Transitioning to OHMS automated billing

Things for Best Practice Program Managers to consider prior to transition:

1. How are Surgical Health Services Coordinators (SHCSs) and Health Services Coordinators (HSCs)[1] bills processed currently?
    a. What office(s) or EMRs are involved in creation, submittal and reconciliation of (S)HSC services bills?
    b. How will using OHMS automated billing impact current processes/procedures?
    c. Will there need to be a technology (e.g. EMR) change?

2. Where are (S)HSC Service payments/remittance advices sent currently?
    a. If there is a desire to change where (S)HSC services payments/remittance advices are sent, it is important to contact L&I's Provider Accounts & Credentialing (PAC) Unit well in advance to plan for the needed changes. PAC Contact Information: PacMail@Lni.wa.gov.
    b. Changes to any provider/group/clinic L&I accounts will need to be completed prior to starting OHMS automated billing.

Things for Best Practice Program Managers to consider prior to selecting a transition date:

1. Are all involved parties/departments ready for the transition?
    a. The transition from organization billing to OHMS billing requires all parties to be "on the same page":
        i. Organization billing for all (S)HSC services will need to stop effective the day prior to transition.
        ii. (S)HSC case notes will need to be entered into OHMS for all (S)HSC services performed prior to the day of transition. And all those (S)HSC case notes will need to be "locked" and submitted (e.g., no open case notes) by the evening prior to transition.
        iii. Is best practice administrative staff familiar with how to run the Care Coordination Billing Report in OHMS to report on all (S)HSC bills submitted through OHMS automated billing?
        iv. Has a process been established to provide Care Coordination Billing Report to the organization's billing office and/or accounts receivable staff to support the bill/payment reconciliation of (S)HSC services submitted through OHMS?
        v. Has best practice administrative staff, the L&I contract manager/project lead, L&I L&I's PAC Unit (if applicable) and the OHMS technical team all coordinated on the transition plan (if needed)?

---

[1] The two roles together will be referred to as (S)HSC throughout this document.

     vi.   The OHMS technical team recommends that at least one transition planning meeting be held with the best practice administrative staff, the L&I contract manager/project lead and the OHMS technical team contact. The transition planning meeting discussions will likely result in agreement on the transition date.

2. What is a good date to transition?
   a. Starting OHMS billing on the first of a month or beginning of a week is recommended.
      i. This will provide a clean cut off and allow the billing and/or accounts receivables offices to reconcile bills and payments made pre/post OHMS billing.
   c. Backdating of (S)HSC case notes to service dates prior to the transition date is highly discouraged as this will make it harder to track and reconcile bills and payments made pre/post OHMS billing.
   d. Will any (S)HSCs be out of the office in the days leading up to the transition? If so, make sure that they have entered, "locked" and submitted all their case notes for services performed prior to their absence.
   e. The OHMS team will communicate with the L&I MIPS team about the plan and schedule for transition from manual billing for (S)HSC services to automated billing through OHMS.

How to request the transition

A simple email with the chosen date sent to the OHMS Help Desk (OHMSHelp@Lni.wa.gov) from either the best practices program manager or L&I contract manager/project lead (with the other party cc'd) is sufficient.

If you would like a template for this email, follow this format:

Dear OHMS Help Desk

[Best practice name] requests to transition to OHMS automated billing, effective **/**/****.

Sincerely,

[Program manager] / [L&I contract manager/project lead]

What to expect on the day prior to transition:

1. OHMS billing will be turned on the evening (after 5:00 PM) prior to the selected transition date.
   a. The OHMS technical team will starting contacting any (S)HSCs who have open (S)HSC case notes starting at 4:30 PM.
      i. If unable to reach (S)HSC,
         1. The OHMS technical team will screenshot the contents of the case note
         2. Email the images to the (S)HSC
         3. Delete the case note
      ii. The (S)HSC will have to recreate the case note the next business day.

What to expect on the days after transition:

1. (S)HSCs should send the OHMS technical team a handful of claim numbers where a billable (S)HSC case note was submitted so that we can validate billing is working as expected.
2. The OHMS technical team will closely monitor (S)HSC case notes and associated bills submitted through OHMS during the first few days after transition to automated billing to ensure that the automated billing process is working smoothly.
3. Best practice administrative staff will be able to run the Care Coordinator Billing Report in OHMS to obtain a list of claims and billing information.
4. Any corrections will need to be completed manually through the best practice accounts payable department.