- Clinician, providing evidence-based, ethical care
- Entrepreneur, managing finances, marketing, compliance, and operations

Common traps for new practice owners:

- Underpricing services due to imposter syndrome
- Avoiding the business side until problems force attention
- Failing to separate personal and business finances

The shift is not abandoning your identity as a clinician. It is expanding it.

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10 Steps to Start Your Business (SBA.gov)

1. Conduct market research, who needs your services and where?
2. Write your business plan
3. Identify your funding source (savings, SBA loan, line of credit)
4. Choose your telehealth platform (Doxy.me, SimplePractice, TherapyNotes) and configure your virtual office
5. Choose your business structure (LLC, S-Corp, sole proprietorship)

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10 Steps to Start Your Business (SBA.gov) (continued)

6. Name your business and conduct a trademark search
7. Register with your Secretary of State
8. Obtain your federal Employer Identification Number (EIN)
9. Apply for state and local licenses and permits
10. Open a dedicated business bank account and business credit card

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Choosing Your Business Structure

Sole Proprietorship

- Simplest setup; no separation between personal and business liability

LLC (Limited Liability Company)

- Most common for private practice
- Limits personal liability; flexible tax treatment; easy to establish

S-Corporation

- A tax classification, **not a legal entity type,** applied to an LLC or C-Corp
- Can reduce self-employment tax at higher revenue levels
- Requires payroll; more administrative overhead

Consult a CPA regarding your decision. Your structure affects taxes, liability, and future expansion.

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Your EIN, Business Finances & Banking

Your EIN is the practice's federal tax ID. It is required for:

- Opening a business bank account
- Setting up payroll (if you hire employees)
- Insurance credentialing as a group practice
- Filing business taxes

Financial hygiene from day one

- Never commingle personal and business funds
- Open a dedicated business checking account and credit card
- Track income and expenses monthly, hire a bookkeeper early
- Set aside 25-30% of income for quarterly estimated taxes

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Choosing Your Telehealth Platform

Your platform is the foundation of a telehealth practice. Choose it first.

Non-negotiable requirement

- Must be HIPAA-compliant with a signed Business Associate Agreement (BAA)

Leading options

- Doxy.me (free tier available)
- SimplePractice and TherapyNotes
- Zoom for Healthcare and Athena

How to evaluate

- Video quality and connection reliability
- Integrated scheduling and client portal
- Mobile access for you and your clients

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Setting Up Your Home Office

Your home office is what clients see in every session. Treat it as your waiting room.

Space

- Private, quiet room where sessions cannot be overheard
- Neutral, professional background, or a virtual background

Connectivity

- Reliable high-speed internet, minimum 25 Mbps upload
- Wired connection preferred over Wi-Fi

Equipment

- HD webcam positioned at eye level
- External microphone for clear audio
- Ring light or soft front-facing lighting

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Interstate Licensing and Practice Scope

Licensure follows the client, not the clinician.

The governing rule

- You must be licensed in the state where the client is physically located at the time of service
- Verify the client's location at the start of every session

Licensing compacts expand your reach

- PSYPACT, 40+ states for psychologists
- Counseling Compact, for licensed professional counselors
- LCSW Compact, for clinical social workers

Confirm current compact participation with your licensing board before accepting out-of-state clients.

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Module 1: Part II

Clinical and Legal Foundations

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Professional Liability and Malpractice Insurance

Malpractice insurance is non-negotiable before seeing your first client.

Policy types

- Claims-made: covers incidents reported while the policy is active
- Occurrence: covers incidents that occurred during the policy period, even if reported later

Recommended providers

- NASW Risk Retention Group, CPH & Associates, HPSO, Proliability

Key considerations

- Group practice: each clinician needs their own individual policy
- Umbrella liability coverage adds another layer of protection
- Check your state licensing board for coverage minimums

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HIPAA Compliance Essentials

HIPAA applies to all private practices.

Core obligations

- Privacy Rule: limits use and disclosure of Protected Health Information
- Security Rule: requires safeguards for electronic PHI
- Breach Notification Rule: report PHI breaches within 60 days

Practical steps

- Use HIPAA-compliant tools for scheduling, billing, and telehealth
- Execute a Business Associate Agreement with every vendor handling PHI
- Conduct an annual HIPAA risk assessment
- Train all staff, including contractors, on privacy practices

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Healthcare Consideration: Telehealth HIPAA Compliance

Telehealth platforms are not inherently HIPAA-compliant; you must verify.

What compliance requires

- Require a signed BAA from every vendor before transmitting PHI
- Consumer video tools are prohibited without a healthcare BAA
- Conduct a Security Risk Assessment annually, a federal requirement
- Document platform selection and BAA execution in your compliance files

Practical tip: SimplePractice, TherapyNotes, Doxy.me (paid), and Zoom for Healthcare all offer BAAs.

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Informed Consent: What Must Be Included

Informed consent protects clients and your license.

Key components

- Scope of services and theoretical approach
- Fees, billing practices, and insurance information
- Cancellation and no-show policy
- Limits of confidentiality: mandated reporting, risk of harm, court orders

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Informed Consent: What Must Be Included (continued)

Key components, continued

- Telehealth consent: platform, encryption, technology-failure risks
- No-recording policy, where applicable
- Contact information and after-hours crisis resources
- How records are stored and client rights under HIPAA

Review consent forms with a healthcare attorney annually. Obtain new consent when policies change.

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Fee Setting and Financial Policies

Pricing is a clinical and business decision.

Factors to consider

- Local market rates, research comparable practices in your area
- Your overhead and fully loaded cost per session
- Your niche and level of specialization
- Whether you accept insurance, and those reimbursement rates

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Fee Setting and Financial Policies (continued)

Sliding scale policy

- If offering reduced fees, establish clear criteria and a formal process
- Avoid informal agreements, inconsistency creates risk

Cancellation and collections

- Define your cancellation policy in intake paperwork; 48 hours is standard
- Know your policy for unpaid balances before the first session

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Telehealth Crisis Planning Essentials

Crisis planning looks different when your client is not in the room.

Essentials

- Verify the client's physical location at the beginning of each session
- Maintain current emergency contact information for every client
- Identify local emergency and crisis resources in the client's area
- Establish procedures for technology interruptions or lost connections
- Document telehealth emergency procedures in informed consent materials

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Healthcare Consideration: Telehealth Billing and Payer Policies

Not all payers reimburse telehealth equally, verify before you accept.

What to verify

- Check each payer's telehealth coverage policy annually
- Place of Service codes: 02 = telehealth; 10 = telehealth in the home
- Some payers require a telehealth modifier, such as 95 or GT
- Medicaid telehealth policies are state-specific
- Medicare flexibilities may still apply; check current CMS guidance

Practical tip: keep a payer-by-payer reference document and update it each January.

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Selecting Your EHR System

For a telehealth practice, your EHR is your digital office.

Key features

- HIPAA-compliant data storage and transmission
- Integrated billing and insurance claim submission
- Scheduling and client portal
- Telehealth platform, built in or integrated
- Document templates and progress notes

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Selecting Your EHR System (continued)

Popular options for mental health practices

- SimplePractice: user-friendly, strong for solo and small group
- TherapyNotes: robust notes templates, strong billing tools
- TheraNest and Therasoft: good for growing groups

Average cost: $6,000 per user per year; invest in the right system early.

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Marketing Your Practice: Where to Start

New practice owners often underestimate how long it takes to build a full caseload.

Highest-ROI marketing activities

- Psychology Today profile, about $30 per month, the most referrals for the cost
- Google Business listing: free, improves local search visibility
- Therapist directories: Zencare, Therapy Den, Open Path
- Simple, professional website with clear SEO basics
- LinkedIn professional presence

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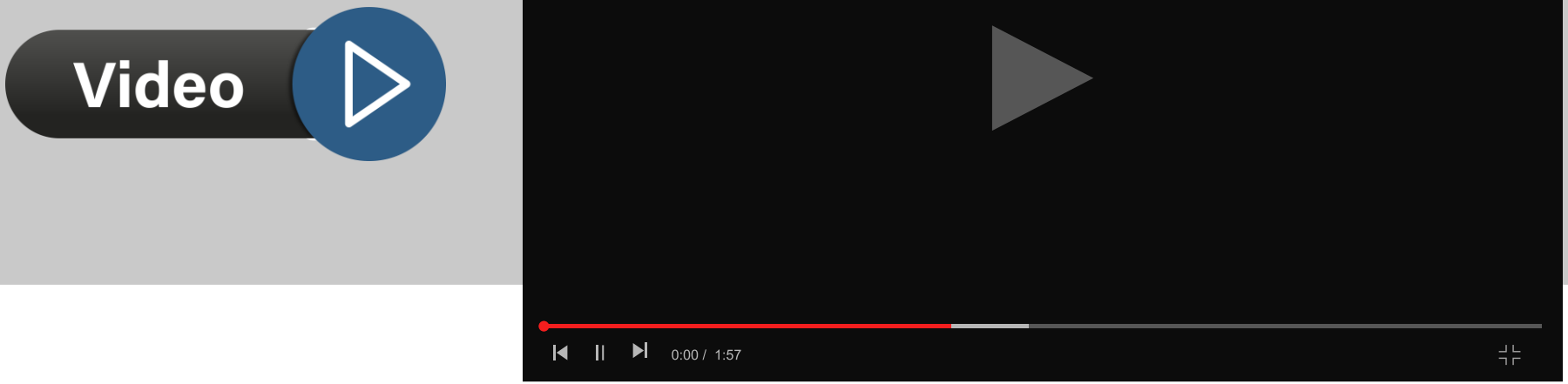
Marketing Your Practice: Where to Start (continued)

Relationship marketing

- Introduce yourself to PCPs, OBGYNs, school counselors, and EAPs in your area
- Colleagues are cohorts, not competitors, so maintain collegial referral relationships
- Follow up within 24 hours on every referral, even if you cannot accept the client

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Secret Glimpse Into How the Silver Linings Team Stays Organized



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Module Review: Part 1

Key points covered:

- The U.S. mental health market is growing; private practice addresses a documented access gap
- Starting a telehealth practice means embracing both the clinical and entrepreneur roles; with technology as your infrastructure
- Follow SBA's 10 steps: register, get an EIN, open a business bank account
- LLC is the most common structure; S-Corp is a tax classification, not a legal entity
- HIPAA compliance begins before the first client; BAAs, secure platforms, annual training
- Informed consent must include fees, confidentiality limits, and cancellation policy

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Module Review: Part 2

Key points covered:

- Fee setting requires knowing your market, overhead, and specialty
- Malpractice insurance is non-negotiable; obtain it before seeing clients
- Select an EHR that is telehealth-native: built-in video, HIPAA compliance, and multi-clinician support
- Psychology Today and Google Business are the highest-ROI starting marketing tools
- Build referral relationships early, colleagues are partners, not competitors

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Self-Assessment Question 1

A therapist forms an LLC and then files to be taxed as an S-Corporation. Which of the following is TRUE?

A. The therapist now has two separate legal business entities
B. The LLC and S-Corporation tax election can coexist and are legally distinct concepts
C. S-Corporation status eliminates the need for malpractice insurance
D. Filing as an S-Corporation requires hiring at least one additional employee

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Self-Assessment Question 1: Answer

A therapist forms an LLC and then files to be taxed as an S-Corporation. Which of the following is TRUE?

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Self-Assessment Question 2

Under HIPAA, a Business Associate Agreement (BAA) is required when:

A. A new client signs the intake paperwork
B. A therapist begins accepting insurance for the first time
C. A third-party vendor accesses or handles Protected Health Information (PHI) on behalf of the practice
D. The practice hires its first full-time employee

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Self-Assessment Question 2: Answer

Under HIPAA, a Business Associate Agreement (BAA) is required when:

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Self-Assessment Question 3

A new private practice owner accepts a verbal agreement with a referral partner to waive fees for that partner's employees. Which risk does this most directly create?

A. A HIPAA breach if the partner's employees share session content
B. Inconsistent fee practices that may violate insurance contracts and create legal exposure
C. Loss of malpractice insurance coverage for those sessions
D. Mandatory reporting obligations for the sessions covered by the agreement

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Self-Assessment Question 3: Answer

A new private practice owner accepts a verbal agreement with a referral partner to waive fees for that partner's employees. Which risk does this most directly create?

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Reflection Activity

Take a moment to consider:

- What is one aspect of the business side of private practice you feel most prepared for?
- What is one area where you need to learn more or seek outside support?
- Who are the business associates (attorney, CPA, bookkeeper) you would want on your team?

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Recommended Readings: Module 1

- Baker, G. (2022). **The business of private practice: A therapist's guide to building a solo or group practice.** PESI Publishing.
- Stout, C. E., & Grand, L. C. (2005). **Getting started in private practice: The complete guide to building your mental health practice.** Wiley.
- Zur, O. (2023). **The ethics of private practice: A comprehensive guide for mental health clinicians.** Routledge.
- Collins, J. C. (2001). **Good to great: Why some companies make the leap and others don't.** HarperBusiness.

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Online Resources: Module 1

- U.S. Small Business Administration 10 Steps to Start Your Business: www.sba.gov/business-guide/10-steps-start-your-business
- HHS HIPAA for Professionals: www.hhs.gov/hipaa/for-professionals
- Psychology Today Therapist Directory: therapists.psychologytoday.com
- IRS, Apply for an EIN Online: www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online
- NASW Risk Retention Group (malpractice insurance): www.naswrisk.com

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Module 2

Insurance, Contracting & Credentialing

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Module 2 Curriculum: Insurance, Contracting & Credentialing

PART I: NAVIGATING INSURANCE BILLING

1. The mental health market: key data
2. Private pay vs. insurance: tradeoffs
3. NPI Type 1 and Type 2: billing in a group setting
4. The CMS-1500 form and key billing fields
5. Common billing errors and revenue cycle basics
6. Choosing which insurance panels to join

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Module 2 Curriculum: Insurance, Contracting & Credentialing (continued)

PART II: CONTRACTING AND CREDENTIALING

1. Reading participation agreements and key clauses
2. Negotiating as a group practice
3. The credentialing process: step by step
4. CAQH ProView setup and maintenance
5. Managing the credentialing gap financially

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Module 2 Part I

Navigating Insurance Billing

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Private Pay vs. Insurance: Understanding the Tradeoffs

Private Pay (Out-of-Pocket)

- Higher per-session revenue ($150-$250+ per hour)
- No claims, no denials, faster payment
- Limits access for lower-income clients; smaller referral pool

Insurance Panel

- Broader referral access; larger potential caseload
- Lower per-session reimbursement; administrative burden
- Payer audits, authorization requirements, utilization management

Hybrid approach (recommended for most group practices)

- Balance insurance panels with private-pay openings
- Define your payer mix intentionally, not reactively

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NPI Type 1 and Type 2: What Every Group Owner Must Know

Type 1 NPI: Individual Provider Identifier

- Assigned to YOU as a licensed clinician
- Never changes, regardless of employer or practice setting

Type 2 NPI: Group/Organization Identifier

- Assigned to the practice entity (your LLC)
- Required to bill insurance as a group practice

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NPI Type 1 and Type 2: What Every Group Owner Must Know (continued)

Billing in a group setting:

- All claims billed under the GROUP's Type 2 NPI
- Rendering clinician's Type 1 NPI listed in Box 24J on the CMS-1500 form
- Billing under the wrong NPI = claim denials, audit risk, potential compliance violations

Real-World Example:

- I submitted multiple claims to Medicare under my NPI 1 after I had already obtained and begun operating under an NPI 2. The claims were later recouped, I had to reimburse Medicare and then resubmit the claims correctly using my NPI 2.
- Practice Tip: Document your NPI transition timeline and verify billing setup before submitting claims.

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The CMS-1500 Form: Fields That Matter Most

The CMS-1500 is the standard claim form for outpatient mental health billing.

Box 21: Diagnosis codes (ICD-10): must match documentation

Box 24B: Place of service code: 02 = telehealth (your primary code); 10 = telehealth in patient's home

Box 24D: CPT codes (90837, 90834, 90791, 96130, etc.)

Box 24J: Rendering Provider NPI: ALWAYS the Type 1 (individual) NPI

Box 33: Billing Provider: your Group's Type 2 NPI and name

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CMS-1500 Claims: Common Errors to Avoid

Common errors to avoid:

- Using the wrong NPI in the rendering vs. billing fields
- Submitting codes that don't match the documented session length
- Incorrect place-of-service code for telehealth

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Revenue Cycle Management: The Basics

Revenue cycle management (RCM) = the full lifecycle of a claim from service to payment.

Key stages:

1. Verify insurance eligibility before each appointment
2. Collect copays/deductibles at time of service
3. Submit clean claims within the payer's filing deadline (typically 90-180 days)
4. Track claims for status, follow up on unpaid claims at 30 days
5. Manage denials: identify reason, correct, and resubmit within timely filing window
6. Post payments and reconcile with Explanation of Benefits (EOB)

As you grow: consider a billing specialist, billing service, or RCM module in your EHR.

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Choosing Which Insurance Panels to Join

Not every panel is worth accepting. Evaluate each using these criteria:

- Reimbursement rate relative to your cost per session
- Payer mix in your geographic area and target population
- Claims processing speed and denial rate reputation
- Authorization requirements and utilization management burden
- Whether the panel is currently open or has a waitlist

Medicaid considerations:

- High community need but often lowest reimbursement rates
- May require additional credentialing steps at the state level

Define your panel policy in writing before your first hire. Clinicians will ask.

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Evidence-Based Consideration: Telehealth Fee Setting

Research supports telehealth at comparable, sometimes higher, fee structures than in-person.

Equivalent

Outcomes match in-person care for depression, anxiety, and PTSD

85-92%

Average client satisfaction with telehealth, supporting value-based fees

Fewer no-shows

Plus, lower overhead, so telehealth-only practices keep competitive rates at higher margins

Fee parity

The APA supports telehealth fee parity with in-person services

Apply this: set fees that reflect the clinical value and evidence base of telehealth, not a discount.

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Module 2: Part II

Contracting and Credentialing

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Reading Your Participation Agreements

Most clinicians sign payer contracts without reading them. Don't be one of them.

Most Favored Nation (MFN): requires you to give this payer your lowest rate, limiting leverage elsewhere

Termination without cause: payer can drop you with 30-90 days notice, no reason required

Audit and recoupment rights: payers can review years of claims and demand repayment

Assignment of benefits: confirms payment goes to your practice, not the client

Coordination of benefits: defines secondary insurance and accident claim handling

As you scale, have a healthcare attorney review your top payer contracts before renewal.

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Negotiating as a Group Practice

Group practices have more leverage than solo providers. Use it.

Leverage points

- **Volume:** more sessions across more clinicians
- **Network adequacy:** you fill geographic or specialty gaps
- **Specialty populations:** trauma, children, LGBTQ+, Medicaid
- **Panel diversity:** varied specialties strengthen your value

Negotiation tips

- **Get it in writing:** verbal commitments are not binding
- **Rate by CPT code:** not a blanket per-session rate
- **Ask directly:** “Is there room to negotiate on these rates?”

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The Credentialing Process: Step by Step

1. Gather documentation, license, NPI, malpractice certificate, CV, DEA (if applicable)
2. Create and complete your CAQH ProView profile
3. Apply to each payer panel individually (online portals or paper applications)
4. Submit documentation and any payer-specific requirements

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The Credentialing Process: Step by Step (continued)

5 Follow up at 30-day intervals, payers lose applications

6 Receive and review your participation agreement before signing

7 Receive effective date confirmation, this is your billing start date

8 Add clinician to your credentialing tracker and set re-credentialing reminders

Typical timeline: 60-120 days for commercial payers. Medicaid and TRICARE may run longer.

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CAQH ProView: Setup and Ongoing Maintenance

CAQH ProView is the industry-standard provider database used by most commercial payers.

What to maintain

Complete first: finish your profile before applying to any panel

Attest every 120 days: a lapsed profile becomes inactive

Update within 30 days: license, address, malpractice policy, DEA

As your practice grows

One account each: every new clinician needs their own profile

Group roster: add them to your authorized roster in CAQH

Track due dates: log attestation dates in your credentialing tracker

A lapsed CAQH profile can quietly break billing for months without warning.

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Credentialing Timelines and the Financial Gap

Credentialing timelines create a predictable revenue gap. Plan for it.

60-120 days
Commercial payers, from application to effective date

120+ days
Medicaid and TRICARE may run longer

Generating value: the clinician is seeing clients and delivering care

Zero insurance revenue: no claims can be billed until enrollment is confirmed

Full cost continues: salary, overhead, and supervision time still accrue

The credentialing gap is one of the most predictable cash flow risks in group practice expansion.

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Credentialing Timelines and the Financial Gap (continued)

Strategies to bridge the credentialing gap:

Base salary first

pay a base salary during credentialing, then move to productivity-based compensation after enrollment

Private-pay caseload

let new hires carry private-pay clients during the gap, immediately billable

Stagger hires

avoid absorbing multiple credentialing lags at the same time

Cash reserve

benchmark three months of each new hire's projected cost

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Credentialing Timelines and the Financial Gap (continued)

Supervisory billing and incident-to considerations

A supervising licensed clinician may bill for services provided by a supervisee when permitted by state law and payer policy.

Payer rules vary: requirements differ significantly from payer to payer

Not universal: not all insurance plans permit supervisory billing

State limits apply: state regulations may impose additional restrictions

Always verify payer requirements in writing before implementing supervisory billing.

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Evidence-Based Consideration: Telehealth Access and Equity

Telehealth significantly improves access to care for underserved populations.

Rural reach

Increases accessibility for clients in rural areas

Fewer barriers

Removes transportation, childcare, and work-schedule barriers to starting treatment

Narrows disparities

Can reduce racial and ethnic disparities in mental health service utilization

Fewer missed visits

Can reduce missed appointments among low-income clients

Caveat: the digital divide remains, with about 20% of U.S. adults lacking reliable internet (Pew Research, 2023).

Apply this: consider audio-only options for clients with limited internet; CMS and many payers now reimburse telephone sessions.

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Module Review: Part 1

Key points covered

Two NPIs
group practices need a Type 2 entity NPI plus each clinician's Type 1 NPI

Box 24J
must always reflect the rendering clinician's Type 1 NPI

Hybrid payer mix
insurance plus private pay gives stability and broader access

Read the contract
MFN, audit and recoupment, and termination clauses matter most

Use your leverage
volume, network adequacy, and specialty access

Attest CAQH
every 120 days, or the profile becomes inactive

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Module Review: Part 2

Key points covered

Plan for 60-120+ days

budget for zero insurance revenue during credentialing

Bridge the gap

base salary, private-pay caseload, staggered hires, cash reserve

Wait for confirmation

no insurance-eligible clients before enrollment is confirmed

Verify incident-to

rules vary by payer, so confirm in writing before relying on them

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Self-Assessment Question 4

A group practice submits a claim for a session provided by a new associate. The claim is billed under the associate's Type 1 NPI in Box 33 (Billing Provider) instead of the group's Type 2 NPI. What is the most likely outcome?

A. The claim is processed normally since the Type 1 NPI is valid
B. The claim is denied because Box 33 requires the group's Type 2 (entity) NPI
C. The payer will automatically correct the NPI error and process the claim
D. The claim is returned for a HIPAA privacy violation

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Self-Assessment Question 4: Answer

A group practice submits a claim for a session provided by a new associate. The claim is billed under the associate's Type 1 NPI in Box 33 (Billing Provider) instead of the group's Type 2 NPI. What is the most likely outcome?

A. The claim is processed normally since the Type 1 NPI is valid

B. The claim is denied because Box 33 requires the group's Type 2 (entity) NPI

C. The payer will automatically correct the NPI error and process the claim

D. The claim is returned for a HIPAA privacy violation

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Self-Assessment Question 5

A payer participation agreement includes a Most Favored Nation (MFN) clause. What does this most directly affect?

A. The clinician's ability to see clients from other insurance panels
B. The practice's ability to negotiate higher rates with other payers
C. The practice's right to terminate the contract without cause
D. CAQH ProView attestation requirements

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Self-Assessment Question 5: Answer

A payer participation agreement includes a Most Favored Nation (MFN) clause. What does this most directly affect?

A. The clinician's ability to see clients from other insurance panels

B. The practice's ability to negotiate higher rates with other payers

C. The practice's right to terminate the contract without cause

D. CAQH ProView attestation requirements

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Self-Assessment Question 6

A group practice owner wants a new clinician to begin seeing insurance clients immediately after hire. The credentialing application was submitted 2 weeks ago. What is the GREATEST compliance risk?

A. The clinician may not have an active CAQH ProView profile
B. Billing for services before the clinician's enrollment is confirmed could trigger audit and recoupment
C. The new clinician's Type 1 NPI has not yet been issued
D. The group practice's malpractice coverage may not extend to the new clinician

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Self-Assessment Question 6: Answer

A group practice owner wants a new clinician to begin seeing insurance clients immediately after hire. The credentialing application was submitted 2 weeks ago. What is the GREATEST compliance risk?

A. The clinician may not have an active CAQH ProView profile

B. Billing for services before the clinician's enrollment is confirmed could trigger audit and recoupment

C. The new clinician's Type 1 NPI has not yet been issued

D. The group practice's malpractice coverage may not extend to the new clinician

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Reflection Activity

Take a moment to consider:

- Which insurance panels are most relevant to your target population and practice location?
- What is your current plan to manage the financial credentialing gap when you hire your first associate?
- Have you reviewed your existing payer contracts for MFN and recoupment clauses?

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Recommended Readings: Module 2

- **Managed Care Contracting Handbook (American Medical Association).** Available at www.ama-assn.org
- **Council for Affordable Quality Healthcare (CAQH).** (2024). ProView provider guide. www.caqh.org
- **Centers for Medicare & Medicaid Services.** (2024). CMS-1500 claim form instructions. www.cms.gov
- Reiss, J. (2021). **The complete guide to mental health billing.** PESI Publishing.

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Online Resources: Module 2

- **CAQH ProView:** www.caqh.org/solutions/caqh-proview
- **CMS NPI Registry,** Look up any provider NPI: npiregistry.cms.hhs.gov
- **OIG Exclusion Database:** exclusions.oig.hhs.gov
- **TherapyNotes Billing Resources:** www.therapynotes.com/blog/billing
- **Checkpointehr.com:** Credentialing as group vs. solo: checkpointehr.com/medicaid-and-insurance

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Module 3

Hiring, HR & Building Your Team

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Module 3 Curriculum: Hiring, HR & Building Your Team

PART I: THE DECISION TO HIRE

1. Readiness: is your practice ready to grow?
2. Defining the role before you post
3. 1099 vs. W-2: the legal framework
4. Compensation models: splits, salary, hybrid
5. Employment agreements and the hiring process

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Module 3 Curriculum: Hiring, HR & Building Your Team (continued)

PART II: DUE DILIGENCE AND ONBOARDING

1. Due diligence beyond the license
2. OIG Exclusion List and NPDB checks
3. Credentialing new hires: the onboarding checklist
4. Clinical supervision and oversight
5. Culture, performance management, and retention

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Module 3: Part I

The Decision to Hire

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Is Your Practice Ready to Hire?

Ready to hire

- **Referral overflow:** you are regularly turning away clients
- **Financial stability:** 3-6 months of operating reserves beyond your personal draw
- **Established systems:** EHR, billing, intake workflow, and policies documented
- **Supervision capacity:** you can provide adequate clinical oversight
- **Legal structure:** LLC with EIN, and an employment attorney consulted

Warning signs

- **Hiring from burnout:** growth strategy is not driving the decision
- **No written policies:** no procedures or employment agreements in place
- **No financial plan:** nothing set aside for the credentialing gap
- **Disorganized:** the practice already feels overwhelming

Hiring too early is one of the most common practice-threatening mistakes.

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Defining the Role Before You Post

Before writing a job posting, define the role in writing.

- **Clinical focus:** what population, what modalities, what level of licensure
- **Schedule:** full-time or part-time, with minimum weekly session expectations
- **Caseload management:** who assigns clients, and what caseload size is expected
- **Administrative expectations:** documentation timelines, team meetings, training requirements
- **Compensation structure:** how and when they get paid, plus productivity benchmarks
- **Supervision:** individual, group, or consultation, and how often

A vague job description leads to a misaligned hire. Write it as a legal document, not a wish list.

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1099 vs. W-2: The Legal Framework

Classification is determined by control, not by what the contract says.

W-2 employee indicators (IRS)

- **Schedule:** you set or control when they work
- **Tools:** you provide the EHR, office, and supplies
- **Clients:** you assign clients and supervise clinical decisions
- **Revenue:** the work is central to your business model

1099 contractor indicators

- **Autonomy:** the clinician controls how, when, and where they see clients
- **Own book:** they hold multiple business relationships and independent clients
- **Own risk:** they provide their own tools and assume their own financial risk

Misclassification risk: back payroll taxes, penalties, interest, and wage claims, potentially years of liability.

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The ABC Test and IRS Control Test

Many states (CA, NJ, MA, IL) apply the ABC Test, a stricter standard than the IRS test.

Under the ABC Test a worker is an employee unless the hiring party proves all three:

A. Absence of control

The worker is free from control in performing the work

B. Business scope

The work is outside the usual course of the hiring entity's business

C. Customarily engaged

The worker is customarily engaged in an independently established trade or business

Criterion B is rarely met for a therapy group practice, providing therapy is the business

Practical effect: 1099 classification is extremely difficult to justify in ABC Test states

Always consult an employment attorney licensed in your state before classifying any worker.

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Compensation Models for Associate Clinicians

Percentage Split

50-70%

- Clinician receives a percentage of collected revenue (commonly 50%-70%)
- Example: 60/40 split, clinician earns 60%, practice retains 40%
- Higher splits (65-70%) used for 1099 arrangements (no benefits)

Salary (W-2)

$55K-$75K

- Session minimums required (22-27 per week)
- Predictable cost for the practice; stability for the clinician

Hybrid Model

Base + bonus

- Base salary plus a productivity bonus above a billing threshold
- Example: $55K base + 15% of collections above $130K
- Predictable costs during slow months; shared upside during strong ones

Model choice affects cash flow, taxes, morale, and legal risk; choose intentionally.

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Employment Agreements: Key Components

An employment agreement is your single most important legal document at hire.

Role: job title, description, and reporting structure

Compensation: structure, pay schedule, and productivity benchmarks

Benefits: health insurance, PTO, and professional development, if offered

Supervision: requirements and clinical oversight provisions

Have every agreement reviewed by a healthcare employment attorney.

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Employment Agreements: Key Components (continued)

Protective clauses every agreement should address

Confidentiality: HIPAA compliance obligations spelled out in writing

Non-solicitation: protects your client relationships after a departure

Non-compete: consult an attorney, since enforceability varies widely by state

Termination: at-will language, notice period, and severance if any

Never use a template from the internet without legal review.

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Module 3: Part II

Due Diligence and Onboarding

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Due Diligence: Beyond the License

Verifying a license is the floor, not the ceiling.

- **Licensing board:** confirm the license and check for disciplinary history or restrictions
- **OIG Exclusion List:** check before hire and annually thereafter
- **NPDB query:** malpractice history and adverse actions
- **Reference checks:** speak with former supervisors, not just colleagues
- **Malpractice history:** require written disclosure in your application
- **Insurance verification:** an active policy with adequate coverage
- **Background check:** consistent with your state's licensing and employment laws

Document every step and apply the same process to every hire; inconsistent screening creates discrimination exposure.

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OIG Exclusion List and NPDB

Two federal databases every group practice should check

OIG Exclusion List

What it lists: providers excluded from Medicare, Medicaid, and other federal programs

Why it matters: hiring an excluded provider and billing federal payers is a serious violation

Where to check: exclusions.oig.hhs.gov, free and public

How often: before hire, and annually for all staff

NPDB (HRSA)

What it holds: malpractice payment history and adverse licensure actions

Who must query: hospitals are required to; group practices are not, but you can

How to access: self-query for providers; entity queries require registration at www.npdb.hrsa.gov

These checks protect your clients, your license, your practice, and your federal billing ability.

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Credentialing New Hires: The Onboarding Checklist

Credentialing must begin on the clinician's first day, not after they have seen clients.

Collect documents: Type 1 NPI, license number, CAQH username, DEA if applicable, malpractice certificate

Update CAQH: create or refresh the clinician's ProView profile

Submit applications: send payer enrollment to all target panels immediately

Update rosters: add the clinician to your group roster with each payer

Do not assign insurance-eligible clients until enrollment is confirmed in writing.

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Credentialing New Hires: The Onboarding Checklist (continued)

Tracking and bridging the enrollment period

Credentialing tracker: log application dates, payer contacts, and expected effective dates

Single owner: assign one accountable person for credentialing follow-up

Bridge plan: line up private-pay clients during the credentialing gap

Follow-up cadence: set 30-day reminders with each payer

Payers lose applications. Consistent follow-up is what shortens the gap.

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Healthcare Consideration: Credentialing Remote Clinicians

Credentialing a remote clinician follows the same rules, but the logistics differ.

Licensure: the clinician must be licensed in every state where they see telehealth clients

Practice address: list the clinician's home office address on payer enrollment applications

Service location: some payers require a physical location for telehealth, clarify before enrollment

CAQH accuracy: the profile must reflect current practice address and telehealth status

Compacts: interstate compact membership can streamline multi-state licensure, so enroll early

Practical tip: build a state-by-state licensing tracker for each telehealth clinician and review it quarterly.

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Clinical Supervision and Documentation

Supervision protects clients, clinicians, and your license.

Who needs supervision

Pre-licensed: requirements are state-specific, so know your board's rules

Fully licensed: optional, but strongly recommended for clinical quality

What to document

Session record: date, duration, clinician name, cases reviewed, decisions made

Signatures: both supervisor and supervisee sign off

Storage: keep it in your EHR or a secure supervision log

Undocumented supervision is indistinguishable from no supervision in an audit.

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Clinical Supervision and Documentation (continued)

Supervision billing considerations

Supervisor credentialing: some payers require specific credentialing for supervisors

State board rules: check them before billing under a supervisor's NPI

Shared billing: consult a healthcare attorney before using incident-to or shared arrangements

Verify each payer's supervisory billing policy in writing before you rely on it.

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Creating and Protecting Your Practice Culture

Culture is not what you hang on the wall. It is how decisions get made and how people are treated.

Define it before you hire

- **Clinical identity:** what does your practice stand for clinically?
- **Communication:** how does your team talk with clients, each other, and in a crisis?
- **Standards:** what behaviors are celebrated, and what is non-negotiable?

Culture-building practices

- **Team meetings:** regular, weekly or biweekly
- **Peer consultation:** reduces isolation and improves clinical quality
- **Transparency:** open communication about practice finances and direction
- **Recognition:** acknowledge milestones and give feedback proactively

Culture drift is real; re-articulate your values with every new hire.

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Team Culture, Feedback, and Quality Improvement

Building a culture of feedback and continuous improvement

Inclusive workplace
foster a collaborative, inclusive, and trauma-informed environment

Regular connection
hold team meetings and peer consultation opportunities

Open feedback
encourage staff input through supervision and performance reviews

Recognition
celebrate achievements and support professional development

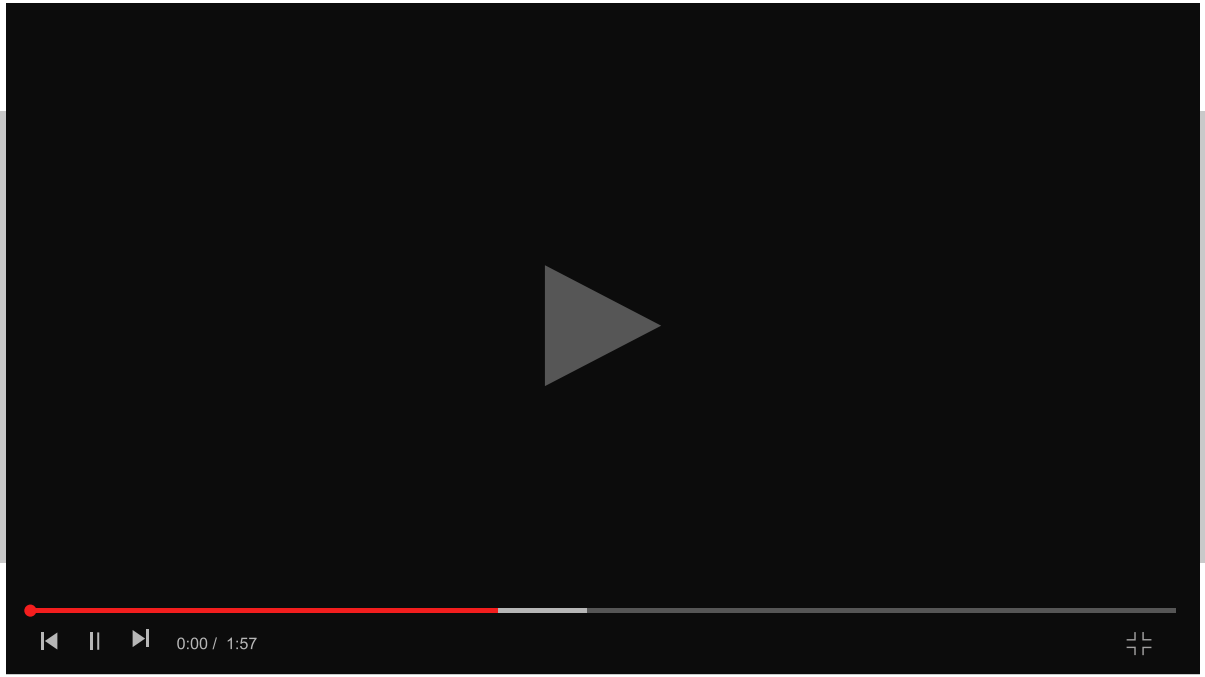
Measure it
monitor operational, clinical, and client satisfaction data

Review cycles
revisit policies, procedures, and outcomes regularly

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Mock Interview Using the Interview Evaluation Matrix

Video



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Interview Evaluation Matrix



SILVER LININGS COUNSELING

Category	Interview Question / Evaluation Criteria	Score	Notes
Clinical Competence	Describe your theoretical orientation and how it guides your client work.		
Clinical Competence	Walk me through how you would handle a client in acute crisis.		
Clinical Competence	How do you approach documentation and treatment planning?		
Communication & Fit	What does your ideal work environment look like?		
Communication & Fit	How do you handle disagreement with a supervisor or colleague?		
Ethical & Legal	Describe a time you encountered an ethical dilemma. How did you handle it?		
Ethical & Legal	What is your understanding of your scope of practice?		
Business Alignment	What are your caseload goals and what population do you prefer?		
Business Alignment	What are your expectations regarding billing and compensation?		
Professionalism	Candidate kept scheduled interview times.		
Professionalism	Candidate submitted application, resume, and references in a timely manner.		
Professional Presentation	Candidate presents appropriately during interview and is alert and oriented.		
Job Readiness	Candidate demonstrates the skills and abilities necessary to complete the job.		
Independence	Candidate demonstrates ability to work independently.		
Technology Skills	Candidate demonstrates ability to utilize company software.		
Practice Fit	Candidate has experience working with the demographics served by the practice.		
Time Management	Candidate demonstrates the ability to effectively manage time.		

SILVER LININGS COUNSELING

Category	Interview Question / Evaluation Criteria	Score	Notes
Total			

Interview Evaluation Matrix is included in the course handouts.

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Clinician Retention: Keeping Great People

Hiring is expensive; turnover in mental health practices is disruptive and costly.

Why clinicians leave group practices:

- **Thin caseload:** insufficient or inconsistent referrals
- **Feeling unsupported:** clinically or administratively adrift
- **Unclear compensation:** a model that feels unfair or opaque
- **Low autonomy:** feeling micromanaged in clinical work
- **Burnout:** unmanaged caseload and no boundaries on admin tasks

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Clinician Retention: Keeping Great People (continued)

Retention strategies that work

Onboard thoroughly: a strong first 90 days predicts long-term retention

Check in quarterly: not just at annual reviews

Invest in growth: trainings, supervision, and conference support

Create pathways: clear routes to advancement or specialization

Act early: burnout signals usually appear well before a resignation

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Module Review: Part 1

Key points covered

Hire on evidence

referral overflow, financial reserves, and documented systems

Control decides

1099 vs. W-2 turns on control, not contract language

ABC Test

makes 1099 classification very difficult for therapy practices

Pick a model

split, salary, and hybrid each carry different tradeoffs

Agreements

cover compensation, non-solicitation, HIPAA, and termination

Due diligence

OIG, NPDB, licensing board, and supervisor references

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Module Review: Part 2

Key points covered

Start on day one

new hires cannot see insurance clients until enrollment is confirmed

Document supervision

dates, cases reviewed, and signatures every time

Culture is intentional

define it before the first hire and reinforce it with every hire

52% burnout rate

retention takes proactive support, not reactive management (SimplePractice, 2023)

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Self-Assessment Question 7

A group practice owner sets the schedule for a clinical associate, provides the EHR, assigns all clients, and supervises clinical decisions. The owner has classified the associate as a 1099 independent contractor. Under IRS and most state standards, this arrangement is BEST described as:

A. A compliant independent contractor relationship because the owner has a signed 1099 agreement

B. A likely W-2 employee relationship that may expose the practice to tax penalties, back wages, and legal liability

C. An acceptable arrangement as long as the associate earns more than $600 per year

D. Compliant as long as the associate carries their own malpractice insurance

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Self-Assessment Question 7: Answer

A group practice owner sets the schedule for a clinical associate, provides the EHR, assigns all clients, and supervises clinical decisions. The owner has classified the associate as a 1099 independent contractor. Under IRS and most state standards, this arrangement is BEST described as:

A. A compliant independent contractor relationship because the owner has a signed 1099 agreement

B. A likely W-2 employee relationship that may expose the practice to tax penalties, back wages, and legal liability

C. An acceptable arrangement as long as the associate earns more than $600 per year

D. Compliant as long as the associate carries their own malpractice insurance

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Self-Assessment Question 8

Before hiring a new clinician, a group practice owner checks the clinician's state license. Which additional step is MOST critical to protect the practice's federal billing compliance?

A. Verifying the clinician's graduate school credentials

B. Checking the OIG Exclusion List to confirm the clinician is not excluded from federal programs

C. Confirming the clinician is not enrolled with any competing practice

D. Reviewing the clinician's social media presence for professional conduct

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Self-Assessment Question 8: Answer

Before hiring a new clinician, a group practice owner checks the clinician's state license. Which additional step is MOST critical to protect the practice's federal billing compliance?

A. Verifying the clinician's graduate school credentials

B. Checking the OIG Exclusion List to confirm the clinician is not excluded from federal programs

C. Confirming the clinician is not enrolled with any competing practice

D. Reviewing the clinician's social media presence for professional conduct

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Self-Assessment Question 9

A licensed clinician has been with a group practice for 8 months. She mentions to the owner that she feels overwhelmed by her caseload and is struggling with compassion fatigue. What is the practice owner's MOST appropriate response?

A. Remind her that all clinicians experience difficulty and she should manage it independently

B. Immediately reduce her caseload without discussion to prevent burnout

C. Schedule a private conversation to explore her needs, discuss workload adjustments, and connect her with support resources

D. Document the conversation as a performance concern

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Self-Assessment Question 9: Answer

A licensed clinician has been with a group practice for 8 months. She mentions to the owner that she feels overwhelmed by her caseload and is struggling with compassion fatigue. What is the practice owner's MOST appropriate response?

A. Remind her that all clinicians experience difficulty and she should manage it independently

B. Immediately reduce her caseload without discussion to prevent burnout

C. Schedule a private conversation to explore her needs, discuss workload adjustments, and connect her with support resources

D. Document the conversation as a performance concern

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Reflection Activity

Take a moment to consider:

- What compensation model aligns best with your practice's financial model and values?
- What does your onboarding checklist for a new clinician look like? What is missing?
- How would you describe the culture of your current or future practice in 3 words?

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Recommended Readings: Module 3

- **National Labor Relations Board.** (2024). Independent contractor vs. employee. www.nlrb.gov
- **Society for Human Resource Management.** (2024). HR toolkit for small practices. www.shrm.org
- **SimplePractice Blog.** (2023). Burnout in private practice: Signs, prevention, and recovery. www.simplepractice.com/blog/therapist-burnout-report
- Veninga, R. L., & Spradley, J. P. (1981). **The work/stress connection: How to cope with job burnout.** Little, Brown and Company.

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Online Resources: Module 3

- **OIG Exclusion List:** exclusions.oig.hhs.gov
- **National Practitioner Data Bank:** www.npdb.hrsa.gov
- **IRS, Employee vs. Independent Contractor:** www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee
- **Therapist Notes, Compensation Models:** blog.therapynotes.com/common-compensation-models-for-group-practices
- **SHRM HR Toolkit:** www.shrm.org/resourcesandtools/tools-and-samples

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Module 4

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Module 4 Curriculum: Sustaining & Scaling Your Group Practice

PART I: OPERATIONS AND BUSINESS INFRASTRUCTURE

1. Systems thinking: reactive to proactive management
2. Financial management and key revenue metrics
3. Technology stack: EHR, billing, and beyond
4. Expanding your team: support staff and office management
5. Marketing a group practice and multi-clinician referrals

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Module 4 Curriculum: Sustaining & Scaling Your Group Practice (continued)

PART II: SUSTAINING THE PRACTICE AND THE PERSON

1. Legal and compliance at scale
2. Risk management and liability for groups
3. Telehealth expansion and interstate licensing
4. Your role as owner: clinical director vs. CEO
5. Owner burnout prevention and long-term vision

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Module 4: Part I

Operations and Business Infrastructure

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Systems Thinking: Reactive to Proactive

Scaling requires becoming proactive: building systems before you need them.

- **Intake and scheduling:** workflow with clear role assignments
- **Credentialing tracker:** spreadsheet or software covering all clinicians and payers
- **Billing process:** claim submission with defined turnaround times
- **Documentation standards:** clinical documentation and EHR usage expectations
- **Communication norms:** team meetings, emergency protocols, escalation paths
- **Personnel policies:** PTO, sick leave, professional development, termination

Document everything. If it is not written down, it does not exist as policy.

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Financial Management for Group Practices

As you scale, financial management gets more complex. Track these monthly.

- **Gross collected revenue:** by clinician and by payer
- **A/R aging:** claims unpaid beyond 30, 60, and 90 days
- **Denial rate:** target under 5% for a well-run billing operation
- **Overhead ratio:** target 40-60% of gross revenue for a group practice
- **Revenue per clinician:** and per session
- **Payroll as % of revenue:** typically your largest expense

If you are not tracking these numbers, you are making decisions without data.

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Financial Management for Group Practices (continued)

Financial partners and reserves

Hire a specialist: bring on a healthcare-specific CPA by the time you have 3+ clinicians

Review quarterly: conduct a formal financial review with your CPA every quarter

Build reserves: for credentialing gaps, clawbacks, recoupments, PTO coverage, equipment, and unexpected legal costs

Reserves are what turn a predictable setback into a manageable one.

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Revenue Metrics Every Practice Owner Should Track

Revenue metrics every practice owner should track

Sessions per week: target 22-28 per clinician for a full-time W-2

Collections rate: collected divided by billed, target 95% or better

Caseload utilization: active clients divided by total caseload capacity

Days in A/R: average days to collect payment after service

No-show rate: industry benchmark under 10%, tracked by clinician

Revenue per session: by payer, comparing your best and worst-paying panels

Use your EHR: most platforms can generate these metrics monthly

If you are not tracking these numbers, you are deciding without data.
A healthy group practice runs on both clinical and financial intelligence.

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Technology Stack for a Growing Practice

Solo technology needs are simpler than a group's. As you grow:

EHR / practice management

Multi-clinician functionality, role-based access, and a billing dashboard. SimplePractice, TherapyNotes, Luminare, TheraNest: evaluate on group features

Billing

Built-in EHR billing or a dedicated billing service, typically 1-5% of collections

Communication

HIPAA-compliant team messaging; avoid consumer apps like iMessage or WhatsApp

Credentialing

Medallion, Verifiable, or symplr for multi-clinician credentialing automation

AI is beginning to reduce charting time by 20%; evaluate AI-assisted documentation tools (AMA, 2023).

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Expanding Your Team: Beyond Clinical Staff

Clinical staff are not the only hiring decision in a growing group practice.

Administrative coordinator

Handles scheduling, insurance verification, and new client intake

Billing specialist or service

Submits claims, tracks denials, manages collections; critical as volume grows

Credentialing specialist

Manages payer applications, CAQH, and re-credentialing for all clinicians

Office manager or clinical director

Takes day-to-day operations off the owner and allows clinical focus

Each support role should free up your billable or leadership time.
Hire support staff before you are drowning, not after.

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Marketing a Group Practice

Brand at the practice level, not just the clinician level.

Unified website: individual clinician profiles and specialty pages under one brand

Directory listings: a practice-level Psychology Today listing plus individual clinician profiles

Google Business page: for your group, with location, hours, and specialties

Content marketing: blogs, social media, and email newsletters positioned as thought leadership

Group practice marketing is different from solo practice marketing.

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Marketing a Group Practice (continued)

Referral coordination

Assign an owner: give one staff member responsibility for incoming referrals and matching to the right clinician

Warm handoff: clients who get a timely, personalized response convert better

Formal partnerships: build a referral program with PCPs, schools, EAPs, and HR departments

Referrals are only as good as the speed and warmth of your response.

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Module 4: Part II

Sustaining the Practice and the Person

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Legal and Compliance Considerations at Scale

Compliance risks multiply with each new hire. Build compliance into operations.

Employment law: state rules on leave, pay transparency, and non-competes evolve frequently

HIPAA: more staff means more PHI breach risk; annual training is not optional

Billing compliance: periodic internal audits of claim accuracy reduce audit exposure

OIG exclusion: run annual checks on all staff, not just clinicians

Telehealth: multi-state telehealth requires compliance with each state's laws

Compliance built into operations costs far less than compliance added after a problem.

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Legal and Compliance Considerations at Scale (continued)

Build a compliance calendar

Annual

- HIPAA training
- OIG checks
- Payer contract reviews
- CAQH attestations

Quarterly

- Financial audit
- Credentialing status review
- HR policy review

Monthly

- Billing denial review
- A/R aging
- Revenue per clinician reporting

A written calendar turns compliance from memory into routine.

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Risk Management and Liability for Group Practices

A group practice carries more liability exposure than a solo practice.

Malpractice coverage

- Each clinician must carry their own individual malpractice policy
- A group umbrella policy adds entity-level coverage; consult your insurance broker

Client safety protocols

- Written crisis protocols for all clinicians, including after-hours escalation
- Clear supervision structure for high-risk client situations

Employment liability

- EPLI covers discrimination and wrongful termination claims
- Document all HR actions, performance reviews, and termination decisions

A healthcare attorney and a healthcare-focused insurance broker are essential partners.

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Telehealth Compliance: Licensing, Parity & Interstate Practice

You must be licensed in the state where the client is physically located at time of service.

Interstate licensing compacts (as of 2026)

PSYPACT: psychologists, 46 states enacted and 43 now in effect

Counseling Compact: LPC and LCPC, now live in 9 states and issuing privileges to practice

Social Work Compact: LCSW, 35 states enacted, but multistate licenses are not yet available

MFT Compact: no operational compact yet; portability runs through state endorsement

Telehealth is the foundation of your model; the regulatory landscape is non-negotiable.

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Telehealth Compliance: Licensing, Parity & Interstate Practice (continued)

Practical considerations for multi-state telehealth

Track licenses: log every clinician's state licenses and renewal dates

Verify payer policies: confirm telehealth reimbursement rules state by state

Check your platform: it must be HIPAA-compliant for every state of service

One lapsed license in one state can halt telehealth care for those clients.

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Your Role as Owner: Clinician vs. Clinical Director vs. CEO

As your practice grows, your role must evolve. Many owners struggle with this transition.

Solo Practice

You ARE the practice; clinician, admin, billing, marketing

Small Group (2-5 clinicians)

Clinician + Clinical Director hybrid

Mid-Size Group (5-10 clinicians)

Increasingly operational, less clinical

Large Group (10+ clinicians)

CEO/Executive Director role

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Your Role as Owner: Clinician vs. Clinical Director vs. CEO (continued)

Key leadership transitions

Delegate early: hand administrative tasks to support staff before you are drowning in them

Build oversight systems: clinical quality should not depend entirely on you

Develop as a leader: invest in leadership training; clinical training does not prepare you for this

The hardest part of scaling: letting go of tasks you are good at to do tasks only you can do.

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Owner Compensation and Profit Distribution

Many practice owners undercompensate themselves. This is unsustainable.

Compensation approaches

W-2 salary: consistent and predictable, and required if taxed as an S-Corp

Owner's draw (LLC): flexible, but requires consistent quarterly estimated tax payments

Profit distribution: a bonus or distribution from net profit after expenses

Profit benchmarks

Gross profit margin: 40-60% of gross revenue after clinical staff costs

Net profit margin: 15-25% of gross revenue after all expenses

Your salary should reflect what you would pay someone else to do your job. Work with a healthcare-specific CPA to structure owner compensation tax-efficiently

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Preventing Owner Burnout

Practice owners are especially vulnerable, wearing every role with no one to manage them.

Common owner burnout triggers

Administrative overload: billing, HR, scheduling, and credentialing on top of a clinical caseload

Financial stress: inconsistent revenue or poor cash flow management

Isolation: no peer accountability or leadership community

Blurred boundaries: between clinical identity and business identity

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Preventing Owner Burnout (continued)

Prevention strategies

Reduce caseload: as administrative responsibilities increase

Find peers: join a peer consultation or practice owner mastermind group

Get support: seek your own therapy or supervision, and model what you preach

Set boundaries: non-negotiable no-contact hours, vacation, and days off

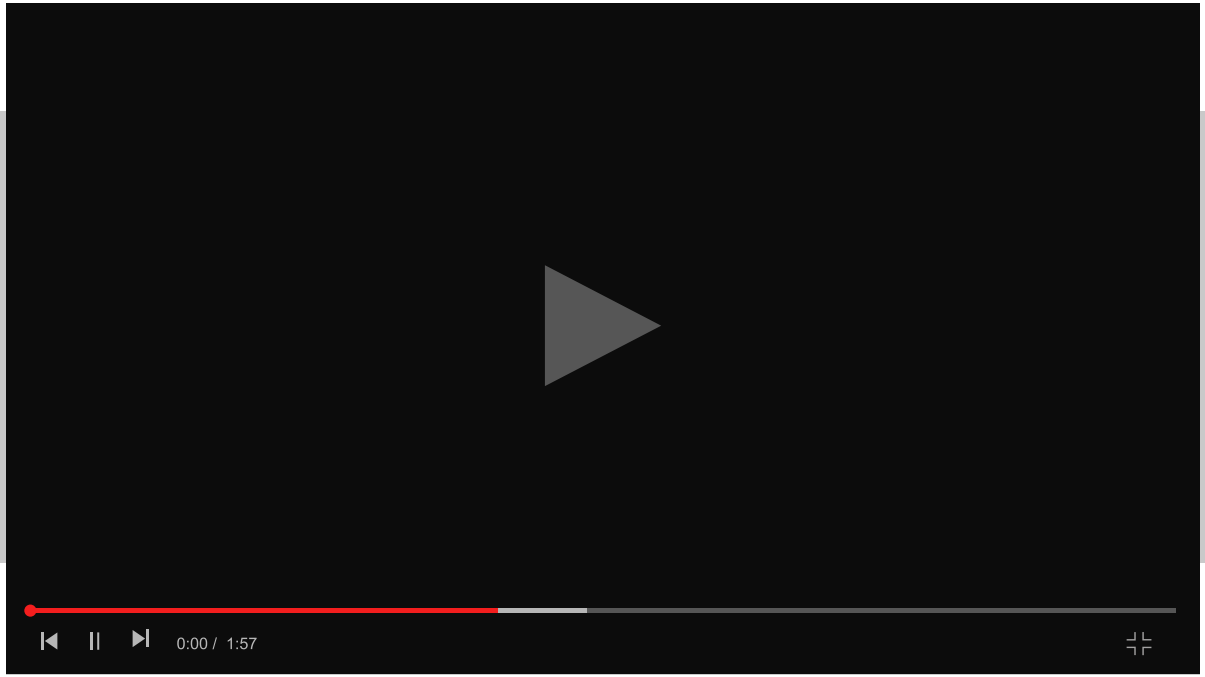
Hire early: proactive delegation prevents reactive collapse

Burnout prevention is a business continuity strategy, not a luxury.

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Transferring Your Clients to Your Associate Therapist

Video



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Long-Term Vision: What Does Success Look Like?

Successful owners define success on their own terms, early and often.

Questions to revisit annually

Scale: what is the ideal size of this practice in clinical staff, caseload, and revenue?

Your role: what is my role in 3 years? In 5 years?

Mission: am I serving the population I most want to serve?

Sustainability: is this practice financially sustainable if I step back from direct client work?

Community: what does this practice provide that would not exist without it?

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Long-Term Vision: What Does Success Look Like? (continued)

Long-term considerations

Valuation

practice valuation and the potential for sale or succession planning

Legacy

training and supervision as both a revenue stream and a legacy

Expansion

specialty services, intensive outpatient programs, or group therapy

Build with intention. Small choices compound into culture, reputation, and legacy.

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Module Review: Part 1

Key points covered

Systems first
document all processes before hiring clinician #2

Track monthly
sessions per week, collections rate, denial rate, A/R aging

Know your targets
overhead 40-60%; net profit margin 15-25% of gross revenue

Tech scales too
evaluate a multi-clinician EHR early

Compliance calendar
HIPAA training, OIG checks, CAQH attestations, contract reviews

Layered coverage
individual malpractice policies, plus group umbrella and EPLI

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Module Review: Part 2

Key points covered

Your role evolves: solo clinician, then clinical director, then CEO as the practice grows

Pay yourself: owner compensation should reflect what you would pay someone else to do your job

Prevent burnout: sustainability requires intentional boundaries and delegation

Telehealth licensure: you need a license in each client's state; track compact participation

Define the vision: revisit it annually, because success is intentional, not accidental

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Self-Assessment Question 10

A group practice owner with 6 clinicians is managing billing, HR, credentialing, scheduling, and carrying a 15-client caseload. She reports feeling overwhelmed and is considering hiring a 7th clinician to increase revenue. What is the MOST appropriate recommendation?

A. Hire the 7th clinician immediately to increase revenue and offset the administrative burden

B. Reduce the clinical caseload before hiring additional clinicians to address the underlying capacity crisis

C. Prioritize hiring an administrative coordinator or office manager to address the operational overload before adding another clinician

D. Refer all existing clients to other practices to reduce caseload immediately

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Self-Assessment Question 10: Answer

A group practice owner with 6 clinicians is managing billing, HR, credentialing, scheduling, and carrying a 15-client caseload. She reports feeling overwhelmed and is considering hiring a 7th clinician to increase revenue. What is the MOST appropriate recommendation?

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Self-Assessment Question 11

A group practice owner in Colorado wants to offer telehealth services to clients in Arizona and New Mexico. Which of the following steps is REQUIRED before providing telehealth to clients in those states?

A. Register the practice as a foreign LLC in each state

B. Obtain licensure in Arizona and New Mexico or participate in the relevant interstate licensing compact

C. Obtain written consent from the client and document telehealth platform HIPAA compliance

D. Verify that each client's insurance covers out-of-state telehealth sessions

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Self-Assessment Question 11: Answer

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Self-Assessment Question 12

A group practice owner has a net profit margin of 8% of gross revenue. Based on benchmarks for a healthy group practice, this margin indicates:

A. Strong financial performance, 8% is above the recommended threshold
B. The practice is at break-even; no action is needed
C. The margin is below the recommended 15-25% range, suggesting a review of expenses, compensation structure, or payer mix
D. The practice is in immediate financial crisis and should cease operations

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Self-Assessment Question 12: Answer

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Reflection Activity

Take a moment to consider:

- What is one system in your practice that is not yet documented that needs to be?
- What financial metric are you NOT currently tracking that you should be?
- What does your vision for your practice look like in 5 years?

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Recommended Readings: Module 4

- Gerber, M. E. (1995). **The E-myth revisited: Why most small businesses don't work and what to do about it.** HarperCollins.
- Collins, J. C. (2001). **Good to great: Why some companies make the leap and others don't.** HarperBusiness.
- Association of Social Work Boards. (2024). **Social Work Compact update.** www.aswb.org
- Evolved MD. (2023). **From burnout to balance: Why therapists should work in collaborative care.** www.evolvedmd.com/resources

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Online Resources: Module 4

- **PSYPACT, Psychology Interjurisdictional Compact**: www.psypact.org
- **Counseling Compact:** counselingcompact.org
- **ASWB Social Work Compact information:** www.aswb.org/licensees/social-work-compact
- **Medallion, Credentialing software for groups:** www.medallion.co
- **Verifiable, Provider credentialing platform:** www.verifiable.com
- **MGMA, Medical Group Management Association (practice benchmarks):** www.mgma.com

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Case Study: Meet Maya

Maya is an LCSW, three years into solo private practice and ready to scale.

Practice today: a full caseload of 28 clients per week, consistently turning away referrals, with a strong reputation in trauma and EMDR

First hire: Alex, a newly licensed LMFT, joining as her first associate clinician

Next hire: Jordan, a fully licensed LPC, planned within 6 months

Her plan: both clinicians seeing clients within 2 weeks, both classified as 1099 contractors to keep things simple

Her two-week timeline and her contractor classification are the decisions that carry the most risk.

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Case Study: Meet Maya (continued)

Reflective questions

1. What are the immediate compliance risks in Maya's 2-week timeline for Alex and Jordan?

2. Under what circumstances, if any, can Maya justifiably classify Alex and Jordan as 1099 contractors?

3. What financial planning steps should Maya take now to prepare for two credentialing gaps simultaneously?

4. What systems and policies should Maya have in place before either clinician starts?

Work through these before reading the debrief; the reasoning matters more than the answer.

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Case Study Discussion

Where Maya's plan needs to change

1. **Compliance risks:** Alex and Jordan cannot bill insurance until enrollment is confirmed, a process that takes 60-120+ days. Two simultaneous credentialing gaps represent a significant cash flow risk, so Maya needs a bridge plan for both.

2. **1099 vs. W-2:** If Maya assigns clients, provides the EHR, sets schedules, and supervises clinical decisions, both Alex and Jordan are almost certainly W-2 employees under IRS standards. 1099 classification requires true independence, so she should consult an employment attorney immediately.

Classification and credentialing are the two issues that can derail the hire before it starts.

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Case Study Discussion (continued)

Where Maya's plan needs to change (continued)

3. **Financial planning:** Two simultaneous credentialing gaps can mean $40K to $80K in deferred insurance revenue. Maya needs 3+ months of operating reserves per clinician, a private-pay bridge caseload strategy, and clear base salary terms during the credentialing period.

4. **Systems needed:** EHR with multi-clinician access, intake workflow, credentialing tracker, employment agreements, HIPAA training, clinical supervision structure, and written personnel policies, all before day one.

Every one of these decisions is cheaper to make before the first hire than after.

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Case Study: Meet Jordan

Jordan is an LCSW building a telehealth-only practice for rural clients.

Background: two years licensed, working at a community mental health agency, specializing in trauma-focused CBT and EMDR

Her goal: serve rural clients who cannot access care locally, keeping her agency position part-time during the build phase

Licensure: licensed in Colorado only, but wants to serve clients in Wyoming and New Mexico

Technology: currently using a free standard Zoom account for video calls at the agency

Coverage: no individual malpractice insurance; she is covered under the agency policy

Payer mix: plans to accept three commercial insurances plus a partial private-pay caseload

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Case Study: Meet Jordan (continued)

Discussion questions

1. What are Jordan’s three most urgent compliance issues before seeing her first private client?
2. What telehealth platform should she select, and what must she verify about it?
3. How should she approach licensure for Wyoming and New Mexico clients?

Answers follow on the next slides; work the reasoning first.

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Case Study Discussion: Jordan

Jordan's three most urgent compliance issues

Malpractice coverage: individual malpractice insurance must be in place before the first private client session; agency coverage does not extend to private practice

Telehealth platform: a HIPAA-compliant platform with a signed BAA is required, and free Zoom is prohibited for PHI

State licensure: she must be licensed in Wyoming and New Mexico before seeing clients located there; the Counseling Compact and Social Work Compact may offer a faster pathway

All three must be resolved before her first private client session, not after.

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Case Study Discussion: Jordan (continued)

Telehealth platform selection

Require a BAA: choose a platform that will sign one, such as SimplePractice, the paid Doxy.me tier, TherapyNotes, or Zoom for Healthcare

Look for integration: scheduling, a client portal, and billing in one place reduce administrative burden for a solo provider

Interstate licensing pathway

Check compact status: verify whether Wyoming and New Mexico participate in the Social Work Compact or Counseling Compact

Prefer the privilege: if she is compact-eligible, apply for a compact privilege rather than a full individual license; it is faster and less expensive

Track scope of practice: each state sets its own rules; EMDR is within LCSW scope in most states, but not all

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Course Review: Key Takeaways

Module 1, Foundation

- Form LLC, get EIN, choose EHR, secure malpractice insurance, build marketing channels

Module 2, Insurance & Credentialing

- Type 1/Type 2 NPI, CMS-1500, read payer contracts, 60-120 day credentialing timeline, CAQH maintenance

Module 3, Hiring & HR

- W-2 vs. 1099 classification, compensation models, due diligence (OIG, NPDB, licensing board), culture

Module 4, Sustaining & Scaling

- Systems before growth, monthly financial metrics, support staff, owner burnout prevention, long-term vision

The path from solo to group practice is not a single decision. It is a series of intentional steps.

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Self-Assessment Question (Final 1)

Which of the following best describes the correct NPI usage when billing insurance for a session provided by an associate clinician in a group practice?

A. The associate's Type 1 NPI in Box 33 (Billing Provider) and the group's Type 2 NPI in Box 24J

B. The group's Type 2 NPI in Box 33 (Billing Provider) and the associate's Type 1 NPI in Box 24J (Rendering Provider)

C. The owner's Type 1 NPI in both Box 33 and Box 24J

D. The group's Type 2 NPI in both Box 33 and Box 24J

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Self-Assessment Question (Final 1): Answer

Which of the following best describes the correct NPI usage when billing insurance for a session provided by an associate clinician in a group practice?

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B. The group's Type 2 NPI in Box 33 (Billing Provider) and the associate's Type 1 NPI in Box 24J (Rendering Provider)

C. The owner's Type 1 NPI in both Box 33 and Box 24J

D. The group's Type 2 NPI in both Box 33 and Box 24J

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Self-Assessment Question (Final 2)

A group practice owner is considering expanding to three new states via telehealth. Before proceeding, the MOST critical compliance step is:

A. Registering the practice as a foreign LLC in each state
B. Verifying that each client's insurance covers out-of-state telehealth services
C. Ensuring each clinician holds licensure in every state where they will provide telehealth services
D. Updating the practice's CAQH ProView profile to reflect the new states

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Self-Assessment Question (Final 2): Answer

A group practice owner is considering expanding to three new states via telehealth. Before proceeding, the MOST critical compliance step is:

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D. Updating the practice's CAQH ProView profile to reflect the new states

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Recommended Course Resources

- **U.S. Small Business Administration:** www.sba.gov
- **CAQH ProView:** www.caqh.org
- **OIG Exclusion List:** exclusions.oig.hhs.gov
- **National Practitioner Data Bank:** www.npdb.hrsa.gov
- **HHS HIPAA Resources:** www.hhs.gov/hipaa/for-professionals
- **IRS Worker Classification:** www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee
- **PSYPACT:** www.psypact.org | **Counseling Compact:** counselingcompact.org
- **ASWB Social Work Compact:** www.aswb.org

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You have completed the course:

Starting and Growing Your Own Telehealth Private Practice

Thank you!

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