

## Guide to the Transition Plan Template

This template serves as a simple at-a-glance transition planning tool. Once completed, it can be used internally to guide the transition work or feed a more detailed project plan. Instructions on how to complete the template are contained in the following table.

Area	Current State	Future State	Transition Steps	Responsible	Timeframe
Each of the six areas is listed and sub-divided into components needed to bill in an MCO environment.	Briefly describe the current state for each of the components listed.	Briefly describe the desired end state for each of the components listed.	List the major steps required to go from the current state to the future state.	List the area or individual responsible for each of those steps.	List the desired begin and end dates for each of the steps listed.

## Transition Plan Template

In order to successfully transition from billing in the Behavioral Health Organization (BHO) environment to billing in the environment, the provider organization needs to consider changes in six areas, listed in the table below. The transition plan should describe the strategies to achieve the desired future state in each area. For each of these areas, consider the current state (what you are doing currently) and what you need to be doing in the integrated payment environment. The questions in the table below can direct your thinking about these areas in preparation for completing your information technology (IT) transition plan.

Area	Questions for Consideration
1. Information Systems	<ul style="list-style-type: none"> <li>• Do you need to change or modify your Electronic Health Record (EHR)?</li> <li>• Will your EHR generate encounter data?</li> <li>• Can you bill multiple organizations for your services?</li> <li>• Can you generate encounters for non-Medicaid services provided to Medicaid clients?</li> <li>• Do you need to change or modify your billing and financial system?</li> <li>• Are you able to generate and accept HIPAA-standard transactions for encounter and eligibility data?</li> </ul>
2. IT Support	<ul style="list-style-type: none"> <li>• Do you have adequate support available for the desktop PCs, laptops, mobile devices, local network, and internet connectivity?</li> <li>• Do you have support available when issues/questions about your EHR occur?</li> </ul>

## Guide to the Transition Plan Template (continued)

Area	Questions for Consideration
<b>3. Billing Operations</b>	<ul style="list-style-type: none"> <li>• Are there policies and procedures in place to bill the MCOs?</li> <li>• Are you currently billing third-party insurances for Medicaid client services? (TPL)</li> <li>• Are you billing other insurance companies for the non-Medicaid services?</li> <li>• Are you able to bill Medicare for any of the services you provide?</li> <li>• Are there procedures in place to check that all services are being sent as encounters?</li> <li>• Are there procedures in place to review errors returned on encounter submissions and correct them?</li> </ul>
<b>4. Staffing</b>	<ul style="list-style-type: none"> <li>• Will you need additional technical staff to support the billing process?</li> <li>• Will you need additional data analysts to support the billing process?</li> <li>• Will you need additional help to generate reports to monitor the encounter process?</li> <li>• Will you need additional help to reconcile and record MCO payments?</li> </ul>
<b>5. BHO Sunset</b>	<ul style="list-style-type: none"> <li>• Do you need to obtain any of the encounter or native data that were sent to the BHO?</li> <li>• When will you submit your last regular submission of encounter data to the BHO?</li> <li>• How will you check your records to ensure that all encounter data have been sent to the BHO?</li> <li>• How will you support the clean-up of errors in encounter or native data that occur in the last two submissions to the BHO?</li> <li>• How long will you need to support the BHO data?</li> <li>• Do you need look-up access to the BHO records post-transition?</li> </ul>
<b>6. Contingency Plan</b>	<ul style="list-style-type: none"> <li>• What is your backup plan if your system is not ready to meet the transition deadline?</li> <li>• What is the latest date that you can make a decision to execute Plan B?</li> </ul>

## Transition Plan Template

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Area	Current State	Future State	Transition Steps	Responsible	Timeframe
<b>Information Systems</b>					
• EHR Systems					
• Encounter Data					
• Billing System					
• HIPAA Transaction					
<b>IT Support</b>					
• Desktop/Internet					
• EHR					
<b>Billing Operations</b>					
• Policies/Procedures					
• Third Party Liability (TPL) Billing					
• Other Insurance					
<b>Staffing</b>					
• IT Staff					
• Billing Staff					
• Admin Staff					
<b>BHO Sunset</b>					
• Native Data					
• Encounter Data					
• Last Submission					
<b>Contingency Plan</b>					
• Plan B					

# Billing and Information Technology: A Toolkit for Behavioral Health Agencies

Transition Plan – Example					
Area	Current State	Future State	Transition Steps	Responsible	Timeframe
Information Systems					
<ul style="list-style-type: none"> <li>EHR Systems</li> </ul>	BestEHR - In use since 2013. All clinicians are using it. Staff like it.	Upgraded BestEHR - Need to configure for multiple insurers. Need to update client insurance profiles.	<ol style="list-style-type: none"> <li>1. Itemize required changes for change request.</li> <li>2. Submit change request to BestEHR vendor.</li> <li>3. Install BestEHR upgrade.</li> <li>4. Test changes to BestEHR.</li> <li>5. Train staff on changes.</li> <li>6. Update client insurance profiles.</li> <li>7. Implement changes.</li> </ol>	IT staff IT staff IT staff/B. EHR IT staff Trainer Admin staff All	5/1/18 – 5/15/18 5/15/18 – 5/31/18 8/1/18 – 8/15/18 8/15/18 – 8/31/18 9/1/18 – 9/15/18 9/15/18 – 9/30/18 10/1/18
<ul style="list-style-type: none"> <li>Encounter Data</li> </ul>	From BestEHR	Need to configure for multiple insurers.	<ol style="list-style-type: none"> <li>1. Obtain reporting requirements from MCOs.</li> <li>2. Identify required changes for change request.</li> <li>3. Submit change request to BestEHR vendor.</li> <li>4. Install BestEHR upgrade.</li> <li>5. Test changes to BestEHR.</li> <li>6. Train staff on changes.</li> <li>7. Implement changes.</li> </ol>	IT staff/MCO IT staff IT staff BestEHR IT staff Trainer All	6/1/18-6/30/18 7/1/18-7/31/18 8/1/18 9/1/18 – 9/15/18 9/15/18 – 9/30/18 9/15/18 – 9/30/18 10/1/18



The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.