# ELECTRONIC BILLING SYSTEM (EBS)

***PROVIDER MANUAL***

Version 1.4

December 2020

# ELECTRONIC BILLING SYSTEM INDEX FOR PROVIDER MANUAL

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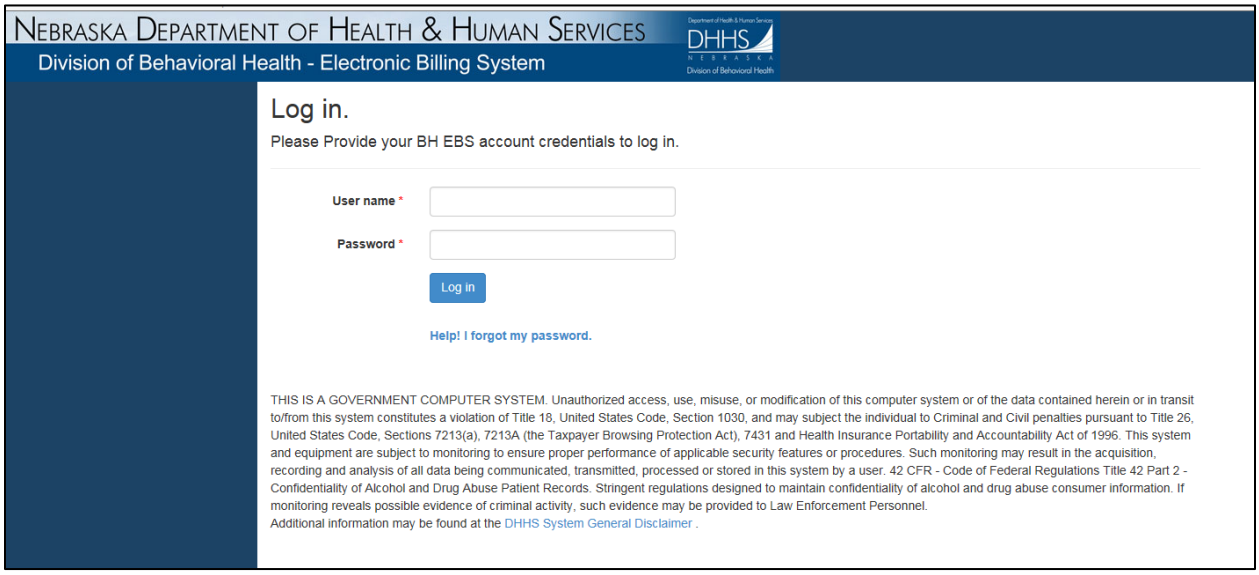
**ELECTRONIC BILLING SYSTEM**

**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.




The Username and Id was provided via email.

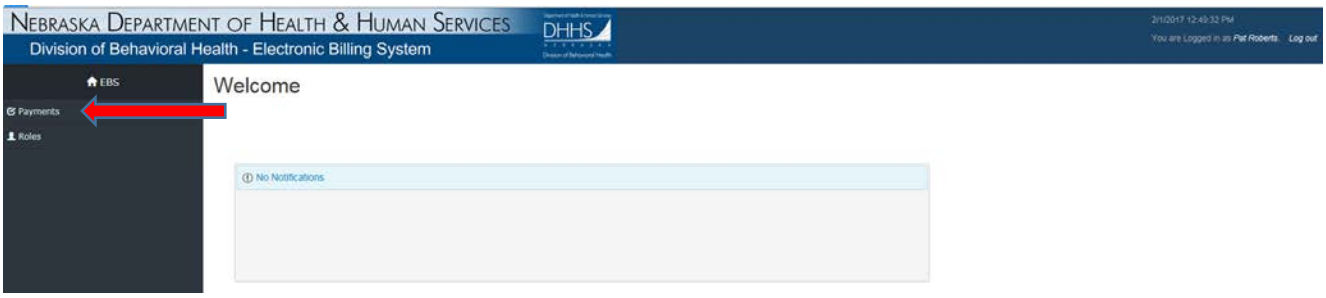
The first screen will provide you with the Main Menu on the left of the screen:

**ELECTRONIC BILLING SYSTEM**

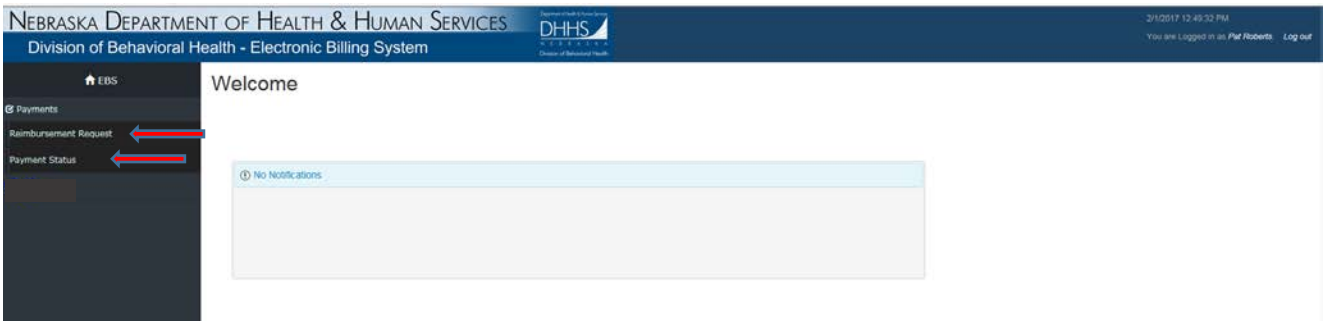
**Version 1.4**

## 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:



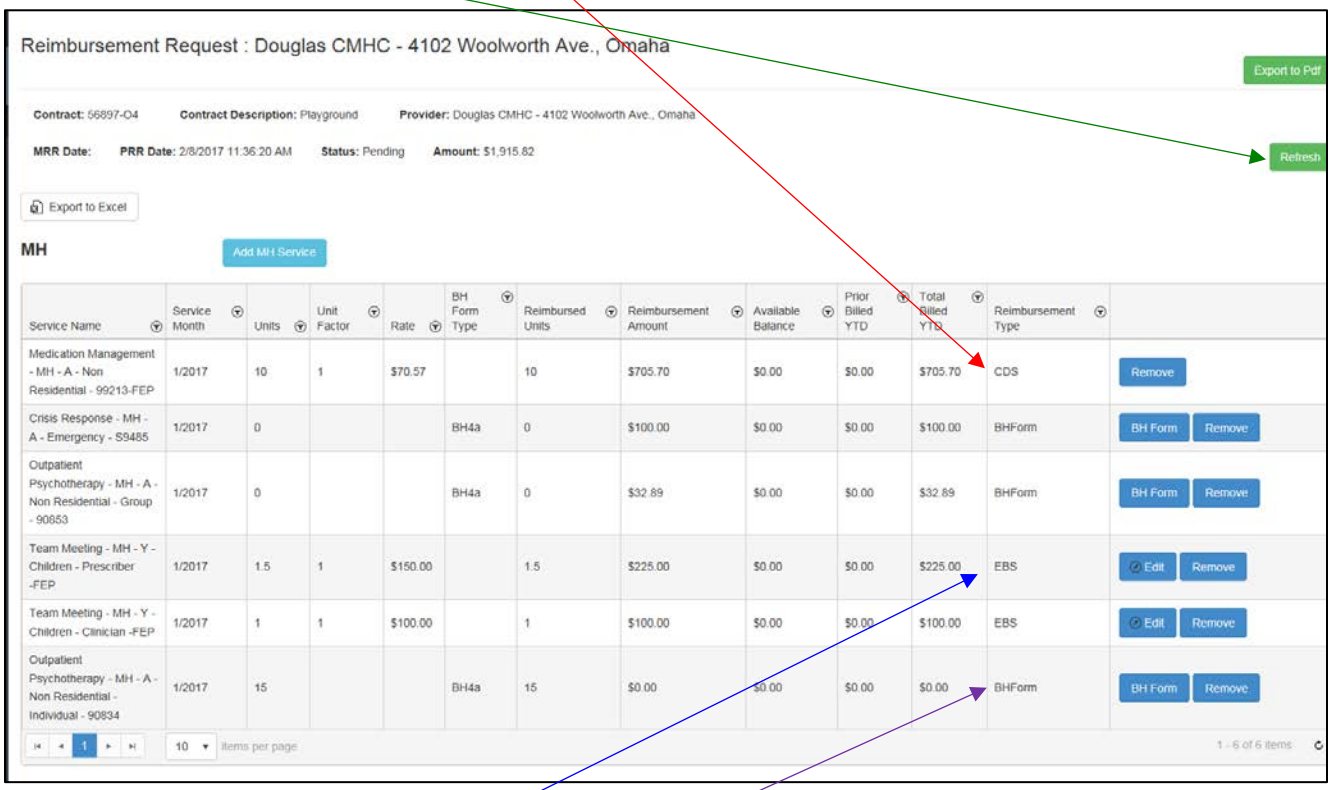

Your User access is for the services and location(s) that is outlined in your contract. Verify that you have the appropriate contract if have multiple contracts.

Select New Request

## 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.




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

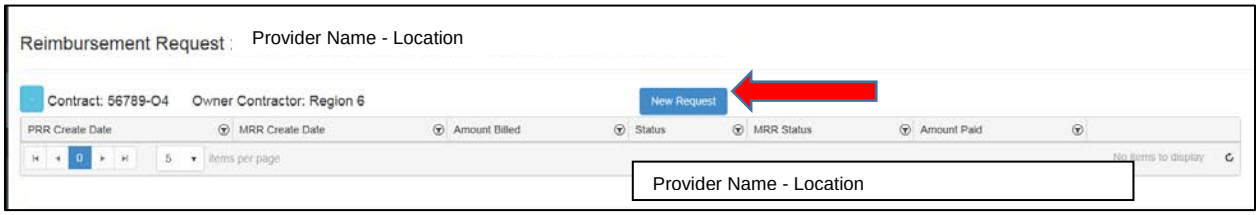
Reimbursement Type 'EBS' allows the units to be entered and calculated by the rate that is entered in EBS System. The units for EBS payment type is not tracked through the Centralized Data System.

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

## CREATING EXPENSE REIMBURSEMENT:

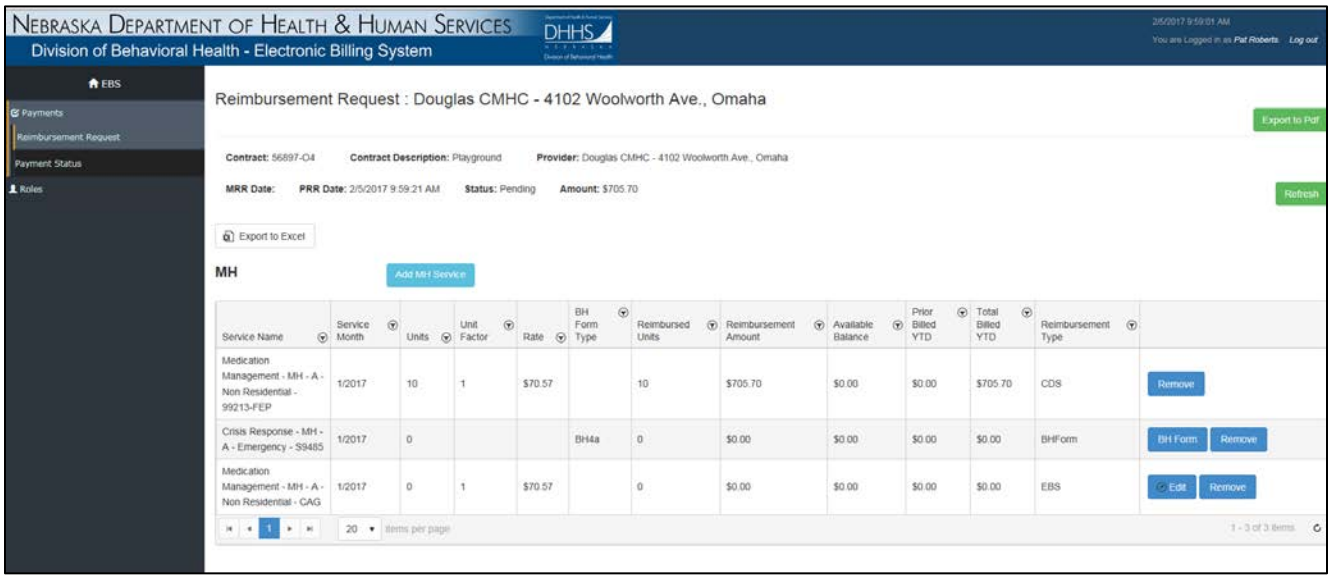
There should only be one PRR (Provider Reimbursement Request) for the month. Each month when New Request is selected any units that have been transmitted will be populated within payment request.

To create a new request select New Request




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.

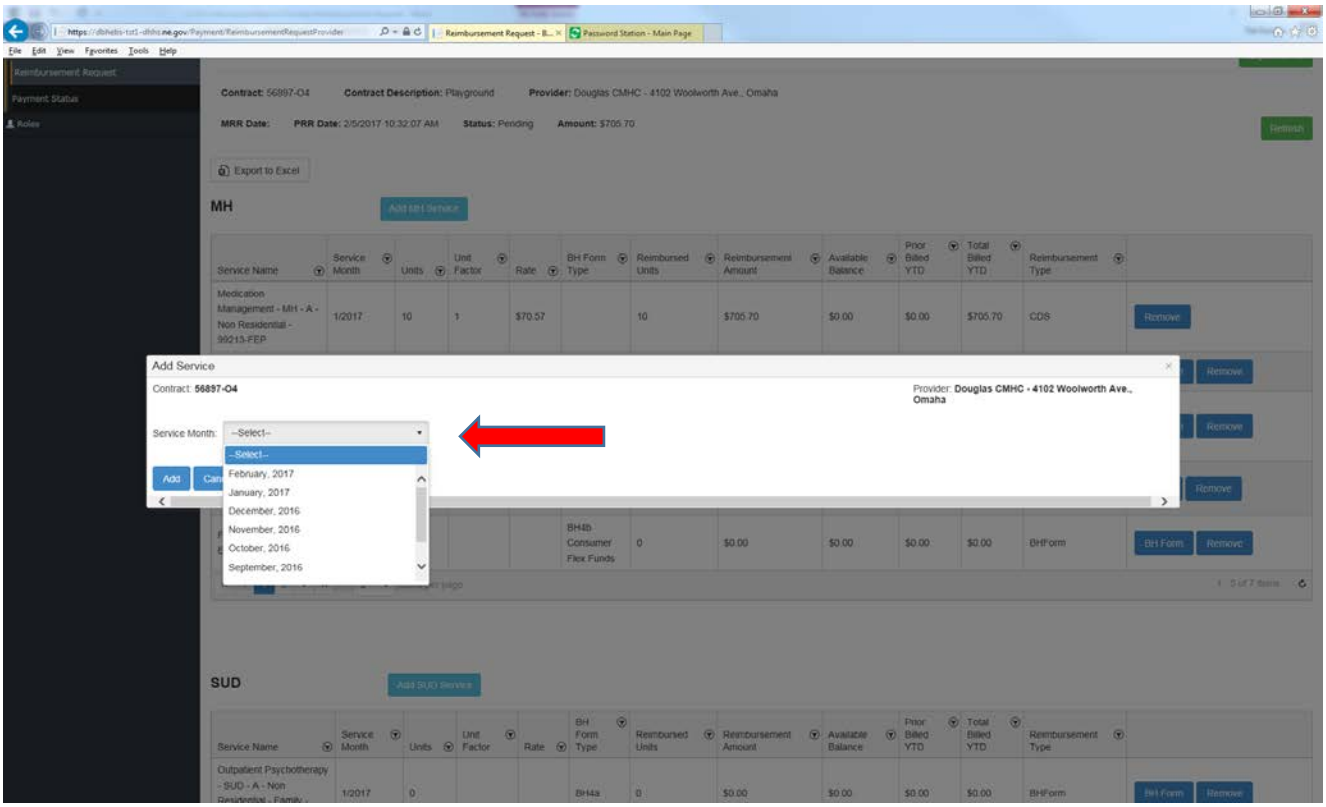
Provider Name - Location



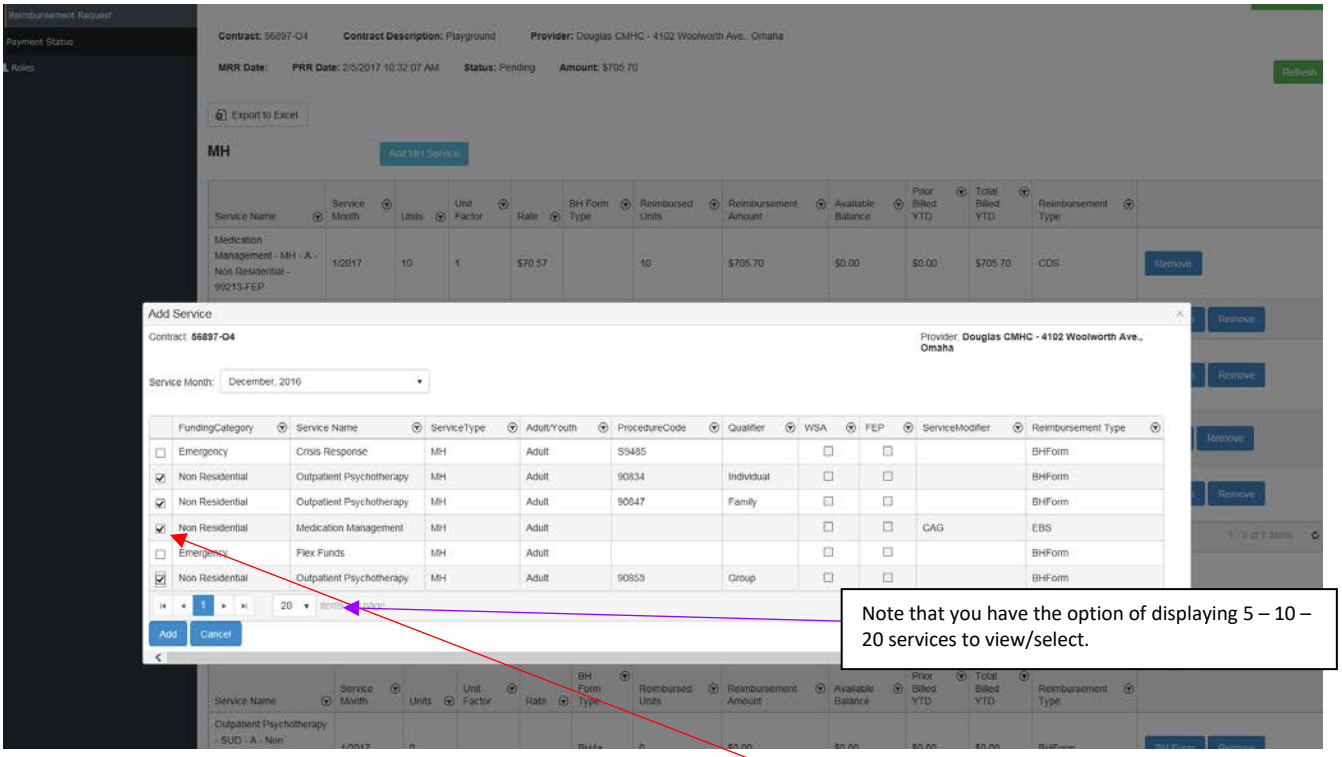

The system will bring in the services you provide automatically to the billing month. If there is not a request for payment you will need to remove that service from the Provider Reimbursement Request.

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

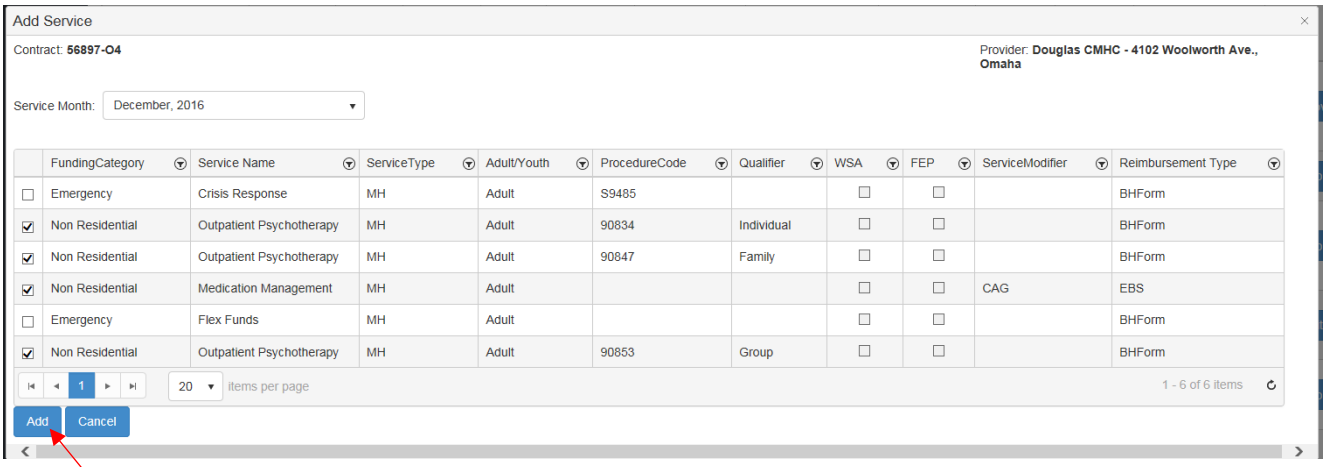



To select a service month that is from previous billing period, select the appropriate month from the drop down menu. The months are organized by the most current month first.




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.




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 20 items per page 1 - 8 of 8 items

Select BH Form for service

Reimbursement Request

## BH4a - Expense Reimbursement Document

**Contract Number** : 56897-O4
**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 20 items per page 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-O4
**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 | 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 20 items per page 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.

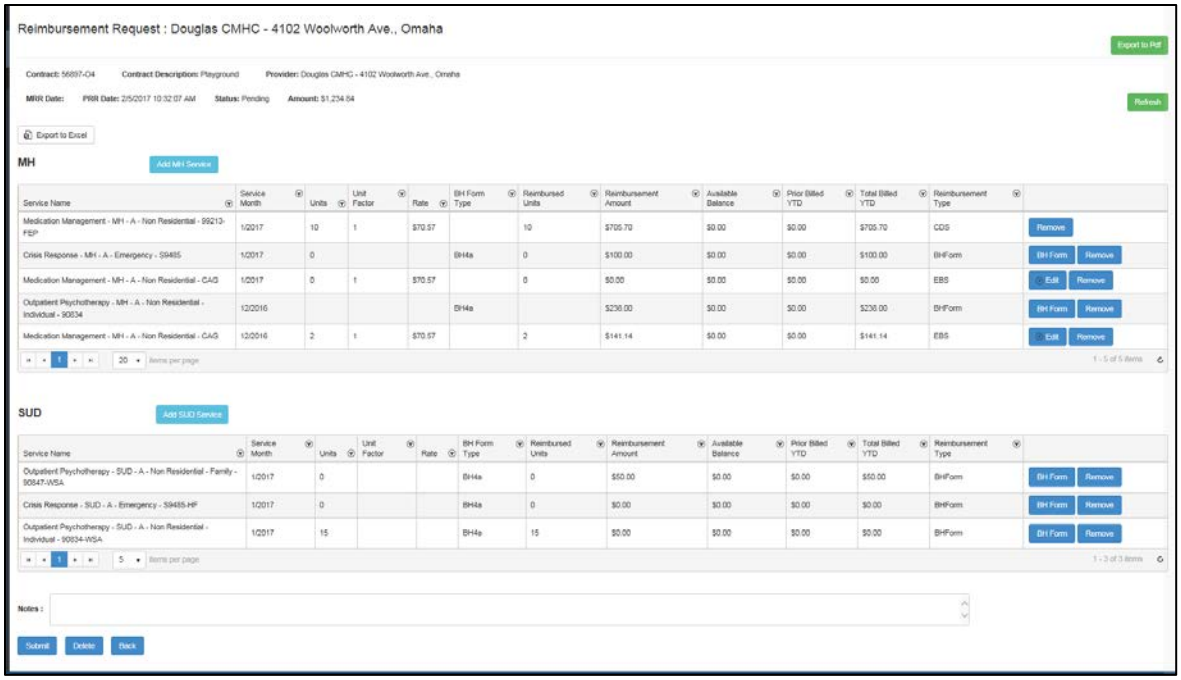
Save = It will keep all information that you have entered.

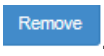
Cancel = will erase all information that you have entered and return you to prior screen.

Delete = Will erase the expense reimbursement that you have entered.

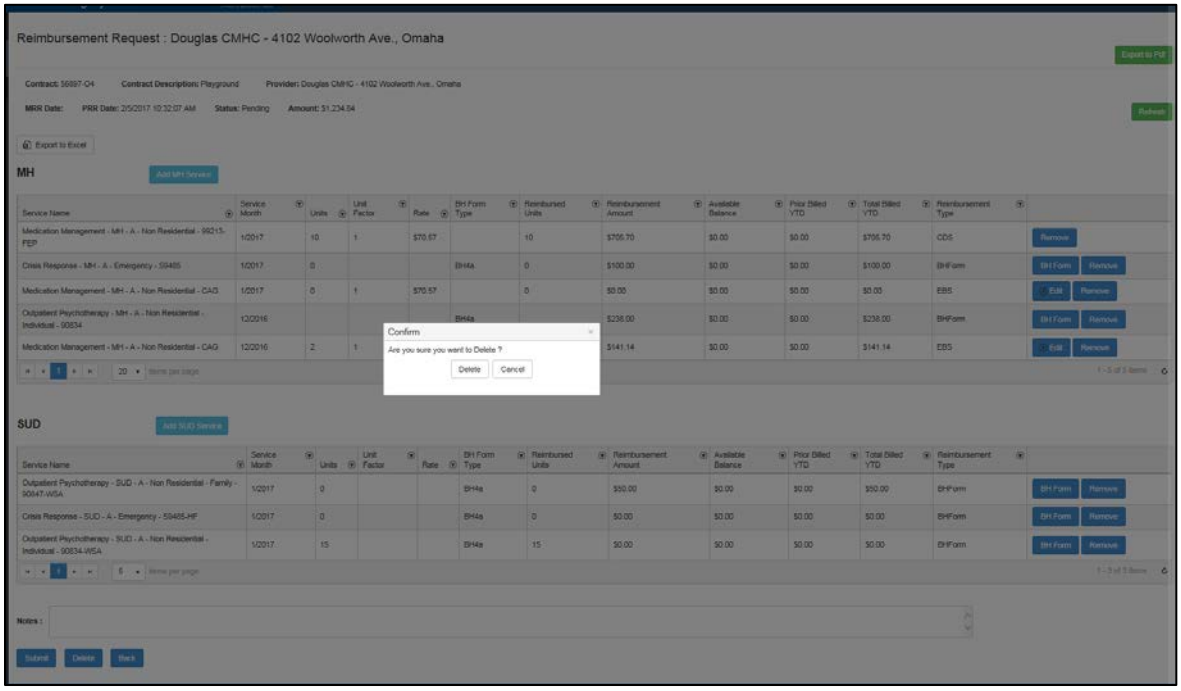
When completed the Expense Reimbursement Request select Save.

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

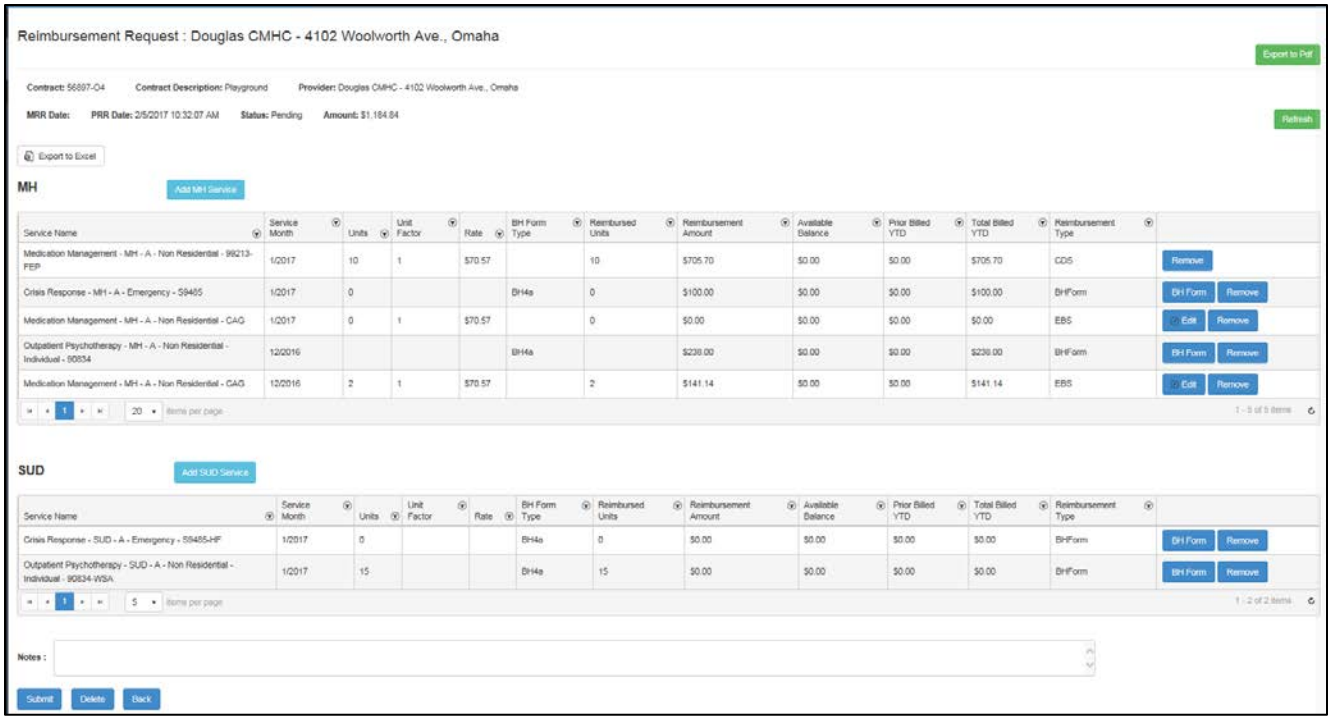



If there is a service does not have any expenses for the month you would remove it from the PRR by selecting 

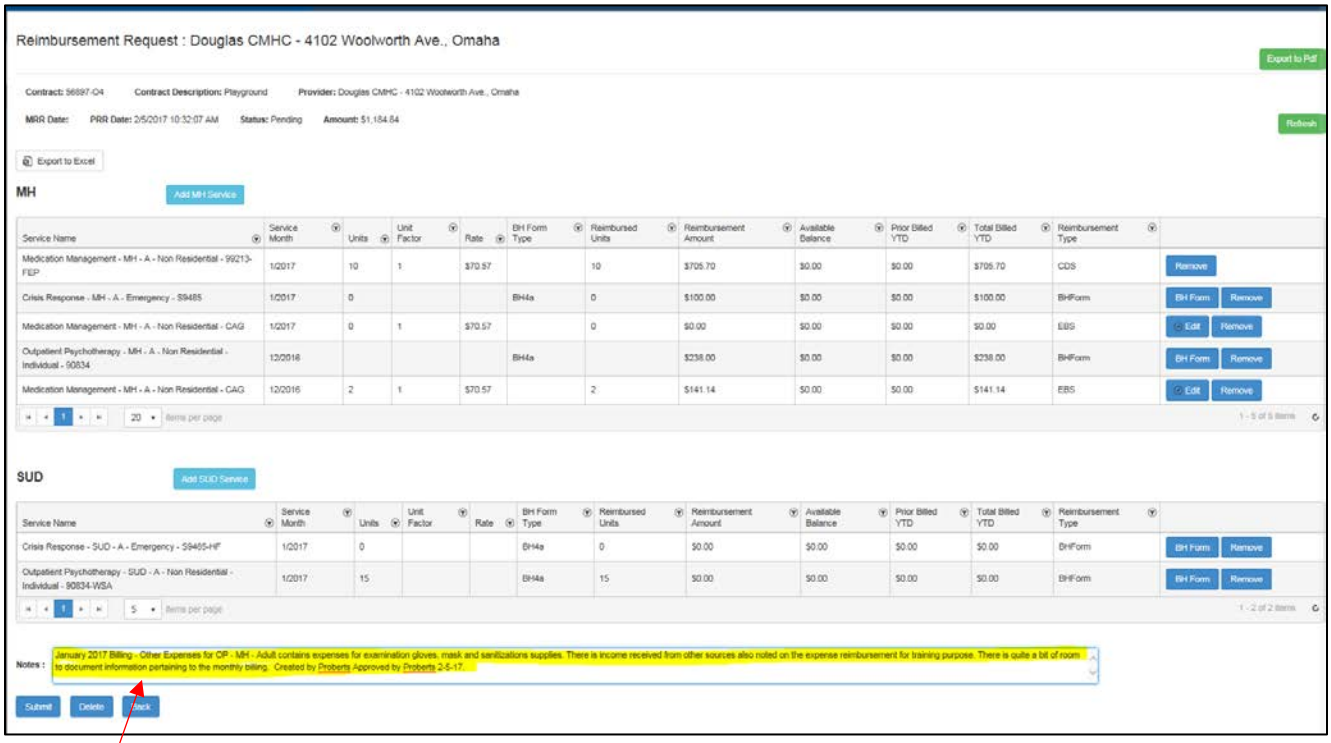
. Example by selecting remove from Outpatient Psychotherapy – SUD – A- Non Residential – Family – 90847 – WSA it remove that service from the PRR. A confirmation message automatically populates requesting to confirm to delete or there is the option to cancel.



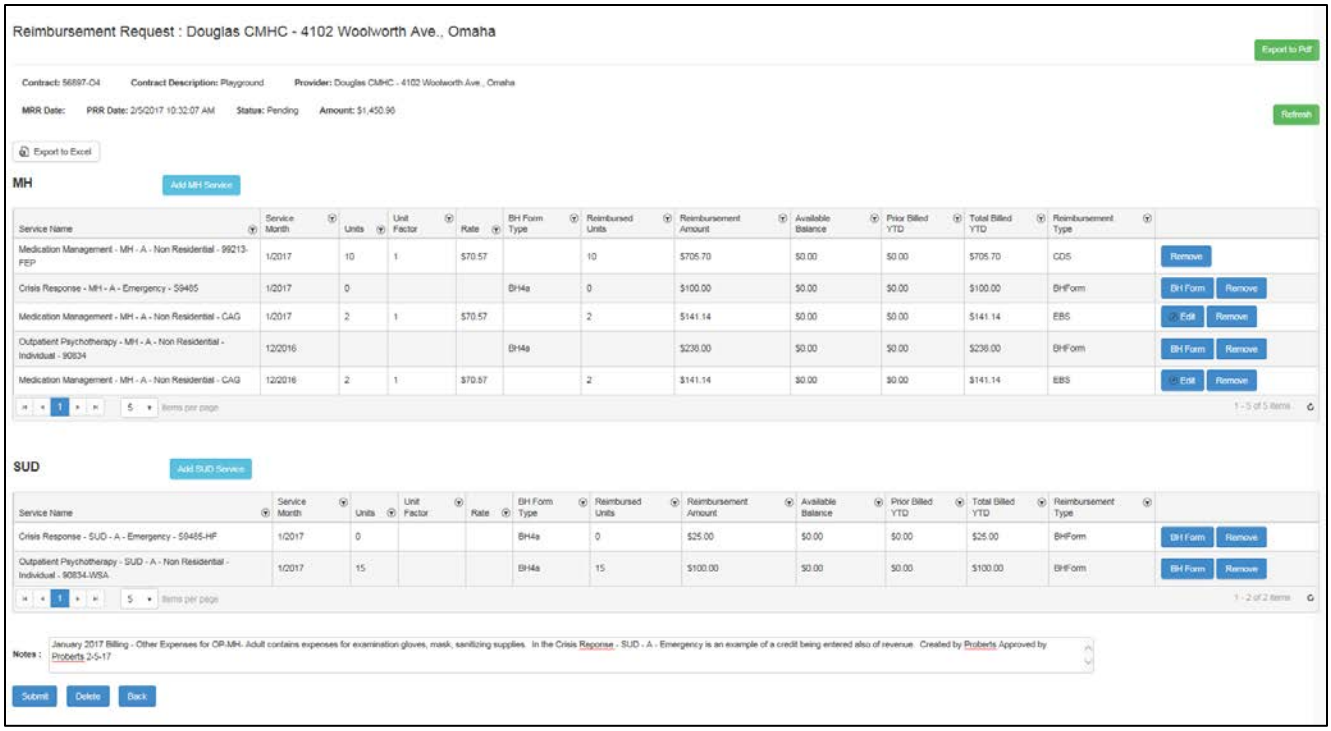

Select ‘Delete’




The service selected to be removed has now been deleted.




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

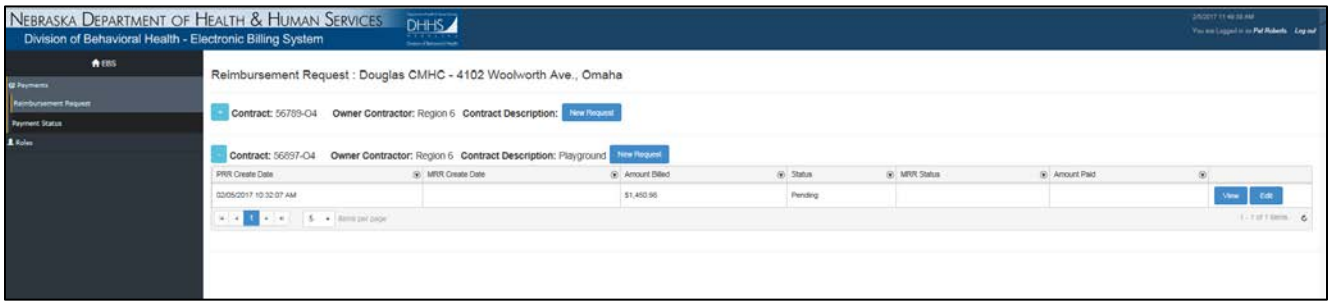



After completing billing for all services applicable for the month you have the following options:

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.




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

Export to Pdf

**Contract:** 56997-O4 **Contract Description:** Playground **Provider:** Douglas CMHC - 4102 Woolworth Ave., Omaha

**MRR Date:** **PRR Date:** 2/5/2017 10:32:07 AM **Status:** Pending **Amount:** 51,450.98

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 - 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 | | $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 | EBS | Edit Remove |

1 5 items per page 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 - S9485-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 |

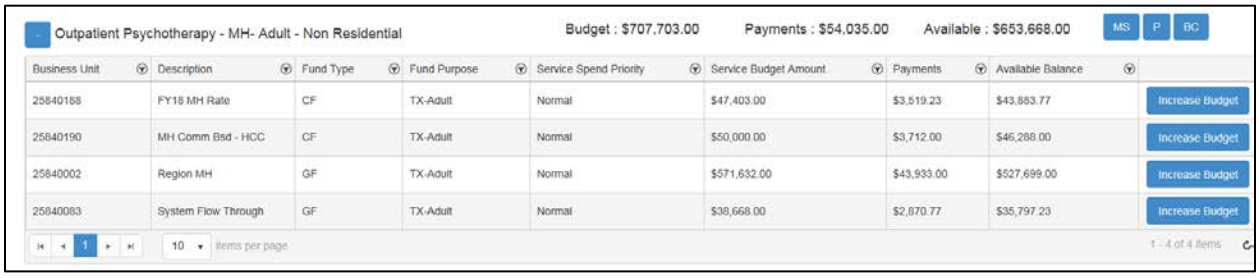
1 5 items per page 1 - 2 of 2 items

**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

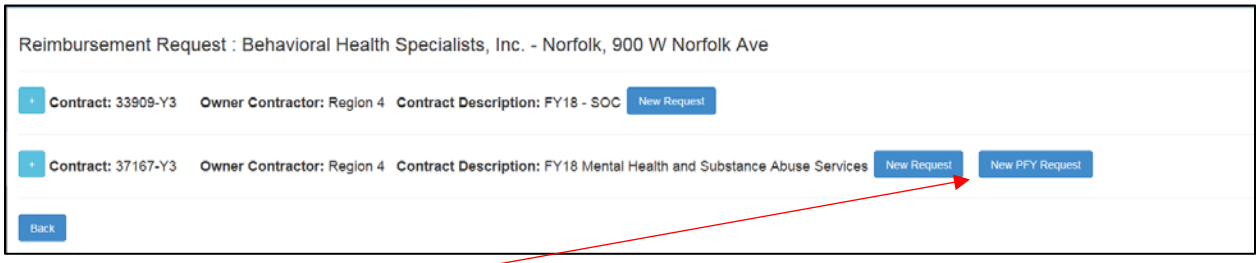
Submit Delete Back

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

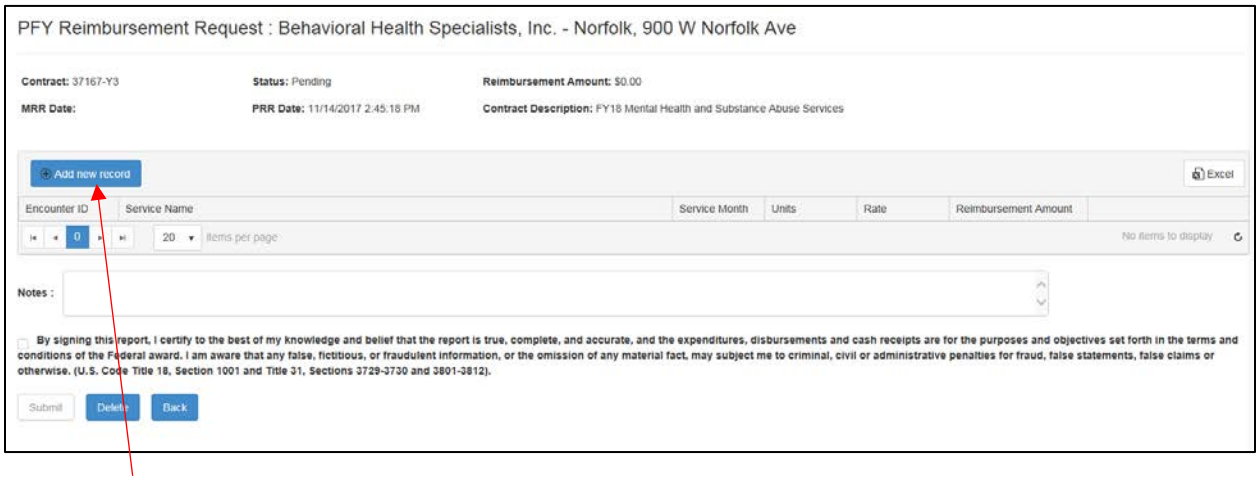
There are two PRR options; New Request and New PFY Request. All Previous Fiscal Year payables and reimbursements shall be processed through the New PFY Request. This will process as a separate PRR (Provider Reimbursement Request).

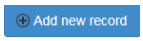


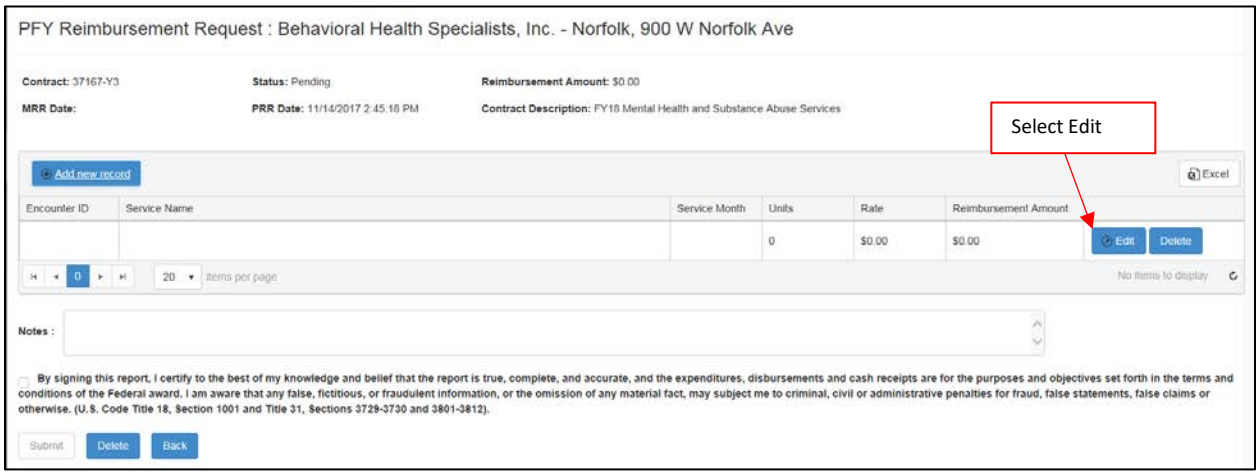

When there is a PFY the New PFY Request Button will appear to be selected. If there is no New PFY Request button for that provider then they do not have any PFY services linked to allow them to process any request. All request must be made through the Region fiscal contact.



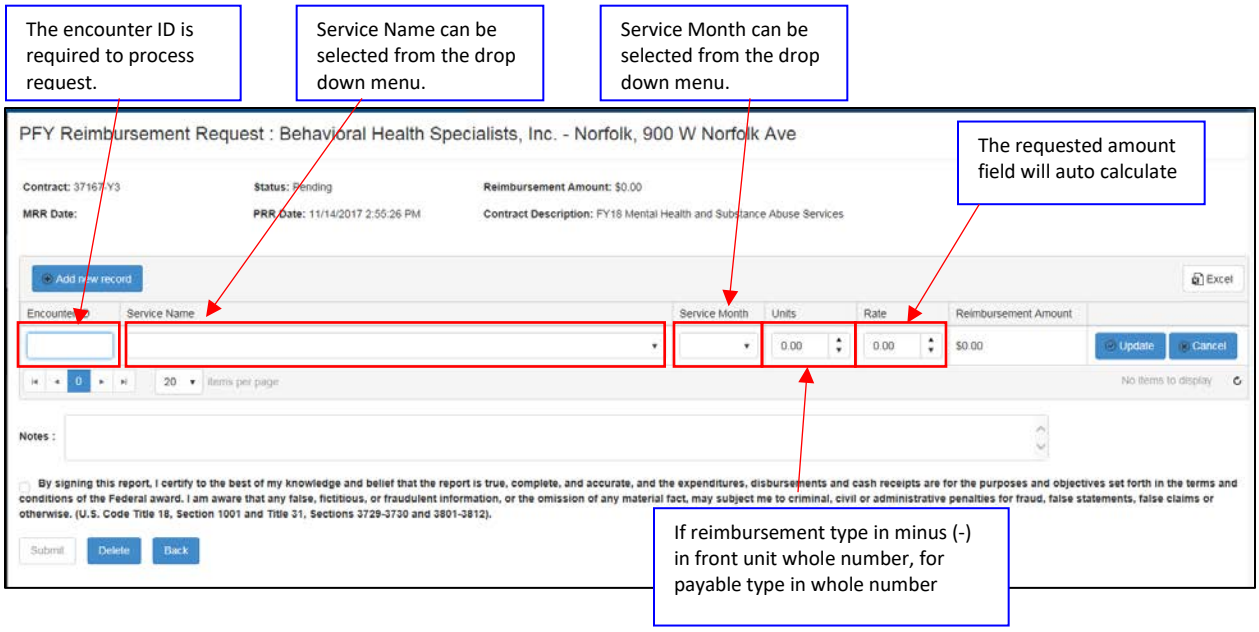

Select New PFY Request



Select 


The fields that are required will be highlighted.



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 20 items per page 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 10 items per page 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 |

1 10 items per page  1 - 4 of 4 items

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 | 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 | $43,093.00 | $528,539.00 | Increase Budget |
| 25840083 | System Flow Through | GF | TX-Adult | Normal | $38,668.00 | $2,870.77 | $35,797.23 | Increase Budget |

1 10 items per page  1 - 4 of 4 items

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

Purchase Order

Service Detail View Repo

**Success!** Payment is Successfull

**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 - 1 of 1 items

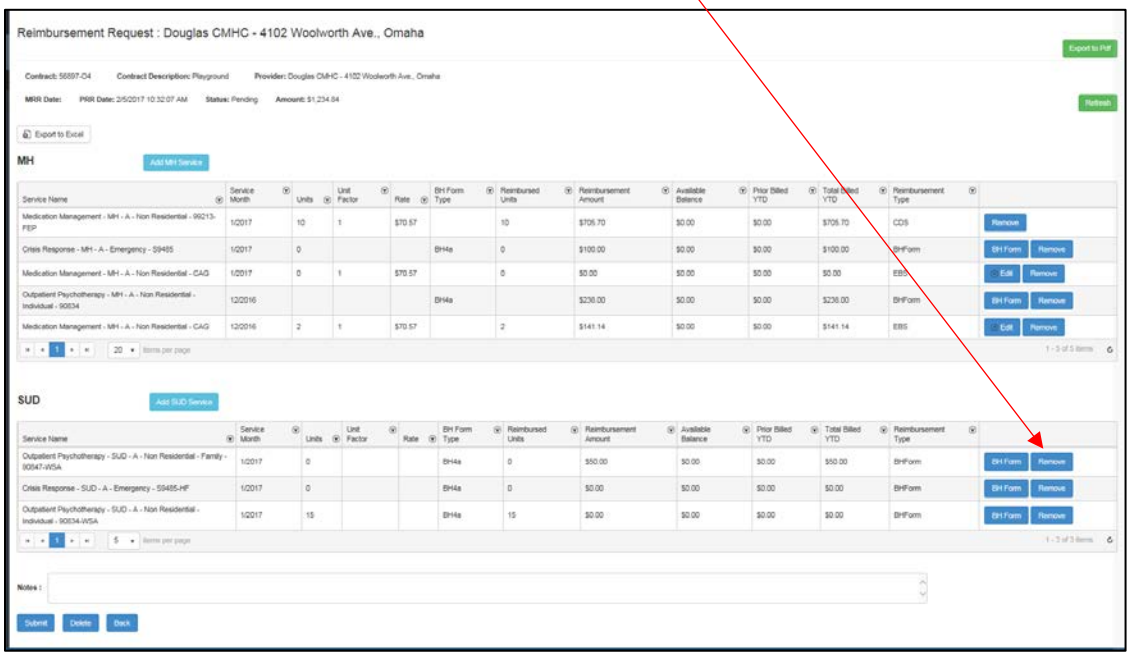
| Provider Name | Service Month | Billed | Paid | Held |
|---|---|---|---|---|
| Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave | 06/2017 | $25.00 | $25.00 | |
| Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave | 04/2017 | -$50.00 | -$50.00 | |
| Behavioral Health Specialists,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

1 10 items per page  1 - 7 of 7 items

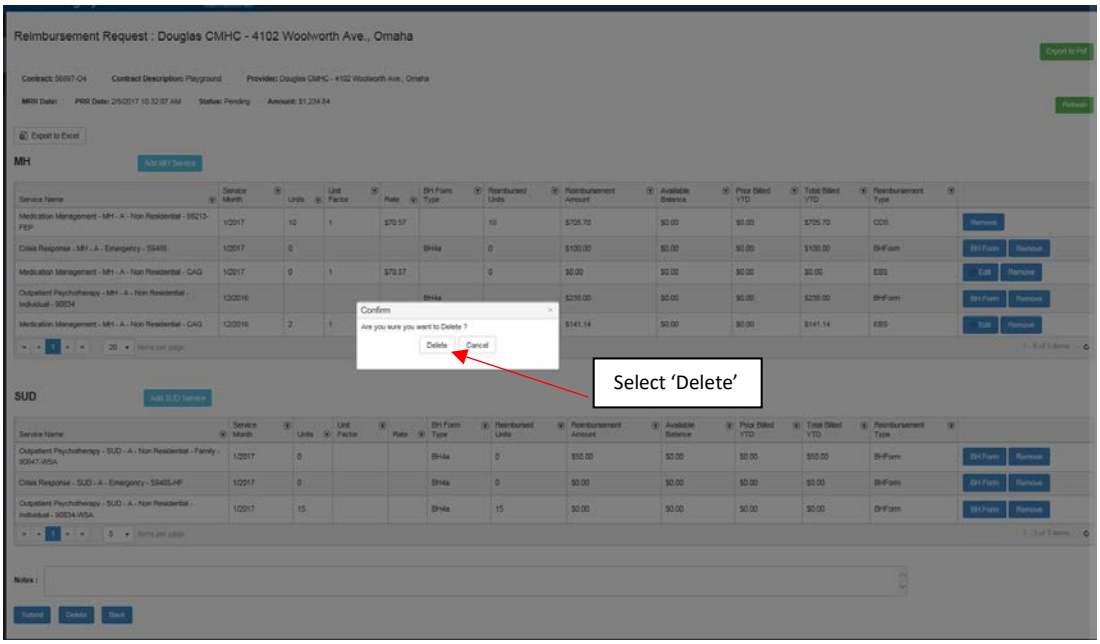
## DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

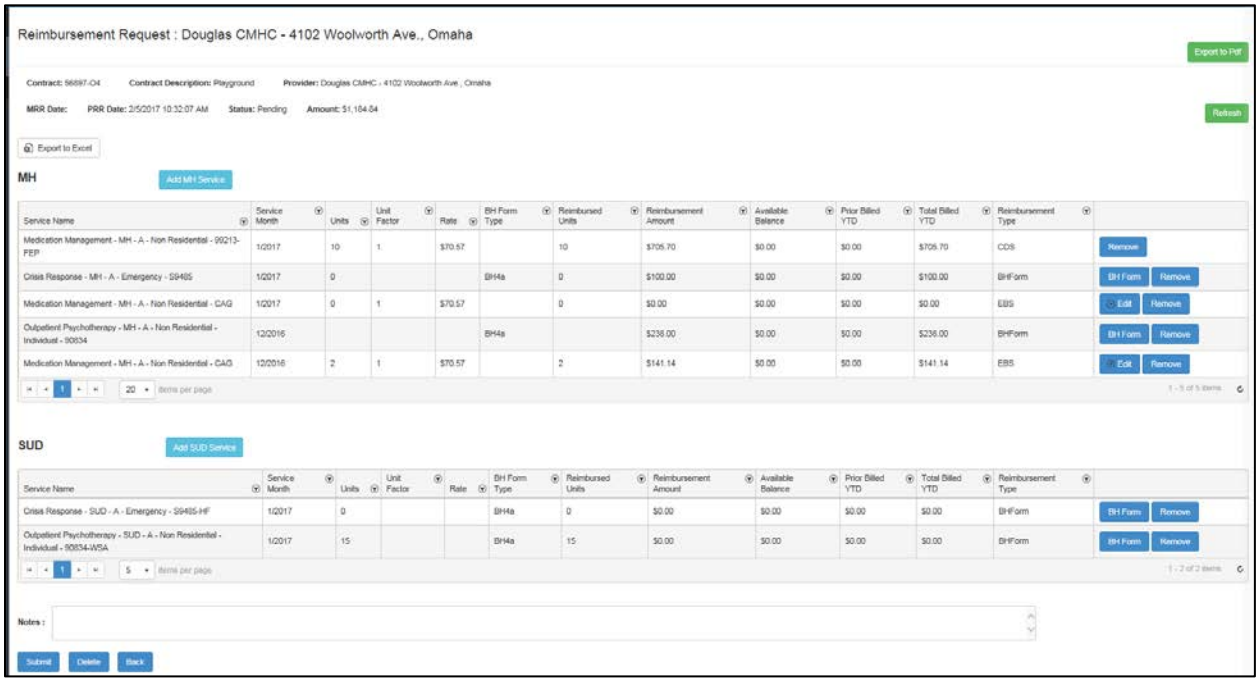
### DELETING SERVICE(S) FROM PRR

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.




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.



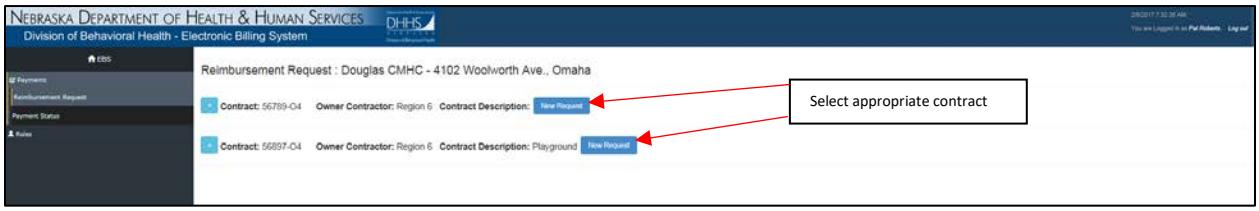



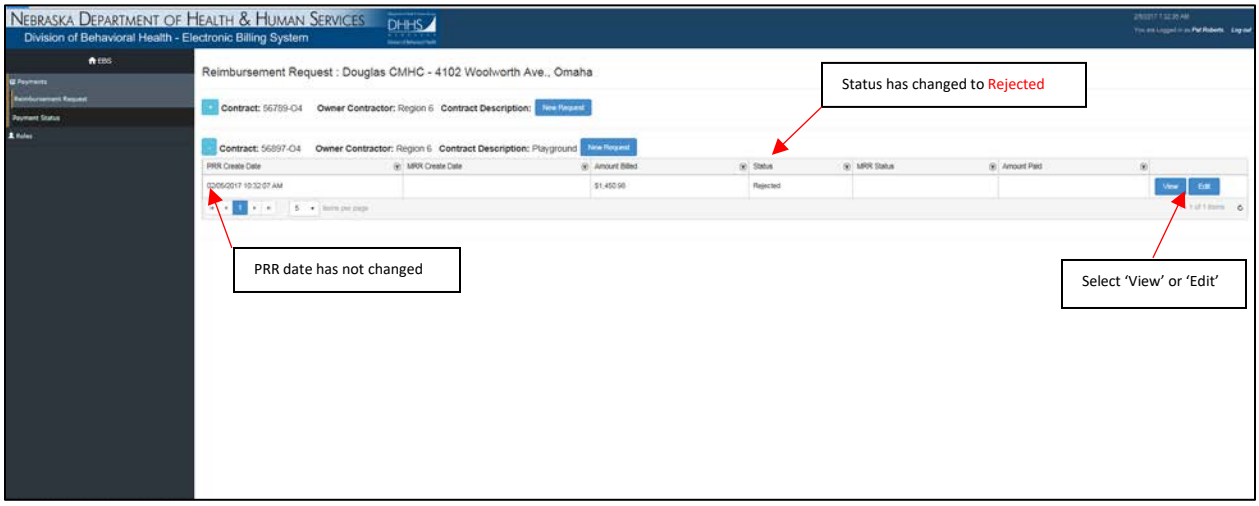

The service selected to be removed has been deleted.

## 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.

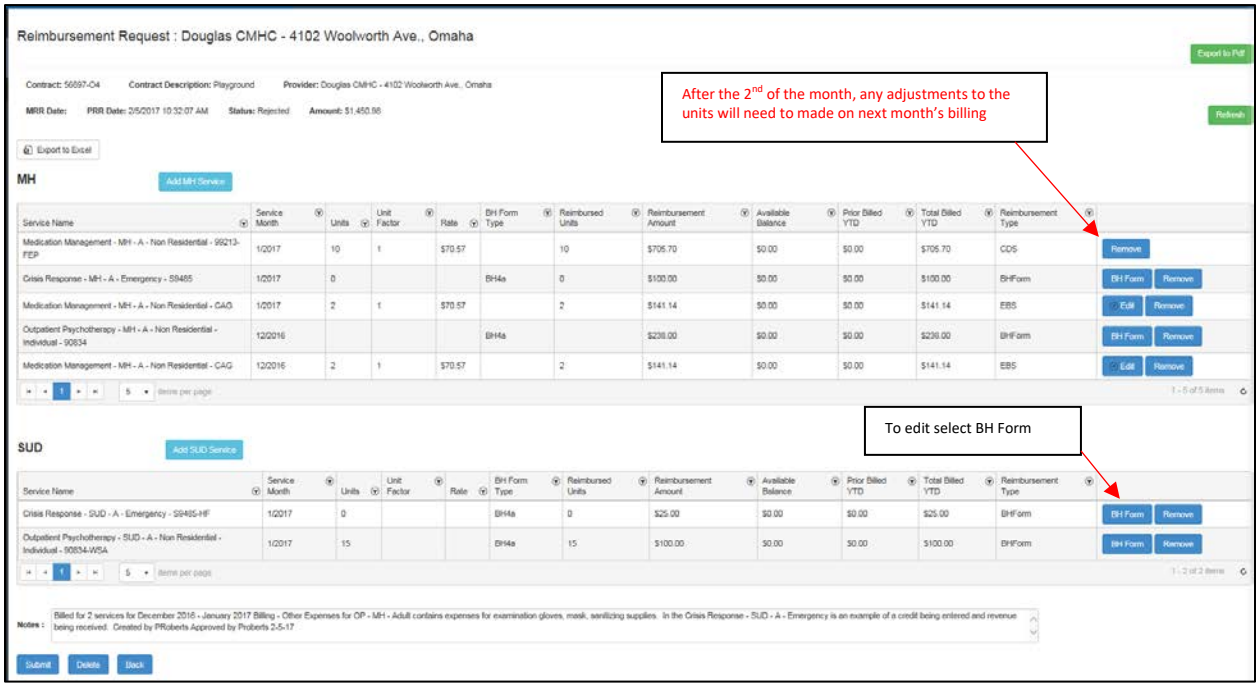
Once the Region\Owner Contractor has rejected the PRR back it will appear under the Payment Section.



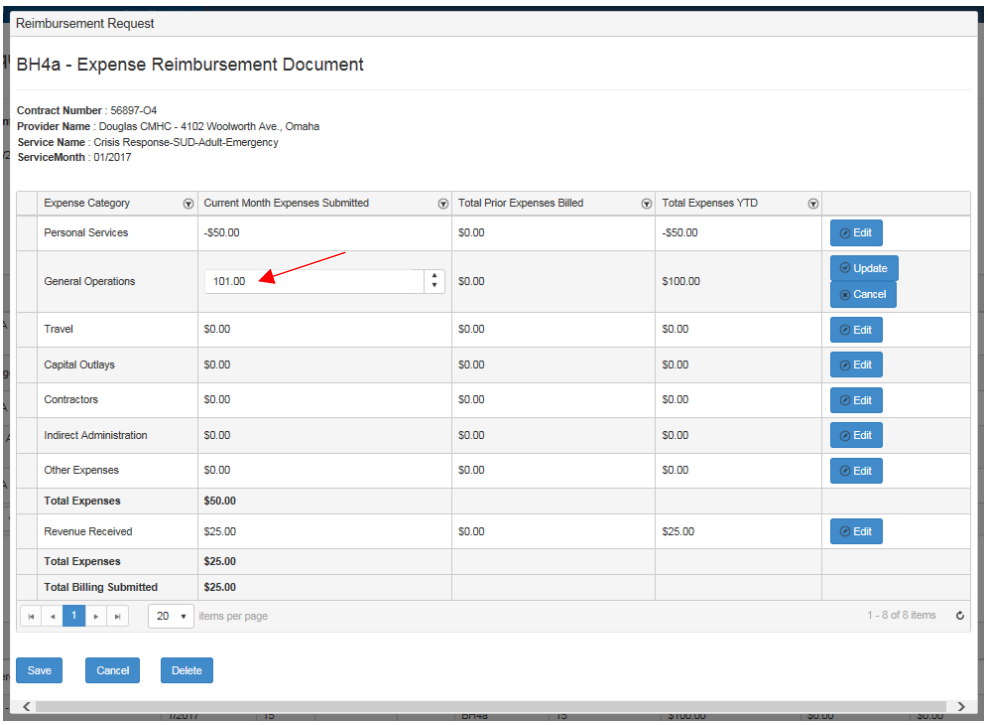




At this time the Region\Owner Contractor will advise via email if any changes are needed. Automatic notifications are still in the developmental stages.

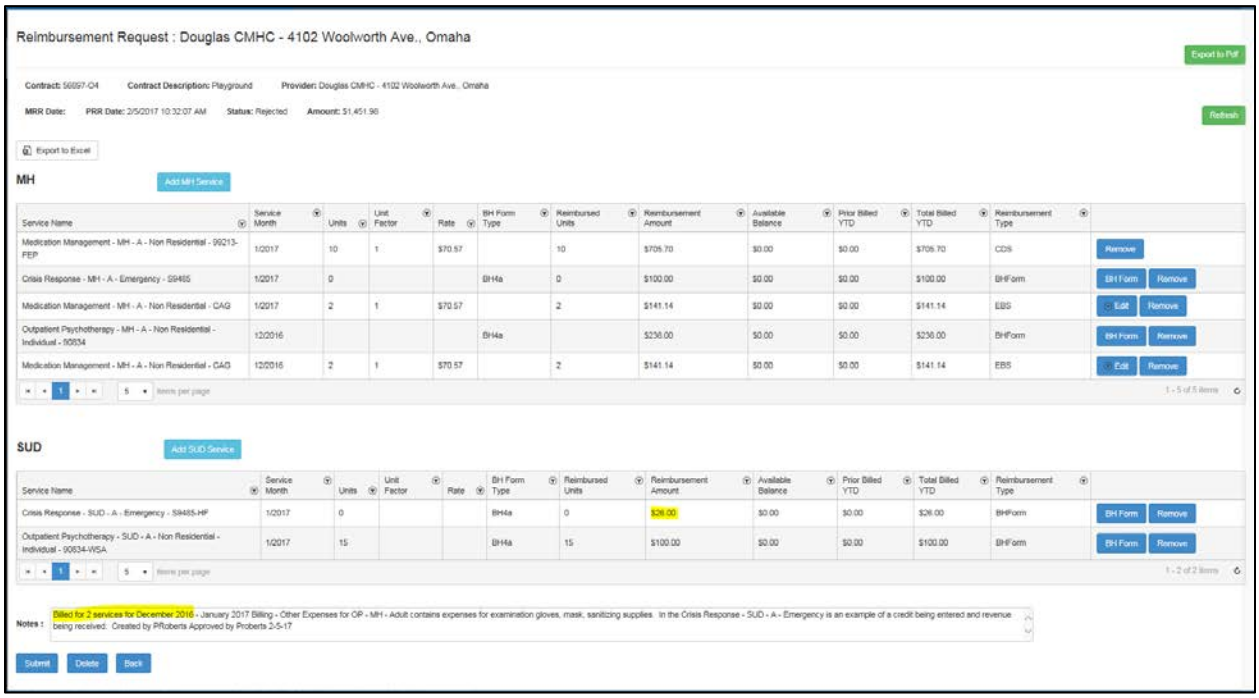
Selecting Edit will allows the User to make any necessary changes to the PRR.




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



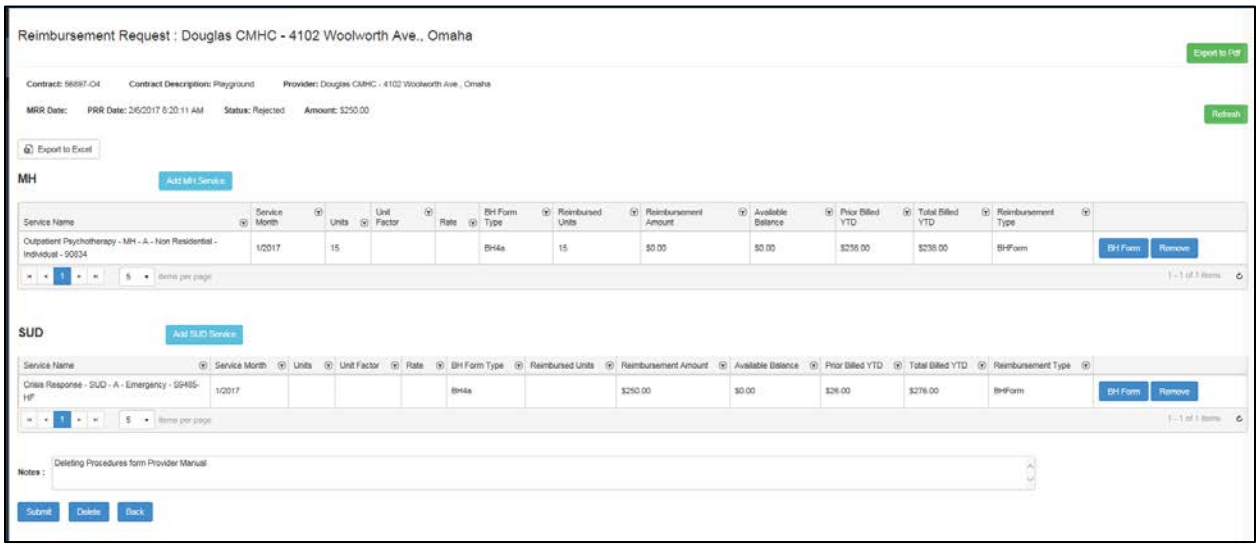
The following changes were made on the example below




To resubmit to the Region\Owner Contractor select Submit.

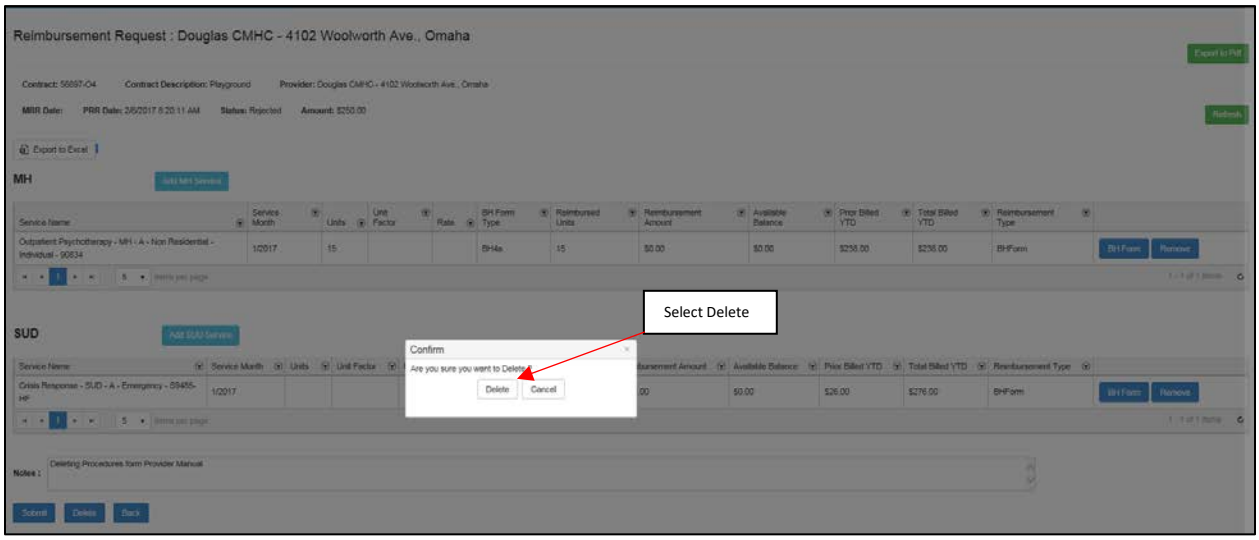
Selecting Back will retain all information except the note screen (requesting program change)

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

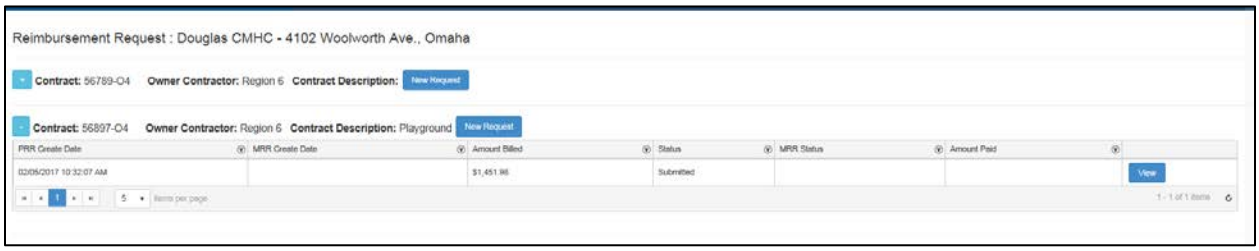


Select Delete

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

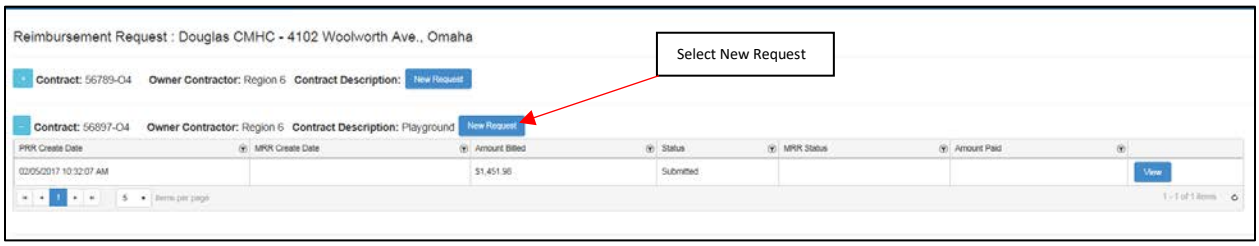



The system will return you to the summary page.

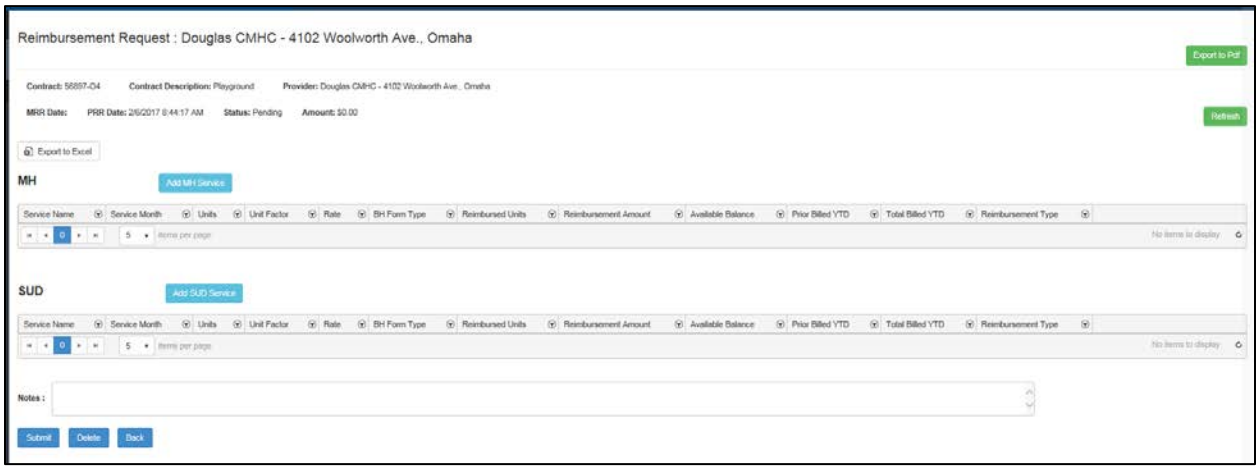



The request is no longer displayed.

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.

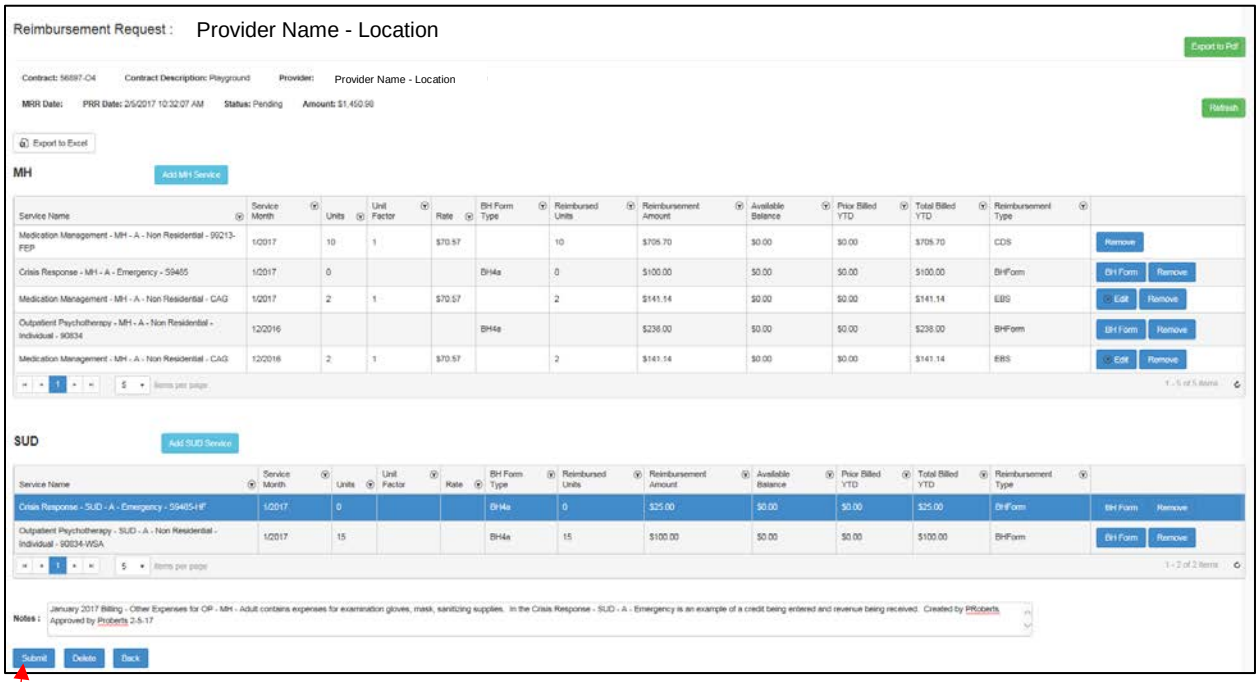


A new PRR is created with a date and time stamp.



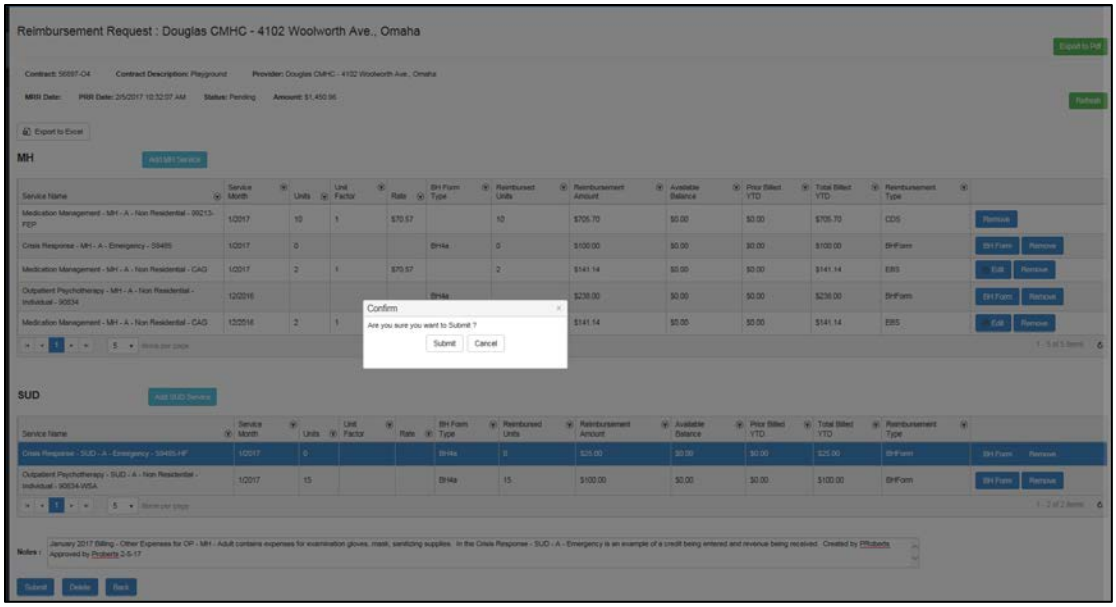

If the units are not displaying PRR select Refresh. The units are brought back into the PRR.

## SUBMITTING PROVIDER PAYMENT REQUEST



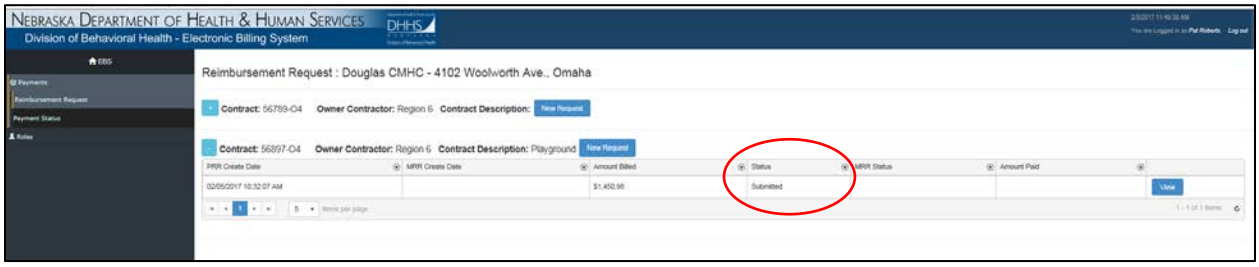

After all entries are completed and are ready to be submitted to the Region\Owner Contractor select Submit.

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




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.




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

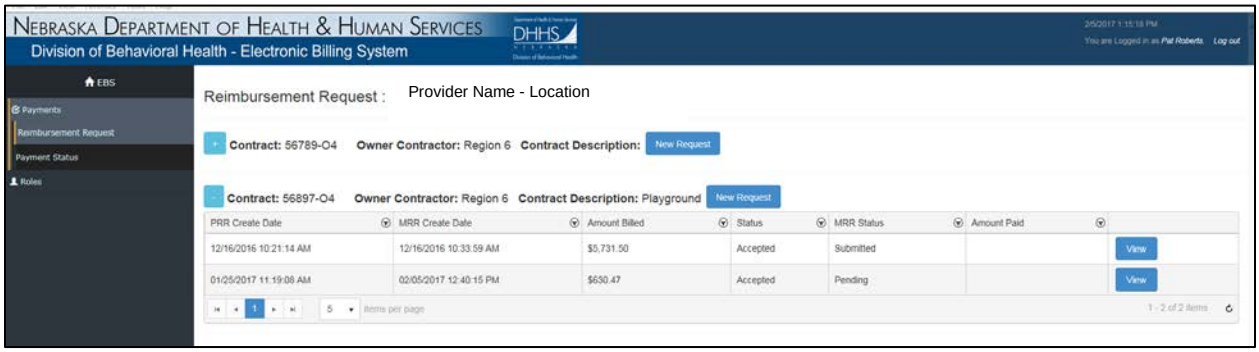
The PRR can be viewed at any time, no changes are allowed at this time. If there are any changes that are required to be made the Region\Owner Contractor will need to reject the PRR to you.

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

## REVIEWING PAYMENT STATUS

When signing in select Payments

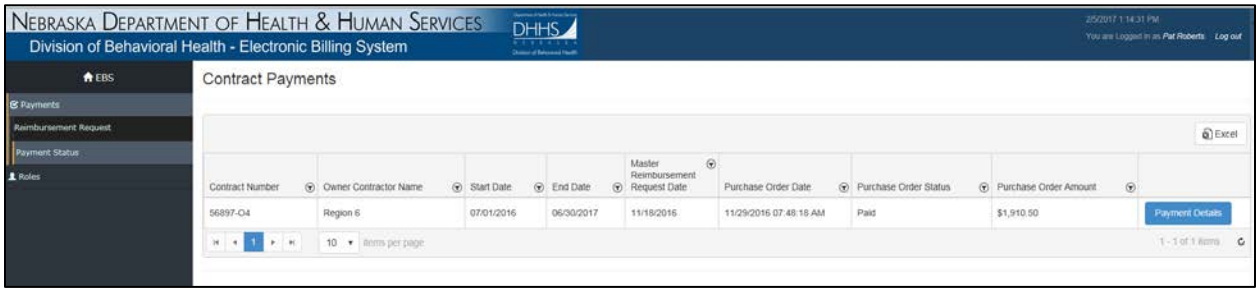
The drop down menu will appear with Reimbursement Request and Payment Status. To view any payments that have been submitted (not yet paid) or pending select Reimbursement Request.




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. <u>Allow 14 to 21</u> days for payment to be processed and received into your account.

# 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.

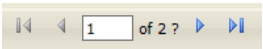
2) Reimbursement Reports – the data pertains to reimbursement request

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 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.

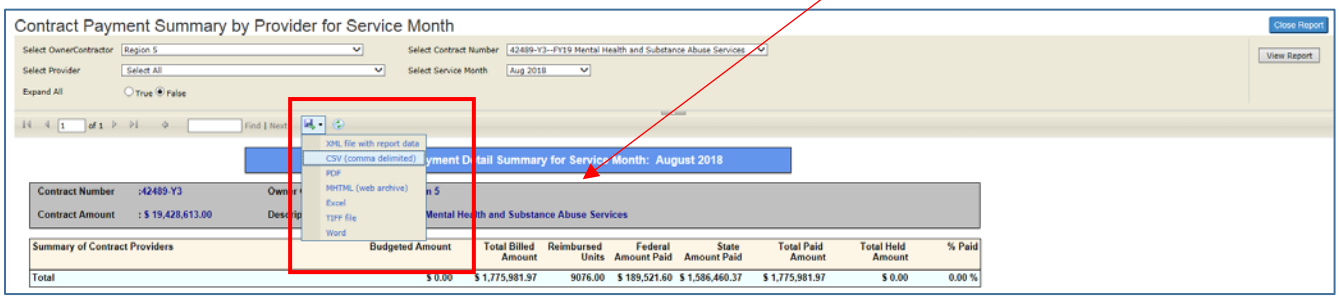
When there are multiple pages to a report the page will have 1 of 2 ? 

click on the single arrow to move one page or arrow with bar to go the last page.

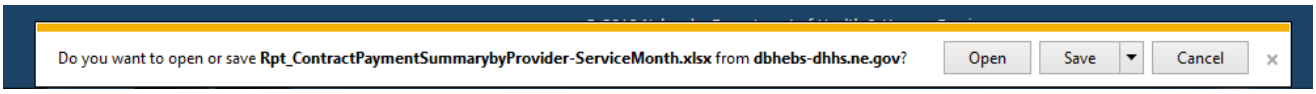
All reports can be exported to the following formats: CSV (comma delimited, PDF, MHTML (web archive), Excel, TIFF file, and Word.

To export select file icon from the header.

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

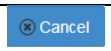



Once selected the program that you want to download to the system will populate a box to select ‘Open’, ‘Save’ or ‘Cancel’.  Select one of the actions.



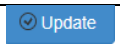
# EBS REPORT GLOSSARY OF TERMS

| | |
|---|---|
| Add Add | To include or create. |
| Add MH Service 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 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<br>Youth – under 19 years of age |
| Approved | ➢ Approved – contract budget is reconciled and can process payments<br>➢ Unapproved – contract will not allow any payments to be processed.<br>➢ Blank – contract has never been finalized |
| Available Balance | Total dollars allowed to be spent. |
| Back 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://wwwdasis.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;<br>➢ SC- Sub Contractor – entities that do not contract directly with the state.<br>➢ BC – Both Contractor and Sub Contractor – can have a contract with different payor source and can have a direct contract with the state.<br>➢ OC – Owner Contractor – has contract with the state and sub contracts<br>➢ 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 All | 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.<br>➢ Basics<br>➢ Network Support<br>➢ 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 | ➢ Finalized – contract providers and services are completed and transmitted to the Centralized Data System if applicable.<br>➢ Un-Finalized – contract is available to add additional information.<br>➢ 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. |
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# 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 Payments.
2. Select Provider Reimbursement Request.
3. Select View Reimbursement Request for location.
4. Select New Request for contract.
5. Add any mental health or substance use disorder services by selecting Add MH Service and Add SUD Service.
   - Complete BH Form (Expense)
6. Verify units that came over from CDS.
7. If additional CDS entries have been entered select Refresh.
8. Review and select attestation box ☐ then select Submit.

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. Submit