# ELECTRONIC BILLING SYSTEM (EBS)

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

# ELECTRONIC BILLING SYSTEM INDEX

#### **ELECTRONIC BILLING SYSTEM (EBS) ACCESS**

Welcome to the Electronic Billing System, the system has been designed to streamline the billing processes.

To access the Division of Behavioral Health – Electronic Billing System enter the following or click on the link <u>https://dbhebs-tst-dhhs.ne.gov</u>.

It will bring up the Log in Screen. Prior to signing in, please review the Disclaimer at the bottom of the screen.

NEBRASKA DEPARTMEN Division of Behavioral H			
	Log in. Please Provide your Bł	H EBS account credentials to log in	
	User name *		
	Password *		
		Log in	
		Help! I forgot my password.	
	to/from this system constitute: United States Code, Sections and equipment are subject to recording and analysis of all d Confidentiality of Alcohol and monitoring reveals possible e	s a violation of Title 18, United States Code, 7213(a), 7213A (the Taxpayer Browsing Pro monitoring to ensure proper performance of a lata being communicated, transmitted, proces Drug Abuse Patlent Records. Stringent regul	use, misuse, or modification of this computer system or of the data contained herein or in transit Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, tection Act), 7431 and Health Insurance Portability and Accountability Act of 1996. This system applicable security features or procedures. Such monitoring may result in the acquisition, seed or stored in this system by a user. 42 CFR - Code of Federal Regulations Title 42 Part 2 - ations designed to maintain confidentiality of alcohol and drug abuse consumer information. If y be provided to Law Enforcement Personnel. ner .

The Username and Id was provided via email.

The first screen will provide you with the Main Menu on the left of the screen:

	NT OF HEALTH & HUMAN SERVICES ealth - Electronic Billing System	2/1/2017 10:45:15 AM You are Logond in as <b>Pat Roberts. Log out</b>
🔒 EBS	Welcome	
C Payments		
L Roles		
	No Notifications	

#### **OVER VIEW OF PAYMENT PROCESS AND PROVIDER REIMBURSEMENT SCREEN**

Select Payments and then from the drop down menu select Reimbursement Request:

		NT OF HEALTH & HUMAN SERVICES Health - Electronic Billing System	2/1/2017 12:49:32 PM You are Logged in as <b>Pair Roberts Log out</b>
-	♠ EBS	Welcome	
C Payments	<		
L Roles			
		(1) No Notifications	

On the left side a drop down menu will appear of the selections that you have access to:

	nt of Health & Human Services		2/1/2017 12:49:32 PM You are Logged in as Pat Roberts. Log out
Division of Behavioral H	ealth - Electronic Billing System	n a n a s a s a s Dream of Behavioral Health	
🔒 EBS	Welcome		
🕑 Payments			
Reimbursement Request			
Payment Status	C		
arana -	No Notifications		

Your User access is for the services and location(s) that is outlined in your contract. Verify that you have the appropriate contract if have multiple contracts.

	NT OF HEALTH & HUMAN SERVICES DHHS A	2/1/2017 / 2/54/57 PM Yooz are Logged in as <b>Pail Roberts Log out</b>
♠ EBS	Reimbursement Request : Community Alliance - 4001 Leavenworth	
C Payments	Reinbursement Request : Community Amarice - 4001 Leavenworth	
Reimbursement Request	Contract: 56789-O4 Owner Contractor: Region 6 Contract Description: New Request	Will list each contract separately
Payment Status	Contract, 50155-54	by number and brief description
1 Roles	Contract: 56897-04 Owner Contractor: Region 6 Contract Description: Playground New Request	of contract purpose.



Information that is provided on the Payment Reimbursement Screen (PRR). Each screen will provide the following information as a Header.

	Contract Number					_							to a PDF	ort screen file	
Date and Time MRR	Created	Pro	ovide	ər Na	ame										
	HEALTH & HUMAN SERVICES	IHS												2/1/2017 11 01 You are Logge	31 AM ( in as Pat Roberts, Log
<b>A</b> EBS	Reimbursement Request : Community	Alliance	- Allia	nce H	louse		[	Date and Ti	me PRR Cre	ated					
ments bursement Request ent Status	Contract: 56897-04 Contract Description: Playground	Provid	der: Come	n mity Alls	lance - Allianc	ce House		Amount c	of PRR						Export to
	MRR Date: PRR Date: 1/25/2017 1:21:57 PM Status	: Pending	Amount: S	so.oo <	-										
	Export to Excel														
Can Export to	Service Name 6	Service Month	۰.	Jnits 🛞	Unit Factor	® Rate	BH Form Type	<ul> <li>Reimbursed Units</li> </ul>	<ul> <li>Reimbursement Amount</li> </ul>	<ul> <li>Available Balance</li> </ul>	<ul> <li>Prior Billed YTD</li> </ul>	Total Billed     YTD	<ul> <li>Reimbursement</li> <li>Type</li> </ul>	۲	
Excel file	Medication Management - MH - A - Non Residential - CAG	12/2016	0		1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS		
	Outpatient Psychotherapy - MH - A - Non Residential - Individual - 10034-PEP	12/2016	0				BH4a	o	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	
	Outpatient Psychotherapy - MH - Y - Children - Individual - 90834-FEP	12/2016	0				BH4a	o	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	
	H 4 1 + H 5 + items per page														1 - 3 of 3 items
	SUD	Service Month	۲		Unit Factor	(e)	BH Form Type	Reimbursed     Linits	Reimbursement     Amount	Available     Available	Prior Billed     YTD	Total Billed     YTD	Reimbursement	۲	
	Outpatient Psychotherapy - SUD - A - Non Residential -	<ul> <li>Month</li> <li>12/2016</li> </ul>		onts e	9 Pactor	Rate	(e) Type BH4a	o	SO.00	S0.00	\$0.00	\$0.00	Type BHForm	BH Form	
	Individual - 90834-WSA Outpatient Psychotherapy - SUD - A - Non Residential - Family -	12/2016		0			Dr148	0	\$0.00	\$0.00	\$0.00	30.00	EBS	Dri Form	
	90847-WSA Outpatient Psychotherapy - SUD - A - Emergency - Group - 90851.V/Sa	12/2016		0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	
	90853-WSA														1 - 3 of 3 items
	Notes :												$\bigcirc$		
	Notes:												$\bigcirc$		
Declarill return or						<u>c</u> e	© 2015 301 Centernial 115 Dame - Cortas	Nebratia Department of Haa Mell South, Lincole, Nebrasku Ma - Samuth, Theory & America	Ith & Human Services 66509, PPE (402) 477-3221 565504 (Joint - Second Chicken				0		
Back will return yo to previous screen		n field	to pr	·ovid	le add				RD & Thuman Services 48550; Pr. (402) 47:3121 anability (hitty - General Costains	8		÷	0		
		n field	to pr	rovid	Je add				eth & Human Services 46550, Re. (403) 472-3121 anability Johny - General Discision	«		i	0		

Specific billing information that is populated each month is unique to each provider and the services that they provide. The following information is standard for both Mental Health and Substance Use Disorder on all PRR's. Refer to EBS Terminology for definitions/explanations for the terms.



The services that are not reimbursed by rate have been assigned a specific BH Form that is applicable to that service and expense categories. There are currently 9 forms available. Each of the forms have the same header information provided; Type of BH Form, contract number, service name, and service month.

Each of the forms have unique expense categories that have been assigned to allow consistent reporting of how the dollars are spent. On all forms there is the Current Month Expenses Submitted, Total Prior Expenses Billed and Total Expenses YTD.

Reimbursement Request	
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BH4a - Expense Reimbursement Document

Contract Number : 56897-04 Provider Name : Douglas CMHC - 4102 Woolworth Ave., Omaha Service Name : Crisis Response-MH-Adult-Emergency ServiceMonth : 01/2017

Expense Category 🕤	Current Month Expenses Submitted	Total Prior Expenses Billed 🕤	Total Expenses YTD 🕤	
Personal Services	\$111.10	\$0.00	\$111.10	⊘ Edit
General Operations	\$15.16	\$0.00	\$15.16	⊘ Edit
Travel	\$26.61	\$0.00	\$26.61	⊘ Edit
Capital Outlays	\$0.00	\$0.00	\$0.00	<ul> <li>⊘ Edit</li> </ul>
Contractors	\$0.00	\$0.00	\$0.00	<ul> <li>⊘ Edit</li> </ul>
Indirect Administration	\$500.00	\$0.00	\$500.00	⊘ Edit
Other Expenses	\$127.80	\$0.00	\$127.80	⊘ Edit
Total Expenses	\$780.67			
Revenue Received	\$100.00	\$0.00	\$100.00	<ul> <li>⊘ Edit</li> </ul>
Total Expenses	\$100.00			
Total Billing Submitted	\$680.67			
I I ► H 20 ▼	items per page			1 - 8 of 8 items

Save Cancel Delete

If the category 'Other' has been utilize for expense reimbursement a brief description explaining what the expense was for is required in the note section of the PRR. Documentation must be retained.

#### **REIMBURSEMENT REQUEST WITH UNITS FROM CDS:**

All data should be entered by the 6<sup>th</sup> Day of the month into CDS, to allow processing of Provider Reimbursement Request (PRR) to completed and submitted to the Region/Owner Contractor by the 7<sup>th</sup> of each month.

Any units from the CDS for the previous month will be automatically transmitted at the time you select New Request'. The Reimbursement Type will indicate 'CDS'.

Cantrast: 50007 04	Contract F		la cara un d	Descriptor	n Develoe Chi	HC - 4102 Woolwor	Ih Aug. Omaha					
Contract: 56897-04 MRR Date: PRR Dat 氟 Export to Excel	te: 2/8/2017 1	lescription: F 1:36:20 AM Add MH Servi	Status: Per		r: Douglas CM		Re					
Service Name 💿	Service (	Dunits 🐨	Unit 🕞 Factor	Rate 🕞	BH 🐨 Form Type	Reimbursed 🕞 Units	Reimbursement 🕞 Amount	Available 🕤 Balance	Prior 🕞 Billed YTD	Total Billed YTD	Reimbursement 🕤 Type	
Medication Management MH - A - Non Residential - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Group - 90853	1/2017	0			BH4a	0	\$32.89	\$0.00	\$0.00	\$32.89	BHForm	BH Form Remove
Feam Meeting - MH - Y - Children - Prescriber FEP	1/2017	1.5	1	\$150.00		1.5	\$225.00	\$0.00	\$0.00	\$225.00	EBS	Edit Remove
Feam Meeting - MH - Y - Children - Clinician -FEP	1/2017	1	1	\$100.00		1	\$100.00	\$0.00	\$0.00	\$100.00	EBS	Edit     Remove
Dutpatient Psychotherapy - MH - A - Non Residential - ndividual - 90834	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

Expense Reimbursements are completed on the BH Form which will be discussed in the next section.

Reimbursement Type 'EBS' allows the units to be entered and calculated by the rate that is entered in EBS System. The units for EBS payment type is not tracked through the Centralized Data System.

Select Edit to enter the number of units to complete once you have selected enter the reimbursement amount will be calculated.

## Example:

Contract: 56897-04 MRR Date: PRR Date:	Contra ate: 2/5/201		escription: Pla		ınd <b>us:</b> Rej		der: Douglas CM Amount: \$1,45	IHC - 4102 Woolw i1.98	vorth	i Ave., Omaha						Refresh
Export to Excel																
ИН		A	dd MH Service	2												
Service Name 🕤	Service Month	۲	Units 🕤	Unit Fact		Rate	BH 🐨 Form Type		•	Reimbursement 💿 Amount	Available G Balance	Price Bille YTC	ed	Total 🕤 Billed YTD	Reimbursement Type	$\odot$
Medication Management - MH - A - Non Residential - 99213-FEP	1/2017		10	1		\$70.57		10		\$705.70	\$0.00	\$0.0	DO	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017		0				BH4a	0		\$100.00	\$0.00	\$0.0	00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017		2	1			the nur	nber	]	\$141.14	\$0.00	\$0.0	DO	\$141.14	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				of	Uni	ts			\$238.00	\$0.00	Select Update		e	BH Form Remove	
Medication Management - MH - A - Non Residential - CAG	12/2016		4.00	1		\$70.57		2		\$141.14	0.00	\$0.0	DO	\$141.14	EBS	⊘ Update     ⊗ Cancel
H 4 1 F H	5 •	item	is per page													1 - 5 of 5 items 🖒
he system	calcu	la	tes the	e a	mc	ount										
ledication Management MH - A - Non tesidential - CAG	12/2016		4	1		\$70.57	,	4		\$282.28	\$0.00		\$0.00	\$282.28	EBS	⊘ Edit Remove
	5 •															1 - 5 of 5 iten

NEBRASKA DEPARTME Division of Behavioral				RVICES									2/5/2017 9:59:01 AM You are Logged in as <i>Pat Roberts. Log out</i>
♠ EBS Ø Payments Reimbursement Request	Reimbursemen	t Reques	st : Doug	las CMH	IC - 41	02 Wool	worth Ave., C	Omaha					Export to Pdf
Payment Status	Castract E2007.0.1 Castract Description: Des												
L Roles	MRR Date: PRR Date: 2/5/2017 9:59:21 AM Status: Pending Amount: \$705.70												Refresh
	Service Name 💿	Service ( Month	Units 🕤	Unit 🕤 Factor	Rate 🕞	BH 🐨 Form Type	Reimbursed 🕤 Units	Reimbursement () Amount	Available 😨 Balance		Total 🕞 Billed YTD	Reimbursement 🕞	
	Medication Management - MH - A - Non Residential - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
	Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
	Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	O Edit Remove
	н н 1 н н	<b>20</b> • it	ems per page										1 - 3 of 3 items

# The system does have the capability of calculating multiple rates within the same fiscal year and contract.

Contract: 27469-Y3	Pr	ovider: Grea	t Pla	ins Health -	601 W. Le	eota, M	North Platte	MRR	Date:	PRR Date: 10/	25/2016 8:52:31 AM	St	atus: Pending	Amount: \$72	2,438.13		Ret
(1) Export to Excel																	
н		Add	MH	Service													
Service Name	•	Service Month	۲	Units 🕤	Unit Factor	•	Rate 🐨	BH Form Type	•	Reimbursed @ Units	Reimbursement G		Prior 🕞 Billed YTD	Total 🕞 Billed YTD	Reimbursement 🕞 Type		
Acute Inpatient Hospitalization - MH - A - InPatient - 99223		6/2016		5	1		\$730.00			5	\$3,650.00		\$0.00	\$3,650.00	CDS	Remove	
Acute Inpatient Hospitalization - MH - A - nPatient - 99223		1/2016		35	1		\$760.00			35	\$26,600.00		\$0.00	\$26,600.00	CDS	Remove	
cute Inpatient Iospitalization - MH - A - ıPatient - 99223		2/2016		40	1		\$770.00			40	\$30,800.00		\$0.00	\$30,800.00	CDS	Remove	
cute Inpatient iospitalization - MH - A - iPatient - 99223		3/2016		10	1		\$700.00			10	\$7,000.00		\$0.00	\$7,000.00	CDS	Remove	
cute Inpatient Iospitalization - MH - A - 1Patient - 99223		3/2016		5	1		\$730.00			5	\$3,650.00		\$0.00	\$3,650.00	CDS	Remove	

#### ADJUSTMENT TO UNITS FROM CDS

Once the units have been transmitted any adjustment will not appear until the next transmission. Therefore at this time, the units are only being transmitted once a month. Any correction must be completed within the CDS System to be captured in the EBS System.

Example:

Save						
ntensive O	outpatient / Adult - SUD					
Encounter	·# Name	SSN	Admission Date	Authorization Period	Units Authorized	Service Details
236236	ABLERS, CAEDMON	###-##-8100	1/9/2017	1/9/2017 - 4/8/2017	90	Adult - Hours V 16 +Ad
246854	ALVAREZ RODRIGUEZ, Jama	###-##-7642	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours 20 +Ad
241668	BLAZKA, EARL	###-##-9462	1/26/2017	1/26/2017 - 4/25/2017	90	Adult - Hours V 18 +Ad
242197	BONNO, INEZ	###-##-7637	1/30/2017	1/30/2017 - 4/29/2017	90	Adult - Hours 9 +Ad
236580	CAMPBELL-II, JODY LEE	###-##-2836	1/17/2017	1/17/2017 - 4/16/2017	90	Adult - Hours V 16 +Ad
246850	DE LA CRUZ, JAMOCCA	###-##-7643	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours 🖌 4 +Ad
240711	DICKIE, MAXIMILLIAN	###-##-9591	1/18/2017	1/18/2017 - 4/17/2017	90	Adult - Hours 🖌 4 +Ad
247118	ESTELL, DELFINA	###-##-9451	3/6/2017	3/6/2017 - 6/3/2017	90	Adult - Hours V 4

Above is the March 2017 billing for intensive outpatient – Adult – SUD service at Test agency.

In late May the accountant reviewed insurance coverage and determined that encounter 236580 was paid by another funding source. The TAD was changed.

Save						
ntensive Ou	tpatient / Adult - SUD					
Encounter #	‡ Name	SSN	Admission Date	Authorization Period	Units Authorized	Service Details
236236	ABLERS, CAEDMON	###-##-8100	1/9/2017	1/9/2017 - 4/8/2017	90	Adult - Hours 💙 16 +Add
246854	ALVAREZ RODRIGUEZ, Jama	###-##-7642	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours 🖌 20 +Add
241668	BLAZKA, EARL	###-##-9462	1/26/2017	1/26/2017 - 4/25/2017	90	Adult - Hours V 18 +Add
242197	BONNO, INEZ	###-##-7637	1/30/2017	1/30/2017 - 4/29/2017	90	Adult - Hours V 9 +Add
236580	CAMPBELL-II, JODY LEE	###-##-2836	1/17/2017	1/17/2017 - 4/16/2017	90	Adult - Hours V 0 +Add
246850	DE LA CRUZ, JAMOCCA	###-##-7643	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours 🗸 4 +Add
240711	DICKIE, MAXIMILLIAN	###-##-9591	1/18/2017	1/18/2017 - 4/17/2017	90	Adult - Hours 🗸 4 +Add
247118	ESTELL, DELFINA	###-##-9451	3/6/2017	3/6/2017 - 6/3/2017	90	Adult - Hours 🗸 4 +Add

The CDS system will send to the EBS a detail showing that there is (-16) units for March when the March TADs is revised. TADS can be altered up to 3 months prior to the month for which reimbursement/payment is being billed (that is if requesting reimbursement for April, TADs for January, February or March are allowed to be revised) without special permission.

The information then will be transmitted to EBS on the next scheduled date, and EBS calculates the billing accordingly reflecting the changes to the services for the applicable service month.

#### **CREATING EXPENSE REIMBURSEMENT:**

There should only be one PRR (Provider Reimbursement Request) for the month. Each month when you have selected New Request it will automatically bring in all the services that your contract is authorized to provide.

To create a nev	w request select	New Requ	est									
Reimbursement Rec	quest : LiveWise Regiona	al Coalit	ion - 302 Amer	rican Pk	wy Papillio	on						
- Contract: 56789-O4	Owner Contractor: Region 6				New Reque	est						
PRR Create Date	MRR Create Date	•	Amount Billed	۲	Status	$\odot$	MRR Status	6	Amount Paid	$\odot$		
	<ul> <li>              items per page      </li> </ul>										No items to display	c

The screen displays your company name, contract number, contract description, provider name (same as company name, MRR (Master Reimbursement Request) Date, PRR (Provider Reimbursement Request) Date, status and amount of request.

NEBRASKA DEPARTA Division of Behaviora				ERVICES		of Halt Lines Seven HHS D to A 3 to A of Behavioral Health							2/5/2017 9:59:01 AM You are Logged in as <b>Pat Roberts. Log ou</b>
✿ EBS Ø Payments Reimbursement Request	Reimbursemen	t Reques	st : Doug	glas CMI	HC - 41	02 Wool	worth Ave., o	Omaha					Export to Pd
Payment Status	Contract: 56897-04	Contract	Description:	Playground	Provi	der: Douglas C	CMHC - 4102 Woolwo	orth Ave., Omaha					
1 Roles	MRR Date: PRR D	ate: 2/5/2017	9:59:21 AM	Status: Pe	ending A	Amount: \$705.	.70						Refres
	Export to Excel	I	Add MH Ser	vice									
	Service Name 💿	Service (	🔊 Units 🤕	Unit G		BH ⊕ Form Reimbursed ⊕ Reimbursement ⊕ Available ⊕ Billed Billed Billed te ⊕ Type Units Amount Balance YTD YTD Type							
	Medication Management - MH - A - Non Residential - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
	Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
	Medication Management - MH - A - Non Residential - CAG	1/2017	o	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Ø Edit Remove
	H 4 1 F H		ems per page										1 - 3 of 3 items

The system will bring in the services you provide automatically to the billing month. If there is not a request for payment you will need to remove that service from the Provider Reimbursement Request.

To generate a reimbursement request for a service provided that is not displayed on the screen select the type of service Add MH Service MH (Mental Health) or Add SUD Service SUD (Substance Use Disorder). For this example we will be using MH Services and want to create a request for services that was not billed for December services:





To select a service month that is from previous billing you period you can select from the drop down menu. The months are organized by the most current month first.

bursement Request ent Status	Contract: 56897	7-O4 Contract Descrip	ption: Playground	Provider: Douglas	CMHC - 4102 Woolwor	h Ave., Omaha				
	MRR Date:	PRR Date: 2/5/2017 10:32:0	7 AM Status: Per	ding Amount: \$7	05.70					Refresh
		_	H Service							
	Service Name	Service 🐨 🐨 Month Unit	Unit 🐨	BH Form Rate  Type	Reimbursed     Units	Reimbursement (	Available 🕞 Balance	Prior Total Billed Billed YTD YTD	Reimbursement 🕞	
	Medication Management - M Non Residential - 99213-FEP		1	\$70.57	10	\$705.70	\$0.00	\$0.00 \$705.70	CDS Remov	3
Add	Service								×	1 Remove
Servi	ice Month: December, 20		•							1 Remove
		Service Name Crisis Response	ServiceType @	Adult/Youth 🐨	ProcedureCode G	Qualifier 🐨 WS	A 🐨 FEP	ServiceModifier	Reimbursement Type 🕤 BHForm	Remove
		Outpatient Psychotherapy	MH	Adult	90834	Individual			BHForm	
		Outpatient Psychotherapy	MH	Adult	90847	Family			BHForm	Remove
	Non Residential	Medication Management	MH	Adult				CAG	EBS	1 - 5 of 7 items 🖒
	Emergency	Flex Funds	мн	Adult					BHForm	
X	Non Residential	Outpatient Psychotherapy	мн	Adult	90853	Group			BHForm	
	dd Cancel	D • tems page		ВН	$\odot$			e that you have ces to view/se		laying 5 – 10 – 2
	Service Name Outpatient Psych - SUD - A - Non		nits 🐨 Factor	Rate Type		Reimbursement ( Amount	Available (C) Balance	Billed Billed YTD YTD	Reimbursement 🕥 Type	

The services that are allowable to bill will auto populate for your selection.

Select the services that you want to include by clicking you mouse in the box next to the service.

٩dd	Service									
Contr	act: 56897-04								Provider: Douglas CMH Omaha	IC - 4102 Woolworth Ave.,
Servi	ce Month: December, 2	016 🗸								
	FundingCategory	) Service Name 🕤	ServiceType 🕤	Adult/Youth 🕤	ProcedureCode 🕤	Qualifier	WSA 🕞	FEP 😨	) ServiceModifier 🕤	Reimbursement Type 🕞
	Emergency	Crisis Response	мн	Adult	S9485					BHForm
✓	Non Residential	Outpatient Psychotherapy	МН	Adult	90834	Individual				BHForm
✓	Non Residential	Outpatient Psychotherapy	МН	Adult	90847	Family				BHForm
✓	Non Residential	Medication Management	MH	Adult					CAG	EBS
	Emergency	Flex Funds	МН	Adult						BHForm
✓	Non Residential	Outpatient Psychotherapy	МН	Adult	90853	Group				BHForm
M	▲ 1 ► H 2	items per page								1 - 6 of 6 items 🖒
Ad	d Cancel									
<										

Select Add to create request for the month selected.

It will bring the services in that was selected.

Service Name 💿	Service ( Month	Ŧ	Units 🕞		Init actor	•	Rate 🐨	BH Form 🐨 Type	Reimbursed Units	€	Reimbursement (	Available 🕞 Balance	) E	Prior 🐨 Billed YTD	To Bill YT	ed	Reimburseme Type	ent	€	
Medication Management - MH - A - Non Residential - 99213-FEP	1/2017		10	1			\$70.57		10		\$705.70	\$0.00	4	\$0.00	\$7	)5. <b>70</b>	CDS			Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	(	D					BH4a	0		\$0.00	\$0.00	\$	\$0.00	\$0	00	BHForm			BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Family - 90847	1/2017		D					BH4a	0		\$0.00	\$0.00	4	\$0.00	\$0	00	BHForm			BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017		D	1			\$70.57		0		\$0.00	\$0.00	4	\$0.00	\$0	00	EBS			Edit     Remove
Flex Funds - MH - A - Emergency	1/2017	(	D					BH4b Consumer Flex Funds	0		\$0.00	\$0.00	4	\$0.00	\$0	00	BHForm			BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016							BH4a			\$0.00	\$0.00	4	\$0.00	\$0	00	BHForm			BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016			1			\$70.57					\$0.00	4	\$0.00			EBS			Edit     Remove
Outpatient Psychotherapy - MH - A - Non Residential - Group - 90853	12/2016							BH4a			\$0.00	\$0.00	9	\$0.00	\$0	00	BHForm		•	BH Form Remove

ΜН

Select BH Form for service

tract Number : 56897-04 rider Name : Douglas CMHC - 41 rice Name : Outpatient Psychothe riceMonth : 12/2016				
Expense Category	Current Month Expenses Submitted	Total Prior Expenses Billed     🕤	Total Expenses YTD 🕤	
Personal Services	\$0.00	\$0.00	\$0.00	🖉 Edit
General Operations	\$0.00	\$0.00	\$0.00	⊘ Edit
Travel	\$0.00	\$0.00	\$0.00	⊘ Edit
Capital Outlays	\$0.00	\$0.00	\$0.00	⊘ Edit
Contractors	\$0.00	\$0.00	\$0.00	⊘ Edit
Indirect Administration	\$0.00	\$0.00	\$0.00	⊘ Edit
Other Expenses	\$0.00	\$0.00	\$0.00	⊘ Edit
Total Expenses	\$0.00			
Revenue Received	\$0.00	\$0.00	\$0.00	⊘ Edit
Total Expenses	\$0.00			
Total Billing Submitted	\$0.00			
<ul><li>▲ 1 ► Ħ</li><li>20 ▼</li></ul>	items per page			1 - 8 of 8 items

To add dollars select enter the amount for appropriate expense category.

#### Poimh .+

Contract Number : 56897-04 Provider Name : Douglas CMHC - 410 Service Name : Outpatient Psychother ServiceMonth : 12/2016														
Expense Category 🕤	Current Month Expenses Submitted 🕤	Total Prior Expenses Billed 🕤	Total Expenses YTD 💿											
Personal Services	\$100.00	\$0.00	\$100.00	⊘ Edit										
General Operations	\$50.00	\$0.00	\$50.00	⊘ Edit										
Travel	\$25.00	\$0.00	\$25.00	⊘ Edit										
Capital Outlays	\$15.00	\$0.00	\$15.00	⊘ Edit										
Contractors	\$35.00	\$0.00	\$35.00	⊘ Edit										
Indirect Administration														
Other Expenses     72.00       Total Expenses     \$297.00														
Total Expenses     \$297.00														
Total Expenses         \$297.00           Revenue Received         \$59.00         \$0.00         \$59.80         @Edit														
Revenue Received         \$59.00         \$0.00         \$59.00         © Edit           Total Expenses         \$59.00														
Total Billing Submitted	\$238.00													
20 ▼	items per page			1 - 8 of 8 items 🖒										
H 1   H 1   H 20   items per page     1 - 8 of 8 items     Cancel     Delete														
Save Cancel Delete You have the option to select Oupdate or Cancel. Update will retain the dollar amount in the field and cancel will delete whatever amount you entered on that line. Select Oupdate after you have entered the amount for each applicable expense category.														
You have the option t cancel will delete what	to select Or Cancel atever amount you entered o		eteb											
You have the option t cancel will delete wha amount for each appl	to select Or Cancel atever amount you entered o	n that line. Select	eteb											
You have the option t cancel will delete wha amount for each appl Once you have compl	to select <sup>OUpdate</sup> or <sup>© Cancel</sup> atever amount you entered o licable expense category.	n that line. Select <sup>Oup</sup>	<sup>date</sup> after you have											
You have the option to cancel will delete what amount for each appl Once you have complete Save = It will keep a	to select Or Cancel atever amount you entered o licable expense category.	n that line. Select <sup>oup</sup>	after you have											
You have the option to cancel will delete what amount for each appl Once you have compl Save = It will keep a Cancel = will erase al	to select Or Cancel atever amount you entered o licable expense category. leted filling out the form select Il information that you have e	n that line. Select <sup>oup</sup> ct Save, Cancel, or entered. ntered and return you t	after you have											
You have the option to cancel will delete what amount for each appl Once you have complet Save = It will keep a Cancel = will erase al Delete = Will erase to	to select <sup>QUpdate</sup> or <b>Cancel</b> atever amount you entered o licable expense category. leted filling out the form selec Il information that you have e	n that line. Select <sup>oup</sup> ct <u>save</u> , <u>cance</u> , or entered. ntered and return you t nat you have entered.	after you have											

Remove												
Reimbursement Request : Douglas CM	/HC - 4102	Woolwor	rth Ave., C	maha								Export to P
Contract: 56897-04 Contract Description: Playground	d Provider: [	Douglas CMHC	- 4102 Woolwor	th Ave., Oma	ha							
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status	: Pending Amo	ount: \$1,234.8	4									Refre
Export to Excel												
MH Add MH Service												
Service Name 🛞	Service 🐨 Month		Unit 🐨 Factor			Reimbursed 🕞 Units	Reimbursement () Amount	Available 🕞 Balance	Prior Billed (*) YTD	Total Billed @ YTD	Reimbursement Type	•
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit     Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit     Remove
H + 1 + H 20 • Items per page												1 - 5 of 5 items
SUD Add SUD Service	Service Month	() Units ()	Unit	Rate (	BH Form (	Reimbursed Units	Reimbursement     Amount	Available G Balance	Prior Billed (	Total Billed @	<ul> <li>Reimbursement</li> <li>Type</li> </ul>	•
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90847-WSA	1/2017	0			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
H 4 1 F H 5 V items per page												1 - 3 of 3 items
Notes :											$\bigcirc$	
Submit Delete Back												

If there is a service does not have any expenses for the month you would remove it from the PRR by selecting

Remove . Example by selecting remove from Outpatient Psychotherapy – SUD – A- Non Residential – Family – 90847 – WSA it remove that service from the PRR. You will receive a confirmation message to confirm that you do want the service removed.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha															
Contract: 56897-O4 Contract Description: Playground	d Provider: [	Douglas CMHC	C - 4102 Woolwo	th Ave., Omai	าล										
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status	s: Pending Amo	ount: \$1,234.8	4										Refresh		
Export to Excel															
MH Add MH Service	Service @ Unit @ BH Form @ Reimbursed @ Reimbursement @ Available @ Prior Billed @ Total Billed @ Reimbursement @														
Service Name	Service 🐨 Month	Units 🕤		Rate 🐨	BH Form 🐨 Type	Reimbursed 🐨	Reimbursement () Amount	Available 🐨 Balance	Prior Billed () YTD	Total Billed (*) YTD	Reimbursement Type	•			
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove			
Crisis Response - MH - A - Emergency - S9485															
Medication Management - MH - A - Non Residential - CAG															
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016		Conf		BH4a	×	\$238.00	SD.00	\$0.00	\$238.00	BHForm	BH Form	Remove		
Medication Management - MH - A - Non Residential - CAG	12/2016	2			ant to Delete ?		\$141.14	\$0.00	\$0.00	\$141.14	EBS	@ Edit	Remove		
H					Delete Canc	el							1 - 5 of 5 items 🛛 🖒		
SUD Add SUD Service															
Service Name	<ul><li>Service</li><li>Month</li></ul>	🐨 Units (		Rate G	BH Form ( Type	<ul> <li>Reimbursed</li> <li>Units</li> </ul>	<ul> <li>Reimbursement</li> <li>Amount</li> </ul>	Available ( Balance	Prior Billed @ YTD	Total Billed () YTD	Reimbursement Type	•			
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90847-WSA	1/2017	0			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form	Remove		
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	Remove		
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	Remove		
H 4 1 + H 5 + items per page													1 - 3 of 3 items 🏼 🕹		
Notes :															
Submit Delete Back															

## Select 'Delete'

IRR Date: PRR Date: 2/5/2017 10:32:07 AM State			IC - 4102 Woolwo	rth Ave., Oma	ha							
	us: Pending A	mount: \$1,184	84									R
Export to Excel												
Add MH Service												
ervice Name	Service Month	🐨 Units @	Unit G Factor		BH Form 🐨 Type	Reimbursed 💿 Units	Reimbursement () Amount	Available 🕞 Balance	Prior Billed (* YTD	Total Billed (9 YTD	Reimbursement Type	۲
edication Management - MH - A - Non Residential - 99213- P	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
isis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
dication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit     Remove
itpatient Psychotherapy - MH - A - Non Residential - dividual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
adication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit     Remove
												1 - 5 of 5 item
JD Add SUD Service		(r) Units	Unit     Factor	Rate 0	BH Form	<ul> <li>Reimbursed Units</li> </ul>	Reimbursement ( Amount	Available     Balance	Prior Billed (	) Total Billed ( YTD	<ul> <li>Reimbursement</li> <li>Type</li> </ul>	•
anvice Name	<ul> <li>Service</li> <li>Month</li> </ul>	Ormo			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
	Service Month     1/2017	0										
vice Name	<ul> <li>Month</li> </ul>				BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

The service that you selected to be removed has been deleted.

Contract: 56897-04 Contract Description: Playgrou MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu		der: Douglas Cl Amount: \$1,18		worth Ave., Ome	ha							Ref
Export to Excel      Add MH Service												
Service Name	Service Month	() Units	Unit Factor		BH Form 💿 Type	Reimbursed () Units	Reimbursement () Amount	Available () Balance	Prior Billed (Prior Billed )	Total Billed G	Reimbursement Type	•
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit     Remove
Dutpatient Psychotherapy - MH - A - Non Residential - ndividual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	@ Edit Remove
H + 1 + H 20 + items per page												1 - 5 of 5 items
UD Add SUD Service		() Units	Unit • Factor	⊙ Rate (	BH Form Type	Reimbursed     Units	Reimbursement     Amount	) Available 🕞 Balance	Prior Billed (	) Total Billed (	Reimbursement     Type	•
	Service Month		0 10000	14010		0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Add SUD Service Service Name Crisis Response - SUD - A - Emergency - S9485-HF	Service     Month     1/2017	0			BH4a	0						
Service Name	<ul> <li>Month</li> </ul>				BH4a BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

In the Notes section this provides a space to document specifics regarding current months billing. If the 'Other' category is utilized an description of what it pertains to should be in the note section

Contract: 56897-04 Contract Description: Playgrou IRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu		r: Douglas Cl mount: \$1,45	IHC - 4102 Woolv 0.98	rorth Ave., Oma	ha							F
Export to Excel												
Add MH Service												
rvice Name	Service Month	Units	Unit Factor	🖲 Rate 👽	BH Form (*) Type	Reimbursed () Units	Reimbursement @ Amount	Available () Balance	Prior Billed @	Total Billed () YTD	Reimbursement Type	۲
dication Management - MH - A - Non Residential - 99213- P	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
sis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
dication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit     Remove
patient Psychotherapy - MH - A - Non Residential - vidual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
dication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
•     1     •     H     5     •     items per page												1 - 5 of 5 item
	Service Month	The second secon	<ul> <li>Unit</li> <li>Factor</li> </ul>	Rate (		<ul> <li>Reimbursed</li> <li>Units</li> </ul>	Reimbursement ( Amount	Available     Balance	Prior Billed () YTD	) Total Billed @ YTD	<ul> <li>Reimbursement</li> <li>Type</li> </ul>	۲
vice Name	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	BH Form Remove
vice Name iis Response - SUD - A - Emergency - S9485-HF		15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
	1/2017	15										1 - 2 of 2 item

After you have completed billing for all services applicable for the month you have the following options:

Select Submit to submit completed request for approval.



Back this will retain all information that you have entered except what you entered in the note section. It return you to the main page of reimbursement request.

NEBRASKA DEPARTMENT OF H Division of Behavioral Health - El	HEALTH & HUMAN SERVICES						2/5/2017 11 49:38 AM You are Logged in an Pat Roberts. Log out
♠ EBS	Reimbursement Request : Douglas CM	ALC 4102 Weekverth Ave. Omeh					
& Payments	Reimbursement Request . Douglas Ch	ARC - 4102 Woolworth Ave., Orhan	a				
Reimbursement Request	Contract: 56789-04 Owner Contractor: F	Anion 6 Contract Description	1 C				
Payment Status	Contract: 50765-04 Owner Contractor. P	legion o contract bescription.					
1 Roles	Contract: 56897-04 Owner Contractor: R	egion 6 Contract Description: Playground	New Request				
	PRR Create Date	MRR Create Date	Amount Billed	Status (	MRR Status (	Amount Paid	•
	02/05/2017 10:32:07 AM		\$1,450.98	Pending			View Edit
	+ + 1 + + 5 + liem per page						1-1 of 1 items 🔥
	l						

To return to continue submitting you would select edu . It will retain each reimbursement request that was completed and save.

Contract: 56897-04 Contract Description: Playgrou					- 4102 Woolwort	th Ave., Or	naha										_
MRR Date: PRR Date: 2/5/2017 10:32:07 AM State	us: Pendin	g Amo	unt: \$1,4	50.98													
Export to Excel																	
Add MH Service																	
rvice Name	Service Month	•			Unit 🐨 Factor	Rate (	BH Form Type	۲	Reimbursed () Units	Reimbursement (Reimbursement (Reimbursement	Available Balance	Prior Billed     YTD	Total Billed (	<ul> <li>Reimbursement</li> <li>Type</li> </ul>	۲		
dication Management - MH - A - Non Residential - 99213-	1/2017		10	1	1	\$70.57			10	\$705.70	\$0.00	\$0.00	\$705.70	CDS		Remove	
is Response - MH - A - Emergency - S9485	1/2017		0				BH4a		0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm		BH Form	Remove
tication Management - MH - A - Non Residential - CAG	1/2017		2	1	1	\$70.57			2	\$141.14	\$0.00	\$0.00	\$141.14	EBS		@ Edit	Remove
patient Psychotherapy - MH - A - Non Residential - vidual - 90834	12/201	6					BH4a			\$238.00	\$0.00	\$0.00	\$238.00	BHForm		BH Form	Remove
lication Management - MH - A - Non Residential - CAG	12/201	в	2	1	1	\$70.57			2	\$141.14	\$0.00	\$0.00	\$141.14	EBS		@ Edit	Remove
< 1 ► H 5 ▼ Items per page																	1 - 5 of 5 iter
D Add SUD Service	⊛ Sen Mon	/ice th	() Units	. 🐨	Unit ( Factor	Rate	<ul> <li>BH Form</li> <li>Type</li> </ul>	6	<ul> <li>Reimbursed Units</li> </ul>	<ul> <li>Reimbursement Amount</li> </ul>	<ul> <li>Available Balance</li> </ul>	Prior Billed     YTD	Total Billed (	Reimbursement Type	Ŷ		
is Response - SUD - A - Emergency - S9485-HF	1/20	117	0				BH4a		0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm		BH Form	Remove
patient Psychotherapy - SUD - A - Non Residential - vidual - 90834-WSA	1/20	117	15				BH4a		15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm		BH Form	Remove
I ► H 5 ▼ items per page																	1 - 2 of 2 iter

You may make any edits to any of the requests at this time prior to submitting.

#### DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

DELETING SERVICE(S) FROM PRR

To delete a specific service from the PRR you select on the line of the service that you want deleted from this month's billing.

Contract: 56897-O4 Contract Description: Playground	i Pro	ovider: D	ouglas CM	IC - 410	2 Woolworth	Ave., Oma	ha				$\backslash$				
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status	: Pending	Amor	unt: \$1,234	84							$\langle \rangle$				Refresh
Export to Excel											$\langle \rangle$				
H Add MH Service												$\backslash$			
	Service Month	۲		Unit Facto	۲	Rate 🛞	BH Form 🐨	Reimbursed 🕞	Reimbursement 💿		Prior Billed (*) YTD	Total Billed ③ YTD	Reimbursement ()		
ledication Management - MH - A - Non Residential - 99213- EP	1/2017		10	1		\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove	
risis Response - MH - A - Emergency - S9485	1/2017		0				BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	<b>WHForm</b>	BH Form F	Remove
Medication Management - MH - A - Non Residential - CAG	1/2017		0	1		\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	⊘ Edit Re	nove
Dutpatient Psychotherapy - MH - A - Non Residential - ndividual - 90834	12/2016						BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form F	Remove
Adication Management - MH - A - Non Residential - CAG	12/2016		2	1		\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	⊘ Edit Res	nove
H 4 1 + H 20 + Items per page															1 - 5 of 5 items
UD Add SUD Service														$\backslash$	
Service Name	Service Month		() Units	€ Fa		Rate (	BH Form Type	<ul> <li>Reimbursed ()</li> <li>Units</li> </ul>	Reimbursement (s	Available (*) Balance	Prior Billed () YTD	Total Billed () YTD	Reimbursement () Type		
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 0847-WSA	1/2017		0				BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form F	Remove
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017		0				BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form F	Remove
Outpatient Psychotherapy - SUD - A - Non Residential - individual - 90834-WSA	1/2017		15				BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form F	Remove
н н 1 н Б н items per page															1 - 3 of 3 items
													~		

Example by selecting remove from Outpatient Psychotherapy – SUD – A- Non Residential – Family – 90847 – WSA it remove that service from the PRR. You will receive a confirmation message to confirm that you do want the service removed.

Reimbursement Request : Douglas Cl	MHC - 4102	Noolwa	rth Ave., C	maha								Export to Pel
Contract: 56897-04 Contract Description: Playgroun	d Provider: D	cuglas CMH	C - 4102 Woolwort	th Ave., Omat	18							
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu	s: Pending Amo	int: \$1,234.8	54									Refresh
Export to Excel												
700 HT Setuce	Service @					Reimbursed 🐨	Reimbursement @	Available @			Reimbursement (*	
Service Name 🛞	Service (*) Month	Units 🐨	Unit 🛞 Fector	Rate 🐨		Units	Amount	Belance (*	Prior Billed ③ YTD	Total Billed @ YTD	Type	
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016		Confi		BH4a	×	\$238.00	SO.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2			ant to Delete ?		\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
H + 1 + H 20 + items per page					Delete Canc	el						1 - 5 of 5 items o
SUD Add SUD Service			b				Selec	t 'Delete	ť			
Service Name	Service Month	Units	Unit ( Factor	Rate @		<ul> <li>Reimbursed</li> <li>Units</li> </ul>	Reimbursement (	Available ( Balance	Prior Billed @ YTD	Total Billed @	Reimbursement () Type	
Outpatient Psychotherapy - SUD - A - Non Residential - Family 90847-WSA	- 1/2017	o			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4s	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
н н 1 н н 5 н items per page												1 - 3 of 3 items o
Notes :												

Contract: 56897-O4 Contract Description: Playgrou	nd Provider:	Douglas CMH	C - 4102 Woolwo	rth Ave., Oma	aha							
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu	us: Pending Am	nount: \$1,184.8	34									R
Export to Excel												
H Add MH Service												
Service Name 😨	Service ( Month	Units 🕤	Unit 🕞 Factor		BH Form Type	Reimbursed 💿 Units	Reimbursement () Amount	Available 🐨 Balance	Prior Billed ③ YTD	Total Billed ③ YTD	Reimbursement ( Type	9
fedication Management - MH - A - Non Residential - 99213- EP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit     Remove
Outpatient Psychotherapy - MH - A - Non Residential - ndividual - 90834	12/2016				BH4a		\$238.00	\$D.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	S141.14	EBS	Edit     Remove
H + 1 + H 20 + Items per page												1 - 5 of 5 item
UD Add SUD Service												
Service Name	<ul> <li>Service</li> <li>Month</li> </ul>	Turits	<ul> <li>Unit</li> <li>Factor</li> </ul>	Rate (	<ul> <li>BH Form</li> <li>Type</li> </ul>	<ul> <li>Reimbursed</li> <li>Units</li> </ul>	Reimbursement (Reimbursement (Reimbursement	) Available 🕞 Balance	YTD Prior Billed @	Total Billed () YTD	Reimbursement ( Type	3
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
H 4 1 + H 5 + items per page												1 - 2 of 2 item

The service that you selected to be removed has been deleted.

#### DELETING PROVIDER REIMBURSEMENT REQUEST

Once a PRR has been submitted to the Region\Owner Contractor you are <u>unable</u> to modify anything on that request. You must contact the Region\Owner Contractor to ask them to reject the request back to you to make any adjustments.

Once you have been notified by the Region\Owner Contractor that they rejected the PRR back it will appear under the Payment Section.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DHITS Division of Behavioral Health - Electronic Billing System	20000117 7:30:10 AM You are Logged in as <b>Pid Roberts Log out</b>
Welcome Select Payments	
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DHHS	2652917 730 15 AM You are Legged in as <b>Pal Roberts. Leg out</b>
A FOR     A	
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DHHS Division of Behavioral Health - Electronic Billing System	2/6/2017 7:32:30 AM You are Logged in as <b>Pat Roberts. Log out</b>
▲EDS     Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha       If Provem Michourset Request     Image: Contract: 56789-04     Owner Contractor: Region 6     Contract Description:     New Request     Select appropriate contract       Image: Shale     Image: Contract: 56897-04     Owner Contractor: Region 6     Contract Description:     New Request     Select appropriate contract	
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DHHS Division of Behavioral Health - Electronic Billing System	2000317 73530 AM You are Logged in as <b>Pol Roberts Log out</b>
▲ 650         Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha         Status has changed to Rejected           E Promets         Contract: 55789-04         Owner Contractor: Region 6         Contract Description:         New Noted	
Contract: 5697-04 Owner Contractor: Region 6 Contract Description: Playground Here Reserve      PPP Create Date     Overar Contractor: Region 6 Contract Description: Playground Here Reserve      PPR Create Date     PRR date has not changed      PRR date has not changed	Select 'View' or 'Edit'

At this time the Region\Owner Contractor will advise via email if any changes are needed. Automatic notifications are still in the developmental stages.

Selecting Edit will	allows the User 1	to make any	/ necessary	/ changes to	the PRR

Reimbursement Request : Douglas Cl	MHC - 4102	Woolwo	rth Ave., C	maha								Export to Pdf
Contract 5587-04 Contract Description: Playsour MRR Date: PRR Date: 2550017 10.3207 AM Statu Export to Excel MH Add 161 Servex		Douglas CMHC xunt: \$1,450.5	2 - 4102 Woolwort	h Ave., Oma	ha			2 <sup>nd</sup> of the mor need to made				Refesh
Service Name	Service (* Month	Units 🐨	Unit 🐨 Factor		BH Form 🐨 Type	Reimbursed 🐨 Units	Reimbursement ③ Amount	Available 🛞 Balance	Prior Billed (*) YTD	Total Billed @ YTD	Reimbursement Type	
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit     Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
H H H 5 V items per page												1 - 5 of 5 items 🖒
SUD Add SUD Service									To e	dit select BI	H Form	
Service Name	Service Month	Units (	Unit ( Factor	Rate (	BH Form Type	<ul> <li>Reimbursed</li> <li>Units</li> </ul>	Reimbursement (	Available (e Balance	Prior Billed () YTD	Total Billed @ YTD	Reimbursement () Type	
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	o			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
H H F H 5 V items per page												1 - 2 of 2 items 🖒
Billed for 2 services for December 2016 - January 201           Notes :         being received. Created by PRoberts Approved by Private and the priv		ises for OP - I	VIH - Adult contain	is expenses	for examination glo	ves, mask, sanitizing supp	Nies. In the Crisis Response -	SUD - A - Emergency is	an example of a credit	being entered and re	evenue	

Complete any adjustments that is needed by selecting **Context**. Once completed select **Oupdate** and **Sove**.

Reimbursement Request					
BH4a - Expense Reimb	oursement Document				
Contract Number : 56897-O4 Provider Name : Douglas CMHC - 410 Service Name : Crisis Response-SUD- ServiceMonth : 01/2017					
Expense Category 💿	Current Month Expenses Submitted	۲	Total Prior Expenses Billed 💿	Total Expenses YTD 💿	
Personal Services	-\$50.00		\$0.00	-\$50.00	⊘ Edit
General Operations	101.00	•	\$0.00	\$100.00	Update     Cancel
Travel	\$0.00		\$0.00	\$0.00	🖉 Edit
Gapital Outlays	\$0.00		\$0.00	\$0.00	⊘ Edit
Contractors	\$0.00		\$0.00	\$0.00	🕑 Edit
A Indirect Administration	\$0.00		\$0.00	\$0.00	⊘ Edit
Other Expenses	\$0.00		\$0.00	\$0.00	⊘ Edit
Total Expenses	\$50.00				
Revenue Received	\$25.00		\$0.00	\$25.00	🕐 Edit
Total Expenses	\$25.00				
Total Billing Submitted	\$25.00				
н н 1 н н 20 т	items per page				1 - 8 of 8 items 🖒
an Save Cancel Delet	e				
- <	13		DN48 10	3100.00 30.	uu 30.00

#### The following changes were made on the example below

												Export
Contract: 56897-O4 Contract Description: Playgrou	nd Provider:	Douglas CMH	C - 41D2 Woolwo	th Ave., Oma	iha							
MRR Date: PRR Date: 2/5/2017 10:32:07 AM State	us: Rejected An	nount: \$1,451.	98									R
Export to Excel												
MH Add MH Service												
Service Name	Service ( Month	Units 🕞	Unit 🕞 Factor		BH Form 🐨 Type	Reimbursed 🕞 Units	Reimbursement (*) Amount	Available (*) Balance	Prior Billed (*) YTD	Total Billed Total Billed	Reimbursement Type	Ŷ
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit     Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	C Edit Remove
H 4 1 F H 5 F Items per page												1 - 5 of 5 items
SUD Add SUD Service												
	Service Month	() Units	Unit Factor	Rate (		<ul> <li>Reimbursed ( Units</li> </ul>	Reimbursement (	Available @	Prior Billed @	Total Billed @	Reimbursement Type	Ð
Sanira Nama	() monar	0	0 10.00	Tune (	BH4a	0	\$26.00	\$0.00	\$0.00	\$26.00	BHForm	BH Form Remove
Service Name Crisis Response - SUD - A - Emergency - S9485-HF	1/2017					15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - S9485-HF Outpatient Psychotherspy - SUD - A - Non Residential -	1/2017	15			BH4a	10	9100.00					
Crisis Response - SUD - A - Emergency - S9485-HF					BH4a	15	3100.00					1 - 2 of 2 items
Crisis Response - SUD - A - Emergency - S9485-HF Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 50834-WSA					BH4a	15	910.00					1 - 2 of 2 items
Crisis Response - SUD - A - Emergency - S9485-HF Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017 17 Billing - Other Expe	15	MH - Adult contai	ns expenses				SUD - A - Emergency is	an example of a credi	t being entered and re	evenue	1 - 2 of 2 items

To resubmit to the Region\Owner Contractor select

Selecting Back will retain all information except the note screen (requesting program change)

Selecting will remove all information that was completed on the BH Forms will no longer be available once you have deleted. Deleting the PRR does not affect CDS units availability in the system and can be

Reimbursement Reque	est : Doug	glas CN	IHC -	4102	Woolwo	orth Ave.,	Omaha																Export	to Pdf
	ct Description:				-	HC - 4102 Woolw	orth Ave., Or	maha																
MRR Date: PRR Date: 2/6/201	7 8:20:11 AM	Status:	Rejected	Amou	unt: \$250.00																		R	lefresh
MH	Add MH Ser	vice																						
Service Name		۲	Service Month	۲	Units @	Unit 6 Factor	Rate (	BH Form Type	۲	Reimbursed Units	۲	Reimbursement Amount	۲	Available Balance	•	Prior Billed ( YTD	Tr Y	tal Billed	•	Reimbursement Type	۲			
Outpatient Psychotherapy - MH - A - Individual - 90834	Non Residential	-	1/2017		15			BH4a		15		\$0.00		\$0.00		\$238.00	s	38.00		BHForm		BH Form	Remove	
H 4 1 + H 5 +	items per page																						1 - 1 of 1 item	s ¢
SUD	Add SUD S	Section																						
Service Name			inth 🐨	Units	Unit Far	tor 🐨 Rate	BH F	orm Type 🐨	Reim	bursed Units 🛞	Reim	ibursement Amount 💿	Ava	ilable Balance 🔿	Prior	r Billed YTD 🕥	Tota	Billed YTD (	9 F	Reimbursement Type	•			
Crisis Response - SUD - A - Emerger HF		1/2017					BH4a				\$250		\$0.0		\$26		\$276			HForm		BH Form	Remove	
H 4 1 + H 5 +	items per page																						1 - 1 of 1 item	s ¢
Notes : Deleting Procedures form Pr	rovider Manual																			¢				
Submit Delete Back																								

Select Delete

A pop up message will appear requiring a confirmation if would like to 'Delete' or 'Cancel'.

Reimbursement Request : Douglas Cl	MHC - 4102	Woolw	orth Ave., C	Omaha								Export to Pdf
Contract: 56897-O4 Contract Description: Playgroun	d Provider:	Douglas CMI	HC - 4102 Woolwor	th Ave., Orr	aha							
MRR Date: PRR Date: 2/6/2017 8:20:11 AM Status:	Rejected Amo	unt: \$250.00	ı									Refresh
Export to Excel												
MH Add MH Service												
Service Name	Service @ Month	Units @	Unit 🐨	Rate 🐨	BH Form @ Type	Reimbursed @ Units	Reimbursement @ Amount	Available 💿 Balance	Prior Billed @	Total Billed @	Reimbursement () Type	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	1/2017	15			BH4a	15	\$0.00	\$0.00	\$238.00	\$238.00	BHForm	BH Form Remove
H + 1 > H 5 + items per page												1 - 1 of 1 items o
SUD Add SUD Service			Conf	im		×	Select Delet	e				
Service Name 🛞 Service M	Ionth 🐨 Units	🐨 Unit Fa	ctor 🐨 🛛 Are yo	ou sure you	want to Delete ?		bursement Amount 💿 Ava	illable Balance 🐨 Pr	ior Billed YTD 🐨	Total Billed YTD 🐨	Reimbursement Type	
Crisis Response - SUD - A - Emergency - S9485- HF					Delete Can	el	.00 \$0.	00 \$2	6.00 :	\$276.00	BHForm	BH Form Remove
H - 1 + H 5 + items per page												1 - 1 of 1 items 🗳
Notes : Deleting Procedures form Provider Manual												
Submit Delete Back												

The system will return you to the summary page.

Reimbursement Request : Douglas Cl	/IHC - 4102 Woolworth Ave., Omah	a												
Contract: 56789-04 Owner Contractor: Region 6 Contract Description: New Request														
Contract: 56897-04 Owner Contractor: F	Contract: 56897-04 Owner Contractor: Region 6 Contract Description: Playground New Request													
PRR Create Date	MRR Create Date	Amount Billed	Status 🐨	MRR Status	Amount Paid ()									
02/05/2017 10:32:07 AM														
IN         ▲         1         N         5         ▼         Barns per page         1 - 1 of 1 Barns         6														

The request is no longer displayed.

If you wanted to bill for the CDS Units you would begin the process of creating a new Provider Reimbursement Request. To demonstrate how the CDS units are retained within the system.

Reimbursement Request : Douglas C	MHC - 4102 Woolworth Ave., Omah	a	Coloret Name Da			
Contract: 56789-04     Owner Contractor:	Region 6 Contract Description: New Request		Select New Re	quest		
Contract: 56897-04 Owner Contractor: 6	Region 6 Contract Description: Playground	New Request				
PRR Create Date	MRR Create Date	Amount Billed	Status G	MRR Status	Amount Paid	۲
02/05/2017 10:32:07 AM		\$1,451.98	Submitted			View
H 4 1 F H 5 F items per page						1 - 1 of 1 items 🔥 🖒

A new PRR is created with a date and time stamp.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha	Export to Pdf
Contract: 55897-04 Contract Description: Playround Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha	
MRR Dete: PRR Date: 2/6/2017 8:44:17 AM Status: Pending Amount: \$0.00	Refresh
(a) Export to Excel	
MH Add MH Service	
Service Name   Service Month  Units  Unit Seture  Service Month  Units  Unit Factor  Rel BH Form Type  Rel Rel BH Form Rel BH Form Type  Rel BH Form Rel BH	
Image: white the second se	No items to display
SUD Add \$1/0 Service	
Service Name   Service Month  Units  Linkt Secvice Month  Units  Relindursed Units  Relin	No items to display 🖒
Notes :	
Submit Deelee Back	

If the units are not displaying PRR select Refresh. The units are brought back into the PRR.

											_		_					~			
Reimbursement Request : Douglas (	СМНС	> - 4102	2 Wc	oolwo	rth Ave	e., Oi	maha													_	Export to
Contract: 56897-O4 Contract Description: Playgro	ound	Provider:	: Doug	/las CMH	C - 4102 Wo	oolworth	Ave., On	naha													
MRR Date: PRR Date: 2/6/2017 8:44:17 AM State	tus: Pendi	ng Ama	ount: \$	50.00																	Refr
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Service Name	<ul> <li>Servi</li> <li>Mont</li> </ul>		🐨 Uni	nits 🐨	Unit Factor	۲	Rate 🤕	BH Form Type		Reimbursed ( Units	•	Reimbursement ( Amount	æ ,	Available 🐨 Balance	Prior Billed YTD	•	Total Billed YTD		Reimbursement Type	۲	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	1/20	17	15					BH4a		15		\$0.00		\$0.00	\$238.00		\$238.00		BHForm		BH Form Remove
H 4 1 + H 5 + items per page																					1 - 1 of 1 items
SUD Add SUD Service Service Name © Service Month © Units @		actor 🐨	Rate	• •	BH Form T	Гуре	🖲 Rei	imbursed Units	6	<ul> <li>Reimbursement An</li> </ul>	mou	unt 🐨 Available Bala	ance	e 🐨 Prior Billed V	rtD 🕑 To	tal Bi	illed YTD 💿	Rei	imbursement Type	۲	
H 4 0 + H 5 • items per page																					No items to display
Notes :																			$\sim$		
Submit Delete Back																					

#### SUBMITTING PROVIDER PAYMENT REQUEST

Contract: 56897-04 Contract Description: Playgrour MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu		Douglas CMI-	C - 4102 Woolwor 98	th Ave., Oma	ha								Ref
Export to Excel  Add MH Service													
ervice Name	Service 6 Month	Units 🕞	Unit 🐨 Factor	Rate 🐨		Reimbursed 🕞 Units	Reimbursement () Amount	Available 🕞 Balance	Prior Billed (*) YTD	Total Billed () YTD	Reimbursement () Type		
edication Management - MH - A - Non Residential - 99213- EP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove	
risis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form	Remove
edication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	@ Edit	Remove
utpatient Psychotherapy - MH - A - Non Residential - dividual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form	Remove
edication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	@ Edit	Remove
I I I I I I I I I I I I I I I I I I I													1 - 5 of 5 items
JD Add SUD Service	Service Month	⊛ Units	€ Unit Factor	Rate 6		<ul> <li>Reimbursed ( Units</li> </ul>	Reimbursement (	Available G Balance	Prior Billed @	Total Billed 🐨	Reimbursement () Type		
risis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	BH Form	Remove
utpatient Psychotherapy - SUD - A - Non Residential - dividual - 90834-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form	Remove
4 1 ► H 5 ▼ items per page													1 - 2 of 2 items
January 2017 Billing - Other Expenses for OP - MH - A	dult contains evoen	see for evenin	ation cloues, mask		malian In the Crist	- December 2010 A 1	in an annual of a	and being astrong and	revenue being receiu	ed. Created by DRob	arts		

After all entries are completed and are ready to be submitted to the Region\Owner Contractor select

A confirmation message will appear for you to confirm that you want to submit request for payment.

Reimbursement Request : Douglas C	MHC - 4102	2 Woolwo	orth Ave., (	Omaha								Export to i
Contract: 56897-04 Contract Description: Playgrout	d Provider	: Douglas CMH	C - 4102 Woolwo	rth Ave., Oma	ha							
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu	s: Pending An	mount: \$1,450.	86									Retro
Deport to Excel												_
AH Add MH Service												
Add MPT Service												
Service Name	Service ( Month	🐨 Units 🐨	Unit 🐨 Factor	Rate 🐨		Reimbursed 🕞	Reimbursement 🕞	Available 🕞 Balance	Prior Billed ③ YTD	Total Billed ® YTD	Reimbursement ③ Type	
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$236.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1 Are y		rent to Submit ?	×	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
H + 1 + H 5 + items per page					Submit Cance	el						1 - 5 of 5 items
SUD Add SUD Service												
Service Name	Service Month	() Units	Unit Factor	Rate (		Reimbursed ( Units	Reimbursement (	Available (F Balance	Prior Billed @	Total Billed @	Reimbursement 🛞 Type	
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
H + 1 + K 5 + items per page												
January 2017 Billing - Other Expenses for OP - MH - A Approved by Proberts 2-5-17	duit contains exper	nses for examin	ation gloves, mas	k, sanitizing s	upplies. In the Crisis	s Response - SUD - A - I	Emergency is an example of a	credit being entered and	revenue being receive	d. Created by PRob	<del>sts</del>	

Select 'Submit'.

The system will automatically return you to the summary page where you will have confirmation that the request was submitted to the Region\Owner-Contractor.

NEBRASKA DEPARTMENT OF Division of Behavioral Health - E		DHHS 2					262217 11-628 AM You are Logged in as Pal Roberts Log out
♠ EBS							
@ Payments	Reimbursement Request : Dou	gias CMHC - 4102 Woolworth	Ave., Omana				
Reimbursement Request	Contract 55750 Ol Ourse Con	tractor: Region 6 Contract Descriptio	Man Record				
Payment Status	Contract: 56789-04 Owner Con	tractor: Region 6 Contract Descriptio	n: Now recipies				
1 Roles	Contract: 56897-04 Owner Cont	ractor: Region 6 Contract Description	1: Playground New Request		<u> </u>		
	PRR Create Date	(g) MRR Create Date	Amount Billed	() Status	MRR Status	Amount Paid	
	02/05/2017 10:32:07 AM		\$1,450.98	Submitted	)		Mew /
	H + 1 + H 5 + Bern per page						1 - 1 of 1 items 6

It date and time stamps when the PRR was submitted to Region\Owner Contractor, the total amount of the PRR and the status.

You may view this at any time, no changes are allowed at this time. If there are any changes that are required to be made you will need to contact the Region\Owner Contractor via email to reject the PRR to you.

Once the payment has been approved and processed it will display in the Payment Status. For more information refer to Reviewing Payment Status.



#### **REVIEWING PAYMENT STATUS**

#### When signing in select Payments

	NT OF HEALTH & HUMAN SERVICES Health - Electronic Billing System	Denverstrekt Long-ber DHHSS Const of Normal Nation	2/5/2017 1-08:35 PM You are Logged in as <b>Pat Roberts. Log out</b>
♠ EBS	Welcome		
© Payments			
L Roles			
	No Notifications		

The drop down menu will appear with Reimbursement Request and Payment Status. To view any payments that have been submitted (not yet paid) or pending select Reimbursement Request.

	NT OF HEALTH & HUMA lealth - Electronic Billing Syste	011110					2/5/2017 1:15:18 PM You are Logged in as <b>Pa</b>	t Roberts. Log out
<b>♠</b> EBS	Reimbursement Request : I							
C Payments Reimbursement Request	Contract: 56789-04 Owner	Contractor: Region 6 Contract I	Description: New Re	quest				
Payment Status				nd New Request				
		Contractor: Region 6 Contract E MRR Create Date	Amount Billed	<ul> <li>Status</li> </ul>	MRR Status	Amount Paid	•	
	12/16/2016 10:21:14 AM 01/25/2017 11:19:08 AM	12/16/2016 10:33:59 AM 02/05/2017 12:40:15 PM	\$5,731.50 \$630.47	Accepted	Submitted			
				- Stepley	, snorig			of 2 items C

The payment for 12/16/2016 has been accepted to the Region/Owner Contractor and the Master Reimbursement Request has been submitted for approval to the State.

The payment for 1/25/2017 has been accepted to the Region/Owner Contractor and the Master Reimbursement Request is in Pending Status because it has not been submitted to the State for payment.

Once the payment has been processed it will be displayed under the Payment Status section.

📌 EBS	Contract Payme	nts									
oursement Request											ଜ୍ମ Exc
ent Status						Master 🕥					1
	Contract Number 🕤	Owner Contractor Name	<ul> <li>Start Date</li> </ul>	⊕ End	d Date (	Master (*) Reimbursement Request Date	Purchase Order Status	•	Purchase Order Amount	•	

The Purchase Order date is the date that the payment request was entered by the State. <u>Allow 14 to 21</u> days for payment to be processed and received into your account.

# **REPORTS and Dashboards**

Still in development

# DRAFT

### ELECTRONIC BILLING SYSTEM TERMINOLOGY

#### PROVIDER



Available Balance – total dollars allowed to be spent.

BH Form – expense of reimbursement request form completed by the provider or Region.

Back Back - go back one screen.

Cancel Cancel - will delete any information you have entered in.

Centralized Data System (CDS) – a data collection system. The system is a web-based, cloud solution that offers reporting and analysis capabilities.

Collapse All icon - to fall or shrink together abruptly and completely.

Contract Number – unique number assigned for each contract.

Delete - to eliminate, erase or cut out.

Edit <sup>Edit</sup> - to alter.

Expand all icon + Expand All – to open up information under.

Export to Excel Export to Excel - information downloaded into excel document.

Export to PDF - information downloaded into PDF document.

Funding Category – grouping of dollars reimbursed by designating group of services.

Icon – a sign (as a word or graphic symbol) whose form suggests it meaning.

Legislative Authority – Legislature approves budget submitted during each session.

MH Service - mental health services.

MRR – Master Reimbursement Request is completed by authorizing party of Provider Reimbursement Request.

Add MH Service - select to open window of services allowed under Mental Health. You would utilize this if there was not a request submitted for previous month. New Request – creating new Provider Reimbursement Request.

Owner Contractor – party that is authorized to approve contract and approval of payment for services or goods.

PRR – Provider Reimbursement Request.

Payment Month – month that the payment occurred.

Payments Payments - to view payment request that have been processed.

Pending Request – reimbursement request that has been created but not submitted to next level.

Prior Billed YTD – combined total of amounts that have been billed prior to the current month.

Processing – the Purchase Order is created but not paid.

Purchase Order – electronic document created to submit request for payment on services or purchases.

Rate – set amount to pay.

Refresh - to update or renew information (bring in units from CDS).

Reimbursement Amount – dollar amount of which expected to be paid.

Reimbursement Type – designates if reimbursement is from units+rates, units+expense reimbursement form, or expense reimbursement form.

Reimbursed Units – specific time or person served that have been paid.

Reject – to refuse to accept, request is sent back to originator.

Save \_\_\_\_\_\_ - preserve from destruction or loss.

Service Month- month which service occurred in.

SUD Service – substance use disorder.

Add SUD Service Add SUD Service - select to open window of services allowed under Substance Use Disorder. You would utilize this if there was not a request submitted for previous month.

Submit – to send.

Total Billed YTD – combined amount(s) that have been submitted since beginning of contract.

Units – specific time or person(s) served.

Unit Factor – specific time assigned to service.

Update Opdate - edit

View view - the act of seeing or examining

# DRAFT

# <u>HELP</u>

# <u>Signing In</u>

Please contact the EBS Help Desk if you have issues logging in: **EBS Support** Phone: 402-471-7613 Email: <u>DHHS.DBHEBS@nebraska.gov</u>

If you experience difficulty with passman please call 800-722-1715 the DHHS help desk.

### **Electronic Billing System Issues**

Please send email to DHHS.DBHEBS@nebraska.gov

**Centralized Data System Issues** 

Please send email to DHHS.DBHCDS@nebraska.gov