

ELECTRONIC BILLING SYSTEM (EBS)

PROVIDER MANUAL



Version 1.4

December 2020

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ELECTRONIC BILLING SYSTEM

Version 1.4

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 <https://dbhebs-dhhs.ne.gov>.

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

Log in.
Please Provide your BH EBS account credentials to log in.

User name *

Password *

[Log in](#)

[Help! I forgot my password.](#)

THIS IS A GOVERNMENT COMPUTER SYSTEM. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213(a), 7213A (the Taxpayer Browsing Protection Act), 7431 and Health Insurance Portability and Accountability Act of 1996. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. 42 CFR - Code of Federal Regulations Title 42 Part 2 - Confidentiality of Alcohol and Drug Abuse Patient Records. Stringent regulations designed to maintain confidentiality of alcohol and drug abuse consumer information. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. Additional information may be found at the [DHHS System General Disclaimer](#).

The Username and Id was provided via email.

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

2/1/2017 10:45:15 AM
You are Logged in as **Pat Roberts** [Log out](#)

Welcome

[EBS](#)

[Payments](#)

[Roles](#)

[No Notifications](#)

ELECTRONIC BILLING SYSTEM

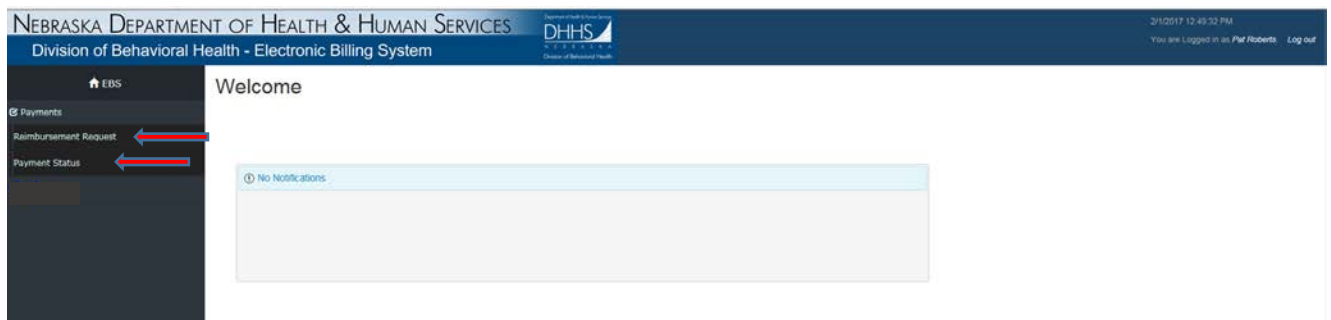
Version 1.4

OVER VIEW OF PAYMENT PROCESS AND PROVIDER REIMBURSEMENT SCREEN

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



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



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.**



Select [New Request](#)

ELECTRONIC BILLING SYSTEM

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REIMBURSEMENT REQUEST WITH UNITS FROM CDS:

All data for the consumer services including units should be entered CDS, to allow processing of Provider Reimbursement Request (PRR) to completed and submitted to the Region/Owner Contractor by the 7th of each month.

CDS transmits units for all services each hour on the top of the hour e.g. 12:00, 1:00, 2:00 etc. To create a new provider reimbursement request (PRR) you select [New Request](#) 'New Request'. The Reimbursement Type will indicate 'CDS'. If there was additional units entered in after the PRR was created select [Refresh](#) after the top of the hour to include those units in the PRR.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/8/2017 11:36:20 AM Status: Pending Amount: \$1,915.62

[Export to Excel](#) [Export to Pdf](#) [Refresh](#)

MH [Add MH Service](#)

Service Name	Service Month	Units	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 - 90653	1/2017	0			BH4a	0	\$32.89	\$0.00	\$0.00	\$32.89	BHForm	BH Form Remove
Team 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
Team Meeting - MH - Y - Children - Clinician -FEP	1/2017	1	1	\$100.00		1	\$100.00	\$0.00	\$0.00	\$100.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

1 - 6 of 6 items

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 [Update](#) the reimbursement amount will be calculated.

ELECTRONIC BILLING SYSTEM

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CREATING EXPENSE REIMBURSEMENT:

There should only be one PRR (Provider Reimbursement Request) for the month. Each month when [New Request](#) is selected any units that have been transmitted will be populated within payment request.

To create a new request select [New Request](#)

Reimbursement Request : Provider Name - Location

Contract: 56789-04 Owner Contractor: Region 6

[New Request](#)

PRR Create Date MRR Create Date Amount Billed Status MRR Status Amount Paid

Items per page

Provider Name - Location

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 DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56789-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 9:59:21 AM Status: Pending Amount: \$705.70

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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
Crisis Response - MH - A - Emergency - 99485	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS

Items 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, MH Services were selected to create a request for services that was not billed for December services:

Select [Add MH Service](#)

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$705.70

Export to Excel

MH [Add MH Service](#)

Service Name	Service Month	Units	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

Add Service

Contract: 56897-04 Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

Service Month: [--Select--](#)

[Add](#) [Cancel](#)

February, 2017
January, 2017
December, 2016
November, 2016
October, 2016
September, 2016

BH4b Consumer Flex Funds 0 \$0.00 \$0.00 \$0.00 \$0.00 BH Form [BH Form](#) [Remove](#)

1 of 7 items

SUD [Add SUD Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Outpatient Psychotherapy - SUD - A - Non Residential - Family	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove

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

Reimbursement Request

Payment Status

Roles

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$705.70

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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

Add Service

Contract: 56897-04 Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

Service Month: December, 2016

FundingCategory	Service Name	ServiceType	Adult/Youth	ProcedureCode	Qualifier	WSA	FEP	ServiceModifier	Reimbursement Type
<input type="checkbox"/> Emergency	Crisis Response	MH	Adult	S9485		<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90834	Individual	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90847	Family	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Medication Management	MH	Adult			<input type="checkbox"/>	<input type="checkbox"/>	CAG	EBS
<input type="checkbox"/> Emergency	Flex Funds	MH	Adult			<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90853	Group	<input type="checkbox"/>	<input type="checkbox"/>		BHForm

1 20 Items per page

Add Cancel

Note that you have the option of displaying 5 – 10 – 20 services to view/select.

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

Select the services to be included by clicking the mouse in the box next to the service.

Add Service

Contract: 56897-04 Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

Service Month: December, 2016

FundingCategory	Service Name	ServiceType	Adult/Youth	ProcedureCode	Qualifier	WSA	FEP	ServiceModifier	Reimbursement Type
<input type="checkbox"/> Emergency	Crisis Response	MH	Adult	S9485		<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90834	Individual	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90847	Family	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Medication Management	MH	Adult			<input type="checkbox"/>	<input type="checkbox"/>	CAG	EBS
<input type="checkbox"/> Emergency	Flex Funds	MH	Adult			<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/> Non Residential	Outpatient Psychotherapy	MH	Adult	90853	Group	<input type="checkbox"/>	<input type="checkbox"/>		BHForm

1 20 Items per page

Add Cancel

Select Add to create request for the month selected.

It will bring the services in that was selected.

MH [Add MH Service](#)

Service Name	Service Month	Units	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	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Family - 90847	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	Edit Remove
Flex Funds - MH - A - Emergency	1/2017	0			BH4b Consumer Flex Funds	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016		1	\$70.57				\$0.00	\$0.00		EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Group - 90853	12/2016				BH4a		\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

1 - 8 of 8 items

Select [BH Form](#) for service

Reimbursement Request

BH4a - Expense Reimbursement Document

Contract Number : 56897-04
 Provider Name : Douglas CMHC - 4102 Woolworth Ave., Omaha
 Service Name : Outpatient Psychotherapy-MH-Adult-Non Residential
 ServiceMonth : 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			

1 - 8 of 8 items

[Save](#) [Cancel](#) [Delete](#)

To add dollars select [Edit](#) enter the amount for appropriate expense category.

Reimbursement Request

BH4a - Expense Reimbursement Document

Contract Number : 56897-04
Provider Name : Douglas CMHC - 4102 Woolworth Ave., Omaha
Service Name : Outpatient Psychotherapy-MH-Adult-Non Residential
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	\$0.00	\$0.00	\$0.00	Edit
Other Expenses	<input type="text" value="72.00"/>	\$0.00	\$72.00	Update Cancel
Total Expenses	\$297.00			
Revenue Received	\$59.00	\$0.00	\$59.00	Edit
Total Expenses	\$59.00			
Total Billing Submitted	\$238.00			

1 - 8 of 8 items

[Save](#)
[Cancel](#)
[Delete](#)

There is the option to select [Update](#) or [Cancel](#). Update will retain the dollar amount in the field and cancel will delete whatever amount you entered on that line. Select [Update](#) after the amount is entered for each applicable expense category.

When completed filling out the form select [Save](#), [Cancel](#), or [Delete](#).

[Save](#) = It will keep all information that you have entered.

[Cancel](#) = will erase all information that you have entered and return you to prior screen.

[Delete](#) = Will erase the expense reimbursement that you have entered.

When completed the Expense Reimbursement Request select [Save](#).

Continue to complete each applicable expense reimbursement for the service month.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56957-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:52:07 AM Status: Pending Amount: \$1,234.94

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH4Form	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034	1/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH4Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EB5	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	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	BH4Form	BH Form Remove
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH4Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH4Form	BH Form Remove

1 - 3 of 3 items

Notes:

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. A confirmation message automatically populates requesting to confirm to delete or there is the option to cancel.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56957-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:52:07 AM Status: Pending Amount: \$1,234.94

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH4Form	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034	1/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH4Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2016	2	1				\$141.14	\$0.00	\$0.00	\$141.14	EB5	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	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	BH4Form	BH Form Remove
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH4Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH4Form	BH Form Remove

1 - 3 of 3 items

Notes:

Submit Delete Back

Select 'Delete'

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,184.84

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH Form	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	EB5	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90534-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove

1 - 2 of 2 items

Notes:

Submit Delete Back

The service selected to be removed has now been deleted.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,184.84

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH Form	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	EB5	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90534-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove

1 - 2 of 2 items

Notes:

January 2017 Billing - Other Expenses for OP - MH - Adult contains expenses for examination gloves, mask and sanitization supplies. There is income received from other sources also noted on the expense reimbursement for training purpose. There is quite a bit of room to document information pertaining to the monthly billing. Created by Roberts Approved by Roberts 2-5-17.

Submit Delete Back

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

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56937-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,450.96

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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-PEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	QDS	Remove
Crisis Response - MH - A - Emergency - 59405	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$236.00	\$0.00	\$0.00	\$236.00	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	EB5	Edit Remove

1 - 3 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 59405-HF	1/2017	0			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

1 - 2 of 2 items

Notes: January 2017 Billing - Other Expenses for OP-MH-Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered also of revenue. Created by Roberts Approved by Roberts 2/5/17

Submit Delete Back

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

Select **Submit** to submit completed request for approval.

Select **Delete** to remove all entries you have made.

Back will retain all information that you have entered except what you entered in the note section. Return the system moves to the main page of reimbursement request.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES Division of Behavioral Health - Electronic Billing System

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56937-04 Owner Contractor: Region 6 Contract Description: Playground New Request

PRR Create Date: MRR Create Date: Status: MRR Status: Amount Paid: Amount Billed:

02/05/2017 10:32:07 AM \$1,450.96 Pending

View Edit

1 - 1 of 1 items

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

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56997-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,450.98

[Export to Excel](#)

MH [Add MH Service](#)

Service Name	Service Month	Units	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-PEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 99455	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAQ	1/2017	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90034	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAQ	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EB5	Edit Remove

Items per page: 5 1 - 5 of 5 Items

SUD [Add SUD Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 99455-HF	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90034-WGA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	BH Form Remove

Items per page: 5 1 - 2 of 2 Items

Notes: January 2017 Billing - Other Expenses for OP - MH - Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered and revenue being received. Created by [P. Roberts](#)

[Submit](#) [Delete](#) [Back](#)

Edits can be made to any of the requests at this time prior to submitting.

Select [Add new record](#)

PFY Reimbursement Request : Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave

Contract: 37167-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 11/14/2017 2:45:16 PM Contract Description: FY10 Mental Health and Substance Abuse Services

[Add new record](#) [Excel](#)

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount
			0	\$0.00	\$0.00

[Edit](#) [Delete](#)

Items per page: 20

Notes :

☐ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

[Submit](#) [Delete](#) [Back](#)

Select Edit

The fields that are required will be highlighted.

PFY Reimbursement Request : Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave

Contract: 37167-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 11/14/2017 2:55:26 PM Contract Description: FY18 Mental Health and Substance Abuse Services

[Add new record](#) [Excel](#)

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount
			0.00	0.00	\$0.00

[Update](#) [Cancel](#)

Items per page: 20

Notes :

☐ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

[Submit](#) [Delete](#) [Back](#)

The encounter ID is required to process request.

Service Name can be selected from the drop down menu.

Service Month can be selected from the drop down menu.

The requested amount field will auto calculate

If reimbursement type in minus (-) in front unit whole number, for payable type in whole number

In the example below there is one encounter being request to pay and the remaining are reimbursement request. As seen in the example below that there is Outpatient Psychotherapy – MH- Adult for the Individual rate and group rate. The system has one budget line Outpatient Psychotherapy for Individual, Family, and Group (each qualifier). The appropriate rate should be entered, if unsure you can view previous billing through the report section.

PFY Reimbursement Request : Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave

Contract: 37167-Y3 Status: Pending Reimbursement Amount: \$-840.00
MRR Date: PRR Date: 11/14/2017 2:55:26 PM Contract Description: FY18 Mental Health and Substance Abuse Services

[Add new record](#) [Excel](#)

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	06/2017	-2	\$115.00	-\$230.00	Edit Delete
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	05/2017	-2	\$115.00	-\$230.00	Edit Delete
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	04/2017	-2	\$115.00	-\$230.00	Edit Delete
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	06/2017	-3	\$25.00	-\$75.00	Edit Delete
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	05/2017	-2	\$25.00	-\$50.00	Edit Delete
217245	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	04/2017	-2	\$25.00	-\$50.00	Edit Delete
235762	Outpatient Psychotherapy - MH- Adult - Non Residential - PFY	06/2017	1	\$25.00	\$25.00	Edit Delete

1 - 7 of 7 Items

Notes :

☐ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

[Submit](#) [Delete](#) [Back](#)

Once completed check the certification box and submit to Owner Contractor/Region.

Master Reimbursement Request : Region 4

Contract Number: 37167-Y3 Status: Pending Amount: (\$840.00) [Refresh](#)
MRR Date: 11/14/2017 3:26:19 PM Contract Description: FY18 Mental Health and Substance Abuse Services

[Excel](#)

Provider	PRR Date	Payment Requested	PRR Status	PRR Last Changed	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	11/14/2017 02:55:26 PM	-\$840.00	Accepted	11/14/2017 03:26:19 PM	PFY View PFY Remove

1 - 1 of 1 Items

Notes :

[Funding Category Summary](#) [Delete](#) [Back](#)

[Submit To State](#)

☐ By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Owner Contract/Region will bundle the PFY PRR with the other PRR's completing reviewing, approval and submit to the State.

The PFY will be increasing/decreasing the General Fund only. View before payment processed.

Outpatient Psychotherapy - MH- Adult - Non Residential

Budget : \$707,703.00

Payments : \$54,035.00

Available : \$653,668.00

MS

P

BC

Business Unit	Description	Fund Type	Fund Purpose	Service Spend Priority	Service Budget Amount	Payments	Available Balance	
25840188	FY18 MH Rate	CF	TX-Adult	Normal	\$47,403.00	\$3,519.23	\$43,883.77	Increase Budget
25840190	MH Comm Bsd - HCC	CF	TX-Adult	Normal	\$50,000.00	\$3,712.00	\$46,288.00	Increase Budget
25840002	Region MH	GF	TX-Adult	Normal	\$571,632.00	\$43,933.00	\$527,699.00	Increase Budget
25840083	System Flow Through	GF	TX-Adult	Normal	\$38,668.00	\$2,870.77	\$35,797.23	Increase Budget

H

1

H

10

Items per page

1 - 4 of 4 Items

C

After payment processed the available amount increase by \$840.00 and the payments decreased by \$840.00

Outpatient Psychotherapy - MH- Adult - Non Residential								Budget : \$707,703.00	Payments : \$53,195.00	Available : \$654,508.00	MS	P	BC
Business Unit	Description	Fund Type	Fund Purpose	Service Spend Priority	Service Budget Amount	Payments	Available Balance						
25840188	FY18 MH Rate	CF	TX-Adult	Normal	\$47,403.00	\$3,519.23	\$43,883.77						
25840190	MH Comm Bsd - HCC	CF	TX-Adult	Normal	\$50,000.00	\$3,712.00	\$46,288.00						
25840002	Region MH	GF	TX-Adult	Normal	\$571,632.00	\$43,093.00	\$528,539.00						
25840083	System Flow Through	GF	TX-Adult	Normal	\$38,668.00	\$2,870.77	\$35,797.23						

The purchase order displays the details of the Previous Fiscal Year PRR.

Purchase Order

Service Detail View Report

Success! Payment is Successful

Contract Number: 37167-Y3

Object Code: 595100

Owner Contractor Name: Region 4

MRR Date: 11/14/2017

MRR Amount: (\$840.00)

Contract Description: FY18 Mental Health and Substance Abuse Services

MH

Billed : (\$840.00)

Payments : (\$840.00)

Held : \$0.00

Outpatient Psychotherapy - MH- Adult - Non Residential - PFY

Billed : (\$840.00)

Paid : (\$840.00)

Held : \$0.00

Business Unit	Long Description	Fund Type	Spend Priority	Amount Paid	Amount Held	Service Available Balance
25840002	Region MH	GF	Normal	-\$840.00	\$0.00	

1 - 1 of 1 items

Provider Name	Service Month	Billed	Paid	Held
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	06/2017	\$25.00	\$25.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	04/2017	-\$50.00	-\$50.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	05/2017	-\$50.00	-\$50.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	06/2017	-\$75.00	-\$75.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	04/2017	-\$230.00	-\$230.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	05/2017	-\$230.00	-\$230.00	
Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave	06/2017	-\$230.00	-\$230.00	

10 items per page

1 - 7 of 7 items

ELECTRONIC BILLING SYSTEM

Version 1.4

DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

DELETING SERVICE(S) FROM PRR

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

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 50307-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,234.56

Export to PDF Refresh

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 90213-FBP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - 59405	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	BHForm	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90334	1/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	BHForm	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	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 - 59405-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 - 90334-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

1 - 3 of 3 items

Notes:

Submit Delete Back

Example by selecting remove from Outpatient Psychotherapy – SUD – A- Non Residential – Family – 90847 – WSA it remove that service from the PRR. A confirmation message will populate confirming the service is to be removed.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 96897-04 Contract Descriptions Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,234.34

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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-PPF	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - 99405	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EBB	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	12/2016				BH4a		\$236.00	\$0.00	\$0.00	\$236.00	BH Form	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	EBB	Edit Remove

Confirm
Are you sure you want to Delete?

Delete Cancel

Select 'Delete'

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90447-WSA	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove
Crisis Response - SUD - A - Emergency - 99405-LHF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90534-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove

Notes:

Submit Delete Back

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 96897-04 Contract Descriptions Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,104.54

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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-PPF	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - 99405	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EBB	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	12/2016				BH4a		\$236.00	\$0.00	\$0.00	\$236.00	BH Form	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	EBB	Edit Remove

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 99405-LHF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90534-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BH Form	BH Form Remove

Notes:

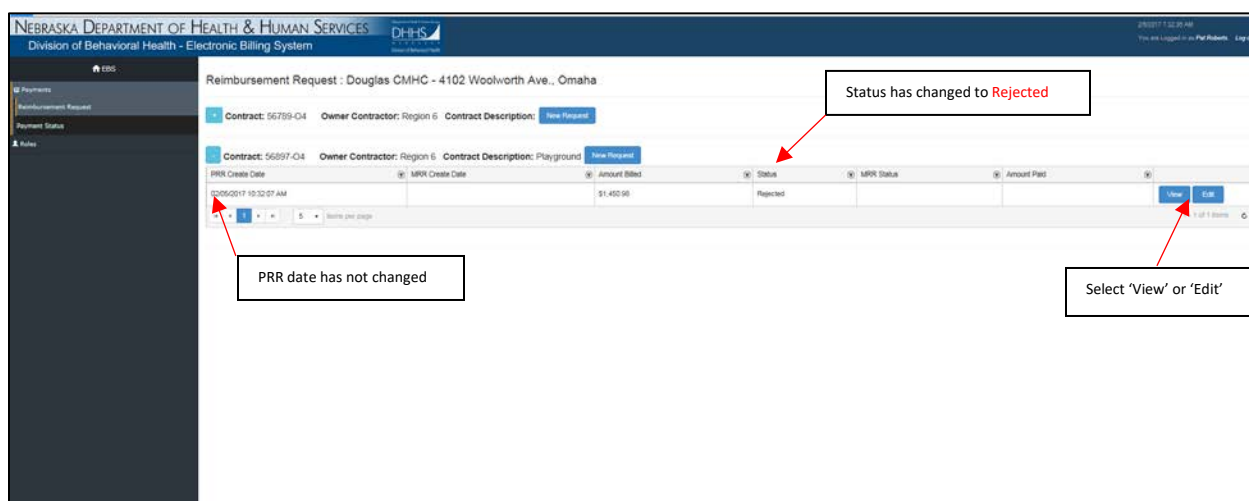
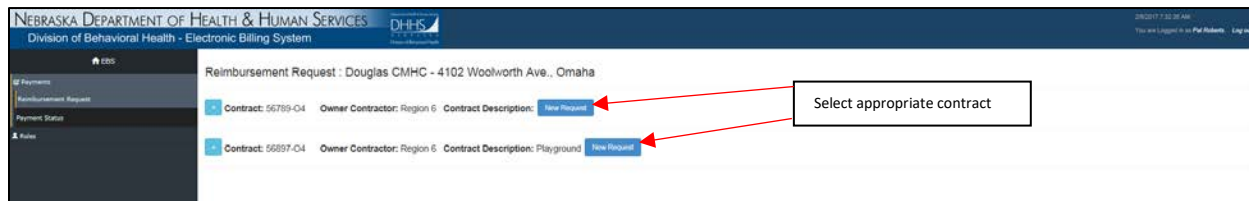
Submit Delete Back

The service selected to be removed has been deleted.

DELETING PROVIDER REIMBURSEMENT REQUEST

Once a PRR has been submitted to the Region\Owner Contractor no modifications to the PRR can be completed. The Region/Owner Contractor would need to reject the request back to the provider to allow any adjustments.

Once the Region\Owner Contractor has rejected the PRR back it will appear under the Payment Section.



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 allow the User to make any necessary changes to the PRR.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56897-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 25/2017 10:32:07 AM Status: Rejected Amount: \$1,450.96

Export to PDF Refresh

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 99405	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	ERS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90934	12/2016				BH4a		\$236.00	\$0.00	\$0.00	\$236.00	BH Form	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	ERS	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 90405-HF	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90934-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	BH Form Remove

1 - 2 of 2 items

Note: Billed for 2 services for December 2016 - January 2017 Billing - Other Expenses for OP - MH - Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered and revenue being received. Created by PRRoberts Approved by PRRoberts 2-5-17

Submit Delete Back

Complete any adjustments that is needed by selecting **Edit**. Once completed select **Update** and **Save**.

Reimbursement Request

BH4a - Expense Reimbursement Document

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

Expense Category	Current Month Expenses Submitted	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
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	\$50.00			
Revenue Received	\$25.00	\$0.00	\$25.00	Edit
Total Expenses	\$25.00			
Total Billing Submitted	\$25.00			

1 - 8 of 8 items

Save Cancel Delete

The following changes were made on the example below

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56997-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Rejected Amount: \$1,451.98

Export to Excel

Refresh

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	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 - 90213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - 99485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EBB	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90234	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH Form	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	EBB	Edit Remove

1 - 5 of 5 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 99485-HP	1/2017	0			BH4a	0	\$26.00	\$0.00	\$0.00	\$26.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90234-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	BH Form Remove

1 - 2 of 2 items

Notes: **Added for 2 services to December 2016** - January 2017 Billing - Other Expenses for CP - MH - Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered and revenue being received. Created by PRoberts Approved by Roberts 2-5-17

Submit Delete Back

To resubmit to the Region\Owner Contractor select [Submit](#).

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

Selecting [Delete](#) 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 Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56997-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 8:20:11 AM Status: Rejected Amount: \$250.00

Export to Excel

Refresh

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90234	1/2017	15			BH4a	15	\$0.00	\$0.00	\$238.00	\$238.00	BH Form	BH Form Remove

1 - 1 of 1 items

SUD Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 99485-HP	1/2017				BH4a		\$250.00	\$0.00	\$26.00	\$276.00	BH Form	BH Form Remove

1 - 1 of 1 items

Notes: Deleting Procedures form Provider Manual

Submit Delete Back

Select [Delete](#)

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

The screenshot shows the 'Reimbursement Request' page for 'Douglas CMHC - 4102 Woolworth Ave., Omaha'. It displays two sections: 'MH' and 'SUD'. A confirmation dialog box is open over the 'SUD' section, asking 'Are you sure you want to Delete?'. The dialog has 'Delete' and 'Cancel' buttons. A red arrow points from the 'Delete' button in the dialog to the 'Delete' button in the table. The table has columns for Service Name, Service Month, Units, Unit Factor, Rate, Billed Type, Reimbursed Units, Reimbursement Amount, Available Balance, Price Billed YTD, Total Billed YTD, and Reimbursement Type. The 'SUD' section shows a single row with Service Name 'Crisis Response - SUD - A - Emergency - 09455-HR', Service Month '1/2017', Units '15', and a Reimbursement Amount of '\$0.00'.

The system will return you to the summary page.

The screenshot shows the 'Reimbursement Request' summary page for 'Douglas CMHC - 4102 Woolworth Ave., Omaha'. It displays a table with columns for Contract, Owner Contractor, Contract Description, PRR Create Date, MPR Create Date, Amount Billed, Status, MPR Status, and Amount Paid. The table shows one row with Contract '56897-C4', Owner Contractor 'Region 6', Contract Description 'Playground', PRR Create Date '02/05/2017 10:32:07 AM', MPR Create Date, Amount Billed '\$1,451.96', Status 'Submitted', MPR Status, and Amount Paid. A 'View' button is next to the row. The page also has 'New Request' buttons for each contract.

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.

The screenshot shows the 'Reimbursement Request' summary page for 'Douglas CMHC - 4102 Woolworth Ave., Omaha'. It displays a table with columns for Contract, Owner Contractor, Contract Description, PRR Create Date, MPR Create Date, Amount Billed, Status, MPR Status, and Amount Paid. The table shows one row with Contract '56897-C4', Owner Contractor 'Region 6', Contract Description 'Playground', PRR Create Date '02/05/2017 10:32:07 AM', MPR Create Date, Amount Billed '\$1,451.96', Status 'Submitted', MPR Status, and Amount Paid. A 'View' button is next to the row. The page also has 'New Request' buttons for each contract. A red arrow points from the 'New Request' button to the 'New Request' button in the table. A box labeled 'Select New Request' is also present.

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

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56997-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/6/2017 8:44:17 AM Status: Pending Amount: \$0.00

Export to Excel

Refresh

Export to Excel

MH

Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type
No items to display											

SUD

Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type
No items to display											

Notes :

Submit Delete Back

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

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56997-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/6/2017 8:44:17 AM Status: Pending Amount: \$0.00

Export to Excel

Refresh

Export to Excel

MH

Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90034	1/2017	15			BH4a	15	\$0.00	\$0.00	\$236.00	\$236.00	BH Form
1 of 1 items											

SUD

Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type
No items to display											

Notes :

Submit Delete Back

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SUBMITTING PROVIDER PAYMENT REQUEST

Reimbursement Request : Provider Name - Location

Contract: 56597-04 Contract Description: Playground Provider: Provider Name - Location

MRN Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,450.50

Export to Excel Refresh

Export to Excel

MH

Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Price Billed YTD	Total Billed YTD	Reimbursement Type	
Medication Management - MH - A - Non Residential - 99213-FEP	1/2017	10	1	\$70.57		10	\$706.70	\$0.00	\$0.00	\$706.70	CDS	Remove
Crisis Response - MH - A - Emergency - 59405	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	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	EBG	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034	1/2016				BH4a		\$230.00	\$0.00	\$0.00	\$230.00	BH Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBG	Edit Remove

1 - 5 of 5 items

SUD

Add SUD Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Price Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 59405-HF	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BH Form	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034-VISA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BH Form	BH Form Remove

1 - 2 of 2 items

Notes : January 2017 Billing - Other Expenses for OP - MH - Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered and revenue being received. Created by PROBERTS Approved by PROBERTS 2-5-17

Submit Delete Back

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

A confirmation message will appear for confirmation that the PRR is ready to be submitted for payment.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56597-C4 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

PRR Date: 02/05/2017 10:32:07 AM Status: Pending Amount: \$1,450.96

Export to Excel

MH Add MH Services

Service Name	Service Month	Units	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 - 3023-PGP	120217	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDG
Crisis Response - MH - A - Emergency - 3040S	120217	0			SH-HA	0	\$100.00	\$0.00	\$0.00	\$100.00	BH-Form
Medication Management - MH - A - Non Residential - CAD	120217	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	ERS
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 30234	120216				SH-HA		\$238.00	\$0.00	\$0.00	\$238.00	BH-Form
Medication Management - MH - A - Non Residential - CAD	120216	2	1				\$141.14	\$0.00	\$0.00	\$141.14	ERS

Confirm
Are you sure you want to Submit?

Submit Cancel

SUD Add SUD Services

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type
Crisis Response - SUD - A - Emergency - 3040S-HF	120217	0			SH-HA	0	\$25.00	\$0.00	\$0.00	\$25.00	BH-Form
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 30234-HSA	120217	15			SH-HA	15	\$100.00	\$0.00	\$0.00	\$100.00	BH-Form

Notes: January 2017 Billing - Other Expenses for GP - MH - Adult contains expenses for examination gloves, mask, sanitizing supplies. In the Crisis Response - SUD - A - Emergency is an example of a credit being entered and revenue being received. Created by E25ubjects

Submit Details Back

Select 'Submit'.

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DHHS
Division of Behavioral Health - Electronic Billing System

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha

Contract: 56597-C4 Owner Contractor: Region 6 Contract Description: Playground

PRR Create Date: 02/05/2017 10:32:07 AM PRR Create Date: Amount Billed: \$1,450.96

Status: Submitted

PRR Status: Amount Paid: View

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

The PRR can be viewed at any time, no changes are allowed at this time. If there are any changes that are required to be made the Region\Owner Contractor will need to reject the PRR to you.

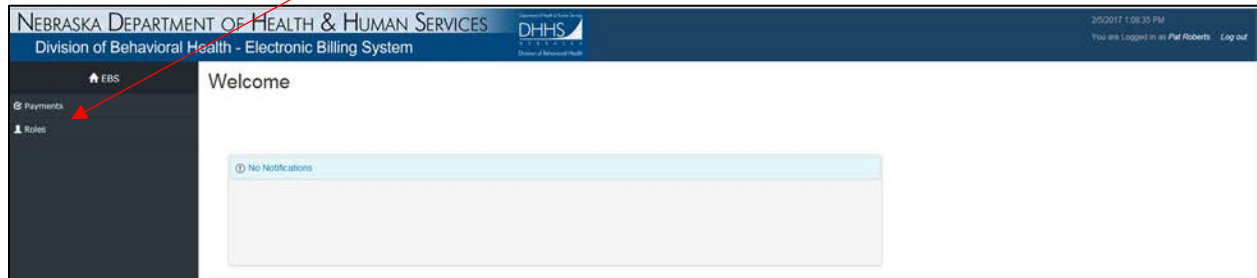
Once the payment has been approved and processed it will display in the Payment Status. For more information refer to Reviewing Payment Status.

ELECTRONIC BILLING SYSTEM

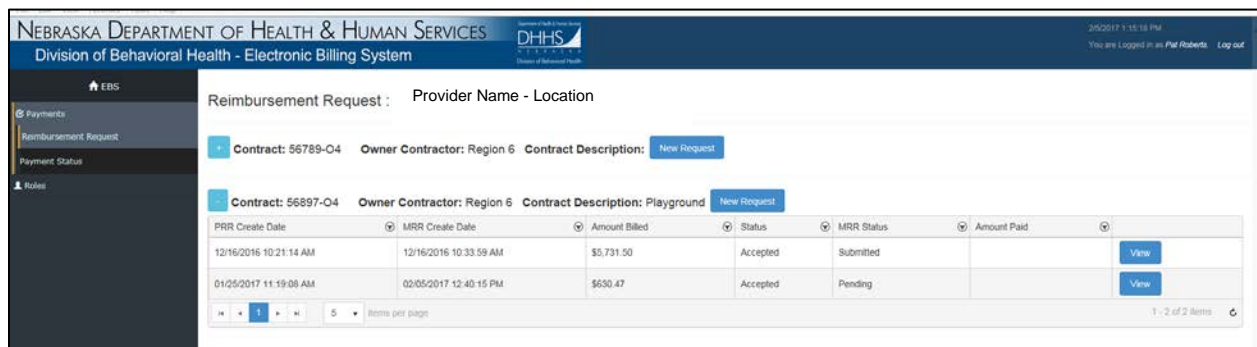
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REVIEWING PAYMENT STATUS

When signing in select Payments



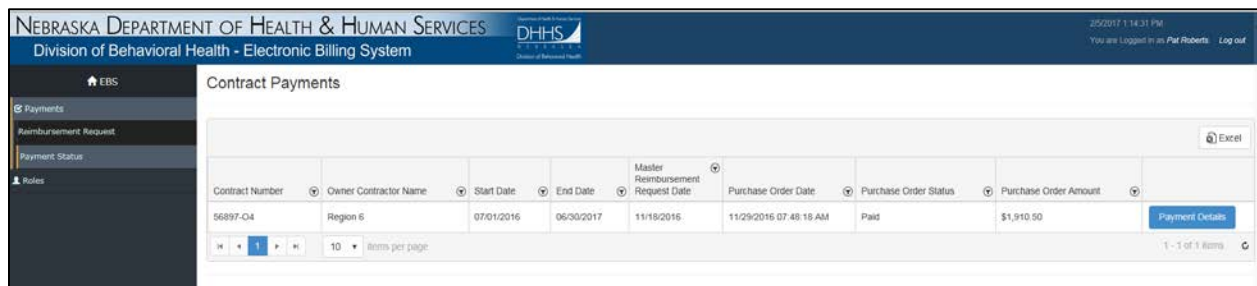
The drop down menu will appear with Reimbursement Request and Payment Status. To view any payments that have been submitted (not yet paid) or pending select Reimbursement Request.



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.



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

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Electronic Billing System Report Manual

There are three components to the Report section:

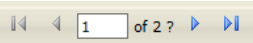
- 1) Contract Reports – this contains any data that pertain to the specific segments of a contract.
- 2) Reimbursement Reports – the data pertains to reimbursement request
- 3) Payment Reports – information and data that pertains to anything that has been processed for payment through EBS.
 - a. When reports states fiscal year it is reflecting the payment processed during State Fiscal year that runs from July 1 through June 30.

After selecting a report from the menu the system populates a screen to select criteria for that specific report (which has been preset). Select from the drop down menu the fields that applicable to the specific report: owner contractor/region, contract number, contract manager, contract number, provider, payment/service month, encounter ID, service/provider name and expand all (True or False).



Header information is the top portion of the report and generally contains the contract number, owner contractor, contract amount and description on all reports.



When there are multiple pages to a report the page will have 1 of 2 ?  click on the single arrow to move one page or arrow with bar to go the last page.

All reports can be exported to the following formats: CSV (comma delimited, PDF, MHTML (web archive), Excel, TIFF file, and Word.

To export select file icon from the header.

Contract Payment Summary by Provider for Service Month

Select Owner/Contractor: Region 5 Select Contract Number: 42489-Y3-FY19 Mental Health and Substance Abuse Services

Select Provider: Select All Select Service Month: Aug 2018

Expand All: ☐ True ☒ False

14 of 1 Find | Next

Dropdown menu of the different software programs are displayed to select.

Contract Payment Summary by Provider for Service Month

Select Owner/Contractor: Region 5 Select Contract Number: 42489-Y3-FY19 Mental Health and Substance Abuse Services

Select Provider: Select All Select Service Month: Aug 2018

Expand All: ☐ True ☒ False

14 of 1 Find | Next

File icon dropdown menu:

- PDF
- CSV (comma delimited)
- Excel
- Word

Payment Detail Summary for Service Month: August 2018

Contract Number	Owner	Description	Budgeted Amount	Total Billed Amount	Reimbursed Units	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	% Paid
42489-Y3	Region 5	Mental Health and Substance Abuse Services	\$ 0.00	\$ 1,775,981.97	9076.00	\$ 189,521.60	\$ 1,586,460.37	\$ 1,775,981.97	\$ 0.00	0.00 %

Once selected the program that you want to download to the system will populate a box to select 'Open', 'Save' or 'Cancel'. Select one of the actions.



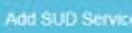

Do you want to open or save Rpt_ContractPaymentSummarybyProvider-ServiceMonth.xlsx from dbhebs-dhhs.ne.gov?




Open Save Cancel



ELECTRONIC BILLING SYSTEM

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

EBS REPORT GLOSSARY OF TERMS

Add 	To include or create.
Add MH Service 	Select to open window of services that are expense reimbursements allowed under Mental Health. To add a MH Service to current PRR, select 'Add MH Service'. A drop down menu will populate to select the services that are assigned.
Add SUD Service 	Select to open window of services that are expense reimbursements allowed under Substance Abuse. To add a SUD Service to current PRR, select 'Add SUD Service'. A drop down menu will populate to select the services that are assigned.
Address Book Number	Unique number assigned to contractor through Enterprise One for payment processing through State Accounting.
Address Line 1	Address where contractor is located.
Address Line 2	Additional field for address.
Adult or Youth	Adult – over 19 years of age Youth – under 19 years of age
Approved	<ul style="list-style-type: none">➤ Approved – contract budget is reconciled and can process payments➤ Unapproved – contract will not allow any payments to be processed.➤ Blank – contract has never been finalized
Available Balance	Total dollars allowed to be spent.
Back 	Go back one screen.
BH Form	Expense reimbursement request form completed by the provider or Region.
BHSIS Number	An electronic national inventory of behavioral health facilities that is maintained by the Substance Abuse and mental Health Services Administration (SAMHSA) in cooperation with the States. I-BHS contains basic information about each facility such as name, physical location, mailing address, telephone number, director name and general services offered. The I-BHS guidelines document is available on the BHSIS web site at https://www.dasis.samhsa.gov/dasis2/manuals/isats_guidelines.pdf .
Budget Parent	Is a method to create one budget line for multiple service details.
Budget Reallocation	Moving money between services and/or providers. Must be approved prior to any transactions being made.

Budget Shift	Moving money between business units.
Business Unit	A unique number assigned to track specific type of funds.
Cancel 	Will delete any information you have entered in.
CDS	Centralized Data System –Compiles demographic and diagnosis of consumers receiving services funded by the Division of Behavioral Health – Community Base Services. The system is a web-based, cloud solution that offers reporting and analysis capabilities.
City	City the provider located.
Collapse All icon 	To fall or shrink information displayed.
Contract Amount	Total amount of the contract.
Contract Budgeted Amount	The amount that is budgeted for that specific business unit for the sub award/contract.
Contract BU Budgeted Amount	The amount that has been budgeted within the sub award/contract, this is the total from each of the services the business unit has been assigned to.
Contract Manager	Person assigned to manage the contract.
Contract Number	Unique number assigned for each contract.
Contractor Name	Name of contractor
Contractor Address	Street address of contractor
Contractor Address 2	Additional line for address information
Contractor Type	There are four types of contractors; <ul style="list-style-type: none"> ➤ SC- Sub Contractor – entities that do not contract directly with the state. ➤ BC – Both Contractor and Sub Contractor – can have a contract with different payor source and can have a direct contract with the state. ➤ OC – Owner Contractor – has contract with the state and sub contracts ➤ OS – Owner Service Contractor – has contract with the state and they also provide services directly
Data	The quantities, characters, or symbols on which operations are performed by a computer, being stored and transmitted in the form of electrical signals and recorded on magnetic, optical, or mechanical recording media
Delete	To eliminate, erase or cut out.
Description	Statement providing additional details to a field.
Detail Budget	Total amount of contract broken out by one or multiple services.
EBS Only	Contract, provider or service is only used in the Electronic Billing System
Edit 	To alter.
Email	Email address of contact person.
End Date	Date the service/provider should no longer be used or available to bill.
End Date of Contract	Last date the contract is in effect.

Expand all icon 	Expand to display all information.
Export to Excel  Export to Excel	Information downloaded into excel document.
Export to PDF	Information downloaded into PDF document.
FEP (First Episode Psychosis)	Service detail designated for FEP Funding.
Funding Category	Grouping of dollars reimbursed by designating group of services.
Fund Purpose	Defines if business unit serves a specific population such as adult or children.
Fund Type	There are Cash Funds, General Funds and Federal Funds that is utilized within EBS. This field identifies which type of fund it is.
Held Payments	Amount of payment being held because not enough available dollars.
Icon	A sign (as a word or graphic symbol) whose form suggests it meaning.
Is Region	Contractor designated as Regional Behavioral Health Authority, either is True or False
ISAT	Number assigned through the I-BHS System. It is inventory number of substance abuse facilities. It also defaults to the BHSIS number in EBS
Legislative Authority	Legislature approves budget submitted during each session.
Master budget	Total amount of contract broken out by one or multiple funding sources.
MH Service	Mental health services.
MHS	Number assigned through the I-BHS System. It is inventory number for mental health services.
MLTC NPI	Medicaid Long Term Care National Provider Identifier. NPI number is a unique 10 digit to identify agency in a standard way. CMS provides this service based on federal law (45 CFR Part 162)
MLTC Taxonomy	Medicaid Long Term Care Taxonomy. Taxonomy codes define a health care service provider type, classification, and area of specialization (internet).
MRR	Master Reimbursement Request (Owner Contractor bundles multiple PRR's to create one request to submit)
New Request	Creating new Provider Reimbursement Request.
Object Code	A unique number assigned to identify type of expense.
Overall BU Budgeted Amount	The total amount budgeted for the business unit from all sub award/contracts within EBS.
Overall BU Auth Amount	Overall Business Unit Authority Amount – the total amount of the business unit that is authorized that can be dispursed.
Owner Contractor	Party that is authorized to approve contract and approval of payment for services or goods.
Parent	Contractor (with multiple locations) main line item.

Parent Name	Name of contractor and location that has been indicated as parent (main location for entity).
Parent Provider Name	Name of corporate headquarters.
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.
Payment Reassignment	Function to move payment that was processed to other funding sources.
PFY (Previous Fiscal Year)	Service detail designated as PFY.
Phone Number	10 digit number to telephone contractor.
Prior Billed YTD	Combined total of amounts that have been billed prior to the current month.
Procedure Code	Also known as CPT Code that is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals, or entities. In the CPT code set, the term "procedure" is used to describe services, including diagnostic tests (reference CPT 2017 Professional).
Procedure Parent	Is a method to bundle multiple service details under one code for ease of user.
Processing	The Purchase Order is created but not paid.
Provider Eligibility End Date	Last date the provider serves within contract dates.
Provider Eligibility Start Date	Date the provider started serving within contract dates
Provider ID	Each provider is given a unique identifier number
Provider Name	Name of entity.
PRR	Payment Reimbursement Request – one request completed by entities location
Purchase Order	Electronic document created to submit request for payment on services or purchases.
Qualifiers	Identifier that makes the service detail unique from like services.
Rate	Set amount charged per unit of service
Reduced Units	Units reduced on the payment request by Owner Contractors.
Refresh Refresh	To update or renew information (bring in units from CDS).
Reimbursed Units	Specific time or person served that have been paid.
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.
Reject	To refuse to accept, request is sent back to originator.
Report Menu	Listing specific selection of different types of categories

Reports	Providing summary of data for particular matter.
Save 	Preserve from destruction or loss.
Service	Name of service providing refer to 206 Regulations
Service Budget Amount	Amount budgeted for specific service and business unit.
Service Classification	There are three types of classifications that can be assigned to a service. <ul style="list-style-type: none"> ➤ Basics ➤ Network Support ➤ Supplemental
Service Detail	Information providing unique variables of a service
Service ID	Each service detail is given a specific ID number
Service Level	Identifier that describes level of care that a consumer was seen at.
Service Modifier	Identifier that makes payment processing unique from like services.
Service Month	Month which service occurred in.
Service Name	Name of service
Service Type	Mental Health (MH) or Substance Use Disorder (SUD)
SOC (System of Care)	Service detail designated as SOC.
Spending Priority	There are three types; Spend First, Normal and Blocked. Refer to Legislative Authority procedures in EBS Manual.
Start Date	Date the service/provider is to begin.
Start Date of Contract	Date the contract is in effect.
State Code	State is the provider located.
Status of Report	<ul style="list-style-type: none"> ➤ Finalized – contract providers and services are completed and transmitted to the Centralized Data System if applicable. ➤ Un-Finalized – contract is available to add additional information. ➤ Blank – contract has not ever been finalized
Submit	To send.
SUD Service	Substance use disorder.
TADs	Turn Around Document from CDS; reports on units of services entered.
Telephone Number	Telephone number of the entity.
Total Billed YTD	Combined amount(s) that have been submitted since beginning of contract.
Total Paid YTD	Total amount that has been paid since the beginning of contract.
Unallocated Available	Funds that have not been assigned to a specific service, these funds can be moved by Owner Contractor/Region.
Unallocated Locked	Funds that have not been allocated to a service that only can be moved by an EBS Administrator.
Unit of Service	Specific length of time as designated in the service definition.
Update 	Edit
Utilization	Documentation of service performed.

View View	The act of seeing or examining.
WSA (Womens Set Aside)	Service detail designated for WSA Funding.
Zip Code	Zip plus 4 is required.

ELECTRONIC BILLING SYSTEM

Version 1.4

HELP

Signing In

Please contact the EBS Help Desk if you have issues logging in:

EBS Support

Phone: 402-471-7613

Email: DHHS.DBHEBS@nebraska.gov

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

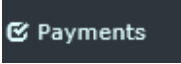
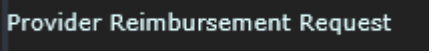



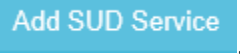


Centralized Data System Issues

Please send email to DHHS.DBHCDS@nebraska.gov


ELECTRONIC BILLING SYSTEM
Version 1.4

QUICK REFERENCE FOR PAYMENT REIMBURSEMENT – PROVIDER

Creating Payment Reimbursement Request (PRR)

1. On the menu to the left of the page – select Payments .
2. Select .
3. Select  for location.
4. Select  for contract.
5. Add any mental health or substance use disorder services by selecting  and .
 - Complete BH Form (Expense)
6. Verify units that came over from CDS.
7. If additional CDS entries have been entered select .
8. Review and select attestation box ☐ then select .

If any of the services qualify for COVID funding, the Region/Owner Contractor will add the services and the amount. The PRR will be rejected back to you to review and to complete the COVID Attestation.

9. The additional COVID attestation must be completed before the PRR can be submitted for payment. .