

ELECTRONIC BILLING SYSTEM (EBS)



ELECTRONIC BILLING SYSTEM INDEX FOR PROVIDER MANUAL

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ELECTRONIC BILLING SYSTEM (EBS) ACCESS

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

To access the Division of Behavioral Health – Electronic Billing System enter the following or click on the link <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

Welcome

[EBS](#)
[Payments](#)
[Roles](#)

[No Notifications](#)

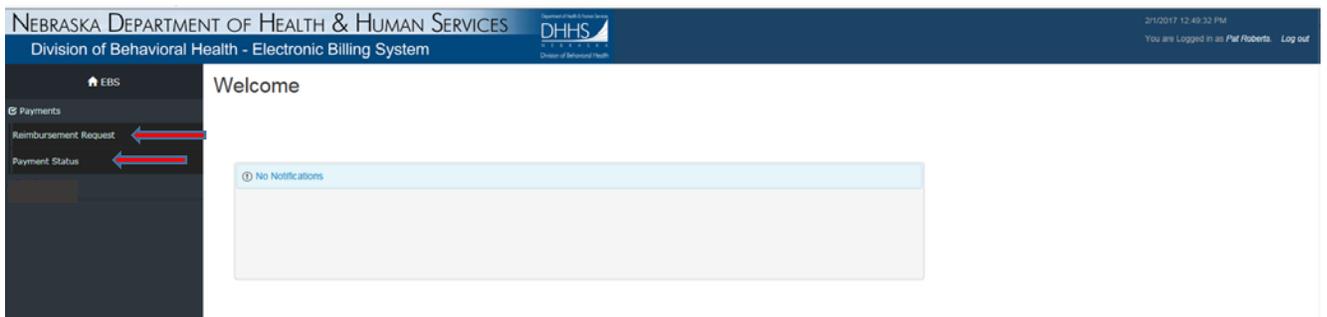
2/11/2017 10:45:15 AM
You are Logged in as: Par Roberts [Log out](#)

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](#)

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

Contract Number

Date and Time MRR Created

Provider Name

Date and Time PRR Created

Amount of PRR

Can Export screen to a PDF file

Can Export to Excel file

Back will return you to previous screen

Notes open field to provide additional information

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 - CAG	12/2016	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBSS
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534-FEP	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm
Outpatient Psychotherapy - MH - Y - Children - Individual - 90534-FEP	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90547-W5A	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90547-W5A	12/2016	0				0	\$0.00	\$0.00	\$0.00	\$0.00	EBSS
Outpatient Psychotherapy - SUD - A - Emergency - Group - 90553-W5A	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm

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

The screenshot displays the 'Reimbursement Request' interface for 'Community Alliance - Alliance House'. It features two main data tables: 'MH' (Mental Health) and 'SUD' (Substance Use Disorder). The MH table lists services like 'Medication Management' and 'Outpatient Psychotherapy'. The SUD table lists services like 'Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034.WSA'. The interface includes a navigation sidebar on the left, a top header with the organization's name, and a footer with copyright information. Green callout boxes with arrows identify specific columns in the tables with labels: 'Mental Health Service or Substance Use Disorder Service', 'Service Name', 'Service Month', 'Units brought over from CDS', 'Unit Factor', 'Rate', 'BH Form Type', 'Reimbursed Units', 'Reimbursed Amount', 'Available Balance', 'Prior Billed YTD', 'Total Billed YTD', and 'Reimbursement Type'.

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 - CAG	12/2016	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	ESS
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034.FEP	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form
Outpatient Psychotherapy - MH - Y - Children - Individual - 9034.FEP	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034.WSA	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90347.WSA	12/2016	0				0	\$0.00	\$0.00	\$0.00	\$0.00	ESS
Outpatient Psychotherapy - SUD - A - Emergency - Group - 9033.WSA	12/2016	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH Form

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

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

Reimbursement Request

BH4a - Expense Reimbursement Document

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

Expense Category	Current Month Expenses Submitted	Total Prior Expenses Billed	Total Expenses YTD	
Personal Services	\$111.10	\$0.00	\$111.10	Edit
General Operations	\$15.16	\$0.00	\$15.16	Edit
Travel	\$26.61	\$0.00	\$26.61	Edit
Capital Outlays	\$0.00	\$0.00	\$0.00	Edit
Contractors	\$0.00	\$0.00	\$0.00	Edit
Indirect Administration	\$500.00	\$0.00	\$500.00	Edit
Other Expenses	\$127.80	\$0.00	\$127.80	Edit
Total Expenses	\$780.67			
Revenue Received	\$100.00	\$0.00	\$100.00	Edit
Total Expenses	\$100.00			
Total Billing Submitted	\$680.67			

1 - 8 of 8 items

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

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

REIMBURSEMENT REQUEST WITH UNITS FROM CDS:

All data 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.

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

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: \$1,915.82

[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

10 items per page 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.

Example:

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: Rejected Amount: \$1,451.98 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				\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016						\$238.00	\$0.00				BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	<input type="text" value="4.00"/>	1	\$70.57		2	\$141.14	<input type="text" value="0.00"/>	\$0.00	\$141.14	EBS	Update Cancel

1 - 5 of 5 items

Enter the number of Units

Select Update

The system calculates the amount.

Medication Management - MH - A - Non Residential - CAG	12/2016	4	1	\$70.57		4	\$282.28	\$0.00	\$0.00	\$282.28	EBS	Edit Remove
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1 - 5 of 5 items

EBS

- Payments
- Reimbursement Request
- Payment Status
- Roles

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

Export to Pdf

Contract: 56897-04 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

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	\$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

20 Items per page 1 - 3 of 3 items

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

Reimbursement Request : Great Plains Health - 601 W. Leota, North Platte

Contract: 27469-Y3 Provider: Great Plains Health - 601 W. Leota, North Platte MRR Date: PRR Date: 10/25/2016 8:52:31 AM Status: Pending Amount: \$72,438.13 Refresh

Export to Excel

MH Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Acute Inpatient Hospitalization - MH - A - InPatient - 99223	6/2016	5	1	\$730.00		5	\$3,650.00	\$0.00	\$3,650.00	CDS	Remove
Acute Inpatient Hospitalization - MH - A - InPatient - 99223	1/2016	35	1	\$760.00		35	\$26,600.00	\$0.00	\$26,600.00	CDS	Remove
Acute Inpatient Hospitalization - MH - A - InPatient - 99223	2/2016	40	1	\$770.00		40	\$30,800.00	\$0.00	\$30,800.00	CDS	Remove
Acute Inpatient Hospitalization - MH - A - InPatient - 99223	3/2016	10	1	\$700.00		10	\$7,000.00	\$0.00	\$7,000.00	CDS	Remove
Acute Inpatient Hospitalization - MH - A - InPatient - 99223	3/2016	5	1	\$730.00		5	\$3,650.00	\$0.00	\$3,650.00	CDS	Remove

5 Items per page 1 - 5 of 6 items

ADJUSTMENT TO UNITS FROM CDS

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

Example:

Save

Intensive Outpatient / Adult - SUD

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

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

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

Save

Intensive Outpatient / Adult - SUD

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

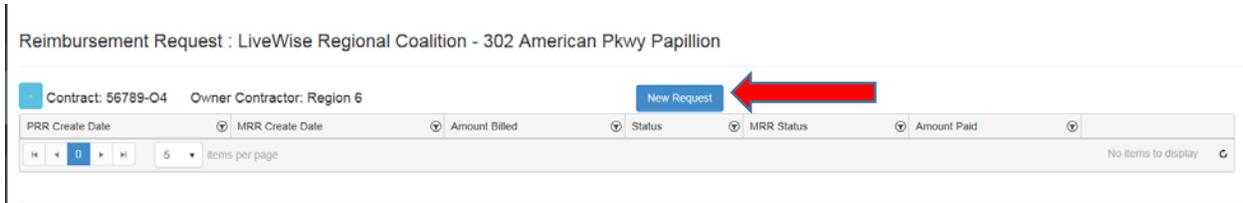
The CDS system will send to the EBS a detail showing that there is (-16) units for March when the March TADs are revised. TADS can be altered up to 3 months prior to the month for which reimbursement/payment is being billed (that is if requesting reimbursement for April, TADs for January, February or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

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

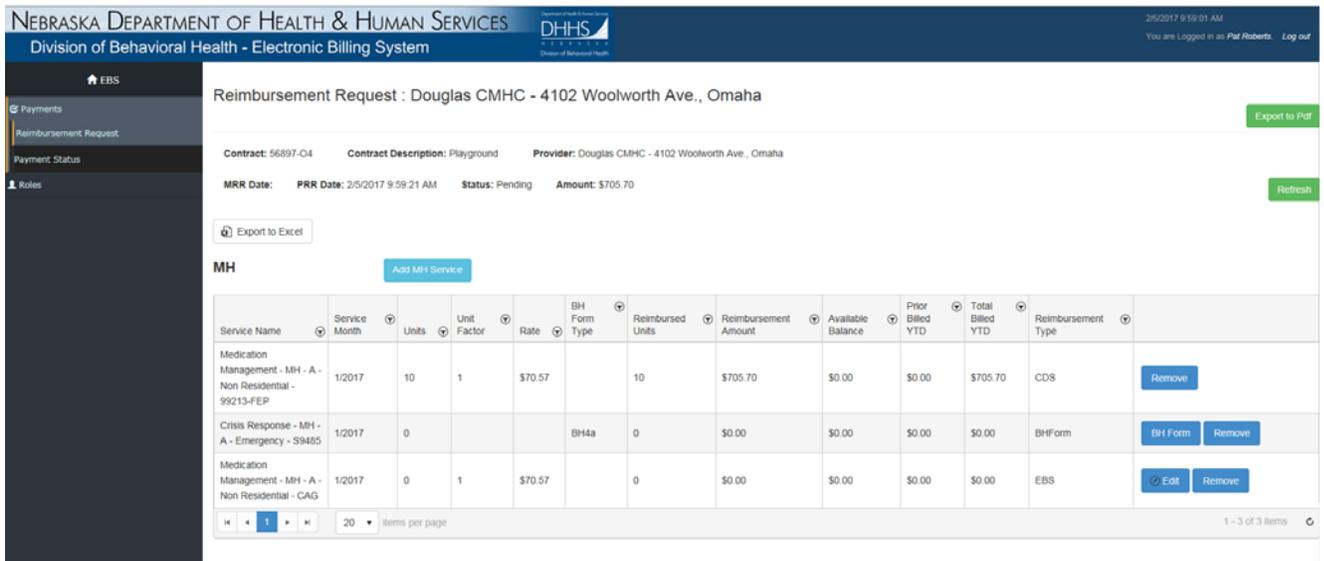
CREATING EXPENSE REIMBURSEMENT:

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

To create a 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.



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

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

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	COS

Service Month: --Select--
--Select--
February, 2017
January, 2017
December, 2016
November, 2016
October, 2016
September, 2016

Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

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 Departmental - Family	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm

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

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	COS

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	S9405	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/>	Non Residential	Outpatient Psychotherapy	MH	Adult	90834	<input type="checkbox"/>	<input type="checkbox"/>		BHForm
<input checked="" type="checkbox"/>	Non Residential	Outpatient Psychotherapy	MH	Adult	90847	<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	<input type="checkbox"/>	<input type="checkbox"/>		BHForm

Items per page: 20

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 your selection.

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

Contract: 56897-O4
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 - 6 of 6 items

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

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.

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			

You have 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 you have entered the amount for each applicable expense category.

Once you have 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.

Once you have completed the Expense Reimbursement Request select [Save](#).

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

Remove

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: \$1,234.84

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 - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH-Fom	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	1/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH-Fom	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	EBS	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	BH-Fom	BH Form Remove
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH-Fom	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-Fom	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. You will receive a confirmation message to confirm that you do want the service removed.

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

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

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,234.84

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 - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH-Fom	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90534	1/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH-Fom	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	EBS	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	BH-Fom	BH Form Remove
Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BH-Fom	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-Fom	BH Form Remove

1 - 3 of 3 items

Notes:

Submit Delete Back

Confirm

Are you sure you want to Delete ?

Delete Cancel

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 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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90821	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove

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	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

1 - 2 of 2 items

Notes:

Submit Delete Back

The service that you selected to be removed has 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 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 - 59485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS	Edit Remove

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	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

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 included on the expense reimbursement for training purpose. There is quite a bit of room to document information pertaining to the monthly billing. Created by Proberts Approved by Proberts 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 an description of what it pertains to should be in the note section

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: \$1,450.96

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 - 9213-PEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 59455	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 - 90304	12/2016				BH4a		\$230.00	\$0.00	\$0.00	\$230.00	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

Items per page 1-5 of 5 items

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 - 50465-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

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 also of revenue. Created by Proberly Approved by Proberly 2-5-17

Submit Delete Back

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

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

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

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

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

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

Contract: 56789-04 Owner Contractor: Region 6 Contract Description: New Request

Contract: 56897-04 Owner Contractor: Region 6 Contract Description: Playground New Request

PRR Create Date	MRR Create Date	Amount Billed	Status	MRR Status	Amount Paid	
02/05/2017 10:32:07 AM		\$1,450.96	Pending			View Edit

Items per page 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: 56597-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,480.98

[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 - 50455	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BH-Fam	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 - 50634	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BH-Fam	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

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 - 50405-HF	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BH-Fam	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 50634-WGA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BH-Fam	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 [PRobert](#)
Approved by [PRoberts](#) 2-5-17

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

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

DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

DELETING SERVICE(S) FROM PRR

To delete a specific service from the PRR you select **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: 55507-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,234.84

Export to Excel 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 - 90213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 59485	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	EB5	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90204	1/2016				BH4a		\$236.00	\$0.00	\$0.00	\$236.00	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	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	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - 59455-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 - 90204-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. You will receive a confirmation message to confirm that you do want the service removed.

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 10:32:07 AM Status: Pending Amount: \$1,234.84

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 - 90215-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDG	Remove
Crisis Response - MH - A - Emergency - 59485	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	ERS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90334	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	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	
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 9042-WSA	1/2017	0			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - 59485-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](#) [Details](#) [Back](#)

Confirm
Are you sure you want to Delete?

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

Select 'Delete'

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 10:32:07 AM Status: Pending Amount: \$1,154.84

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 - 90215-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDG	Remove
Crisis Response - MH - A - Emergency - 59485	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	ERS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90334	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	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 - 59485-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 - 2 of 2 items

Notes:

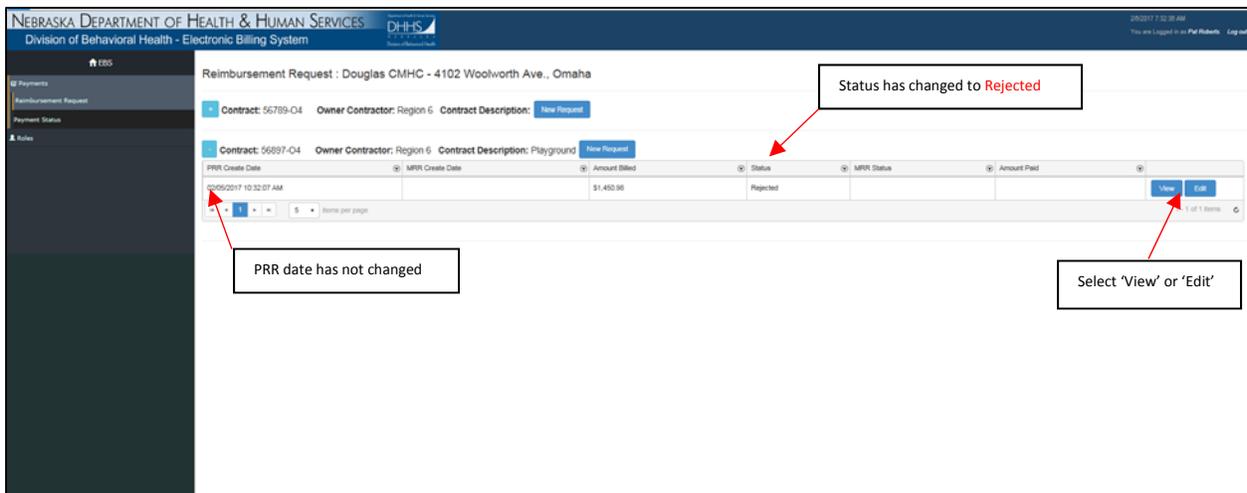
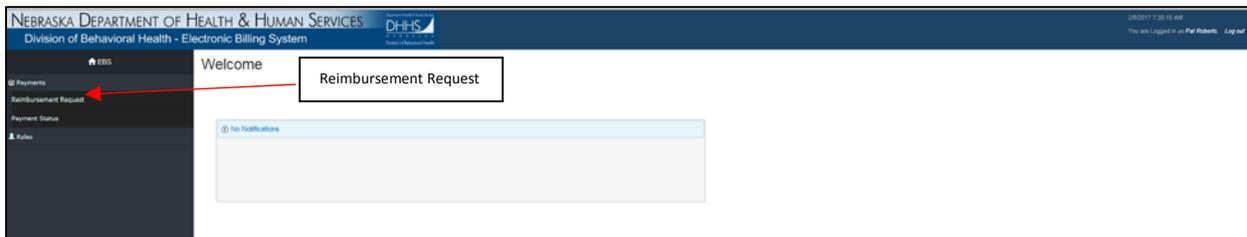
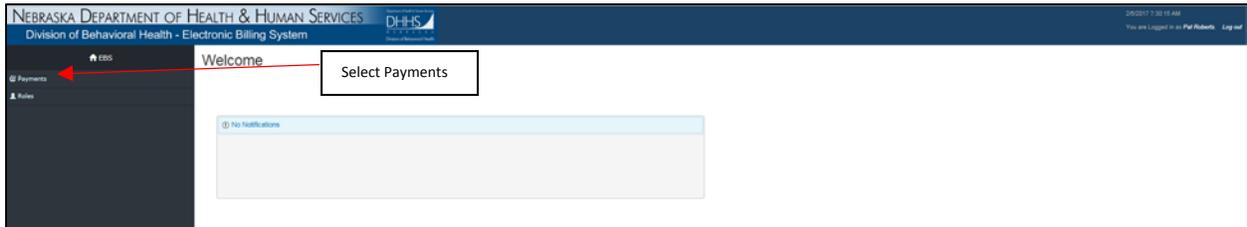
[Submit](#) [Details](#) [Back](#)

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

DELETING PROVIDER REIMBURSEMENT REQUEST

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

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



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: 2/5/2017 10:32:07 AM Status: Rejected Amount: \$1,450.96

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 - 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	BHForm	BH Form Edit Remove
Medication Management - MH - A - Non Residential - CAQ	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 - 90934	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	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	EBS	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 - 99405-HP	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	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	BHForm	BH Form Remove

Items per page: 5 1 - 2 of 2 Items

To edit select BH Form

Notes: 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 PPRuberts Approved by PPRuberts 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			

Items per page: 20 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 - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - 59455	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	EBG	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90034	12/2016				BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	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	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Crisis Response - SUD - A - Emergency - 59455-HF	1/2017	0			BH4a	0	\$26.00	\$0.00	\$0.00	\$26.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90034-WSA	1/2017	15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove

1 - 2 of 2 items

Notes: **Added for 2 services for 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 PProberts Approved by Proberts 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: 2/6/2017 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 - 90034	1/2017	15			BH4a	15	\$0.00	\$0.00	\$238.00	\$238.00	BHForm	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 - 59455-HF	1/2017				BH4a		\$250.00	\$0.00	\$26.00	\$276.00	BHForm	BH Form Remove

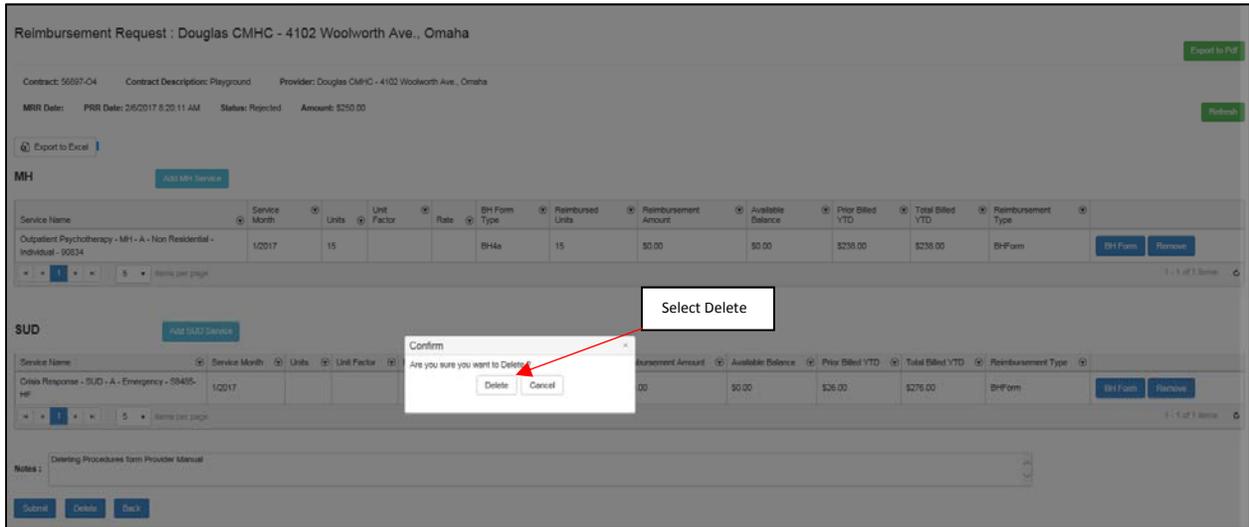
1 - 1 of 1 items

Notes: Deleting Procedures from Provider Manual

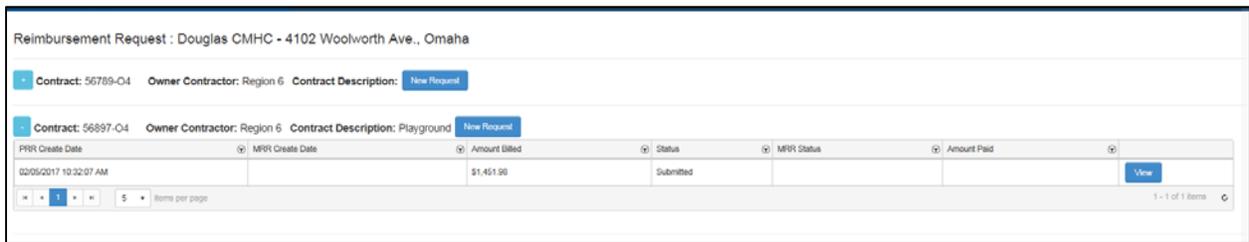
Submit Delete Back

Select [Delete](#)

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

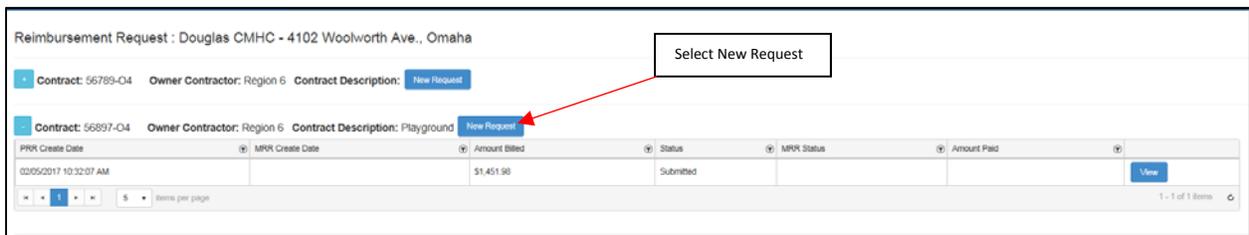


The system will return you to the summary page.



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.

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

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
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: 56957-04 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 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
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90934	1/2017	15			BH4a	15	\$0.00	\$0.00	\$238.00	\$238.00	BH Form
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
No items to display											

Notes:

Submit Delete Back

SUBMITTING PROVIDER PAYMENT REQUEST

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

Contract: 5697-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,452.98

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 - 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	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	EBB	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034-WSA	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	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 - 59485-FH	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034-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 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 you to confirm that you want to submit request for payment.

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

Contract: 5697-04 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status: Pending Amount: \$1,452.98

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 - 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	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	EBB	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 9034-WSA	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	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 - 59485-FH	1/2017	0			BH4a	0	\$25.00	\$0.00	\$0.00	\$25.00	BHForm	BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 9034-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 and revenue being received. Created by PRoberts Approved by PRoberts 2-5-17

Submit Delete Back

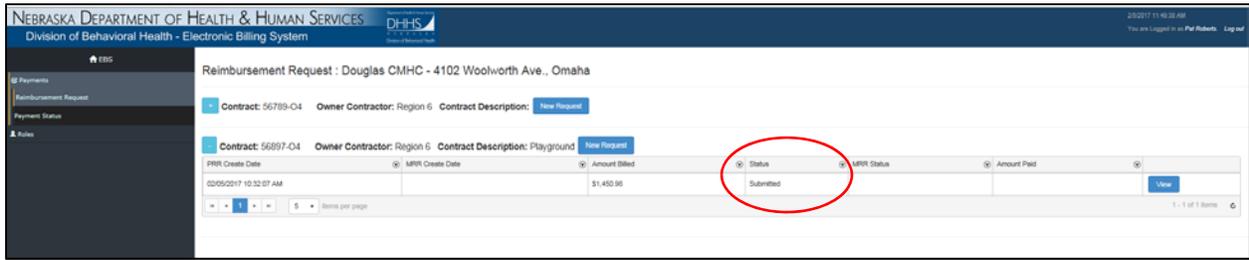
Confirm

Are you sure you want to Submit?

Submit Cancel

Select 'Submit'.

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



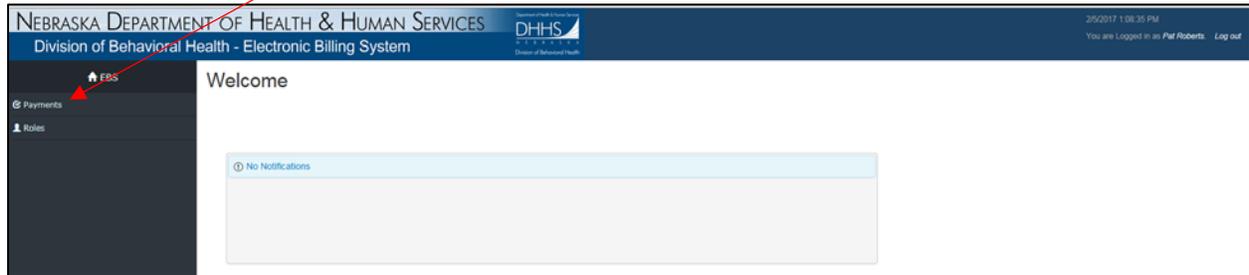
It date and time stamps when the PRR was submitted to Region\Owner Contractor, the total amount of the PRR and the status.

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

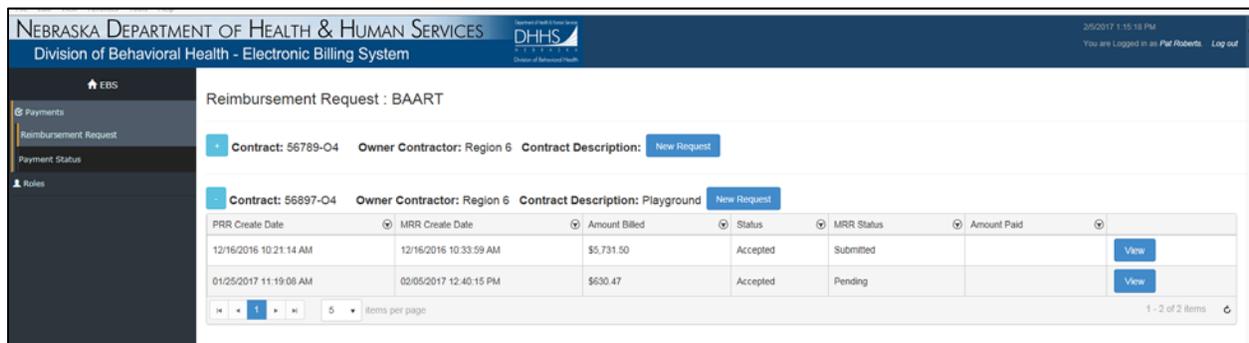
Once the payment has been approved and processed it will display in the Payment Status. For more information refer to Reviewing Payment Status.

REVIEWING PAYMENT STATUS

When signing in select Payments



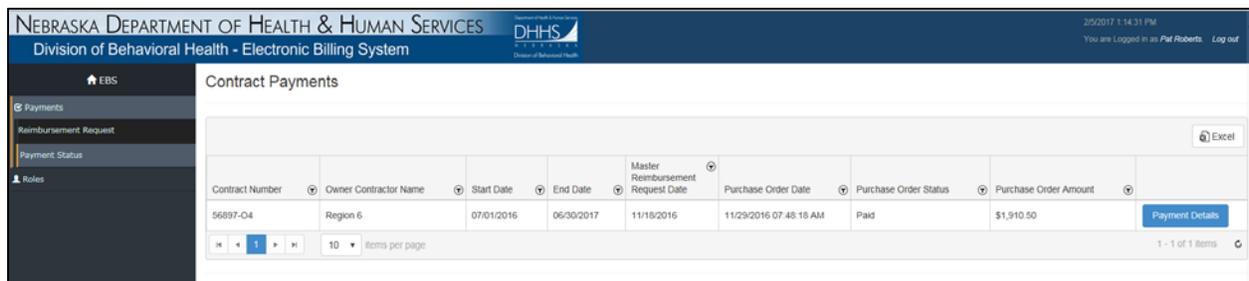
The drop down menu will appear with Reimbursement Request and Payment Status. To view any payments that have been submitted (not yet paid) or pending select Reimbursement Request.



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.

ELECTRONIC BILLING SYSTEM TERMINOLOGY

PROVIDER

Add  - to include or create service in reimbursement request.

Available Balance – total dollars allowed to be spent.

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

Back  - go back one screen.

Cancel  - will delete any information you have entered in.

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

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

Contract Number – unique number assigned for each contract.

Delete – to eliminate, erase or cut out.

Edit  - to alter.

Expand all icon  – to open up information under.

Export to Excel  - information downloaded into excel document.

Export to PDF – information downloaded into PDF document.

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

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

Legislative Authority – Legislature approves budget submitted during each session.

MH Service – mental health services.

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

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

New Request – creating new Provider Reimbursement Request.

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

PRR – Provider Reimbursement Request.

Payment Month – month that the payment occurred.

Payments  - to view payment request that have been processed.

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

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

Processing – the Purchase Order is created but not paid.

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

Rate – set amount to pay for a unit of service.

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

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

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

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

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

Save  - preserve from destruction or loss.

Service Month- month which service occurred in.

SUD Service – substance use disorder.

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

Submit – to send.

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

Units – specific time or person(s) served.

Unit Factor – specific time assigned to service.

Update  Update - edit

View  - the act of seeing or examining.

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