ELECTRONIC BILLING SYSTEM (EBS)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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

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

NEBRASKA DEPARTMEN Division of Behavioral H	NT OF HEALTH & HUMAN SERVICES DHHS ealth - Electronic Billing System
	Log in. Please Provide your BH EBS account credentials to log in.
	User name *
	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 tofrom 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, Section 2213(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 analysis of all data being communicated, transmitted, processed or stored in this system by 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:

NEBRAS Divisio	KA DEPARTMEI	NT OF HEALTH & HUMAN SERVICES lealth - Electronic Billing System	2/nt/2017 10:45:15 AM You are Logged in as Pat Roberts. Log out
	🕈 EBS	Welcome	
C Payments			
1 Roles			
		() No Notifications	

OVER VIEW OF PAYMENT PROCESS AND PROVIDER REIMBURSEMENT SCREEN

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

NEBRAS	KA DEPARTME n of Behavioral H	NT OF HEALTH & H	UMAN SERVICES System	Destruct (Hald A Source Loss DHHS N (1 (1 (1 (1 (1 (1 (1 (1 (1 (2/1/2017 12-49-32 PM You are Logged in as Pat Roberts. Log out
	♠ EBS	Welcome				
C Payments						
1 Roles						
		No Notifications				

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

NEBRASKA DEPARTME	nt of Health & Human Services	DHHS	2/1/2017 12:49:32 PM
Division of Behavioral H	lealth - Electronic Billing System	n E B E A B E A Dreion of Behoving Health	The and Copper in all the reaction. Cop our
♠ EBS	Welcome		
C Payments			
Reimbursement Request			
Payment Status	(
	No Notifications		

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

NEBRASKA DEPARTME Division of Behavioral H	NT OF HEALTH & HUMAN SERVICES DHHS lealth - Electronic Billing System burgers	2/1/2017 12:54:57 PM You are Logged in as Pat Roberts. Log out
♠ EBS	Reimbursement Request : Community Alliance - 4001 Leavenworth	
Reimbursement Request Payment Status	Contract: 56789-04 Owner Contractor: Region 6 Contract Description: New Request Will list each by number a	contract separately
1 Roles	Contract: 56897-04 Owner Contractor: Region 6 Contract Description: Playground New Request of contract p	purpose.



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

Contract Number]										Can Expo	ort screen		
Date and Time MRR Created	Pr	ovider N	lame								to a PDF			
		Λ												
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES	DHHS											2152017 15013 You are Legand	1 All In an Pal Roberts. Log out	
Community System Reimburs Ament Request : Community	ty Alliance	- Alliance	House		D	ate and Ti	me PRR Cre	eated						
Aurenzet Request Aryment Status Contract Status Contract Status	und Provi	Ner: Conversity /	diance - Allian	ce House		Amount o	f PRR						Export to Pdf	
Come Mark Come Mark Conception Come Come	and Perioding	Amount 50.00												
Can Export to	Service North	(e)	Unit © Factor	® Rate (i	BH Form Type	Reinbursed Units	 Reimbursement Amount 	Available Dalance	Prior Billed YTD	Total Billed YTD	 Reimbursement Type 			
Excel file Medication Management - MH - A - Non Residential - CAG	12/2016	0	1	\$70.57	-10-0	0	\$0.00	\$0.00	\$0.00	\$0.00	EBS			
Cutpatient Psychotherapy - MH - A - Non Residential - Induid (000LFFP)	tual 12/2016	0			DH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	Br Form	BH Form		
Outpatient Psychotherapy - MH - Y - Children - Individual - 5003-FEP	12/2016	•			D114a	0	\$0.00	\$0.00	\$0.00	\$0.00	8+Form	BH Form		
H + 1 + H 5 + Rems per page													1 - 3 of 3 items 🛛 🕹	
sub	SUD													
Service Name	B Month	(i) Units	Unit ® Factor	80 Pater 6	BH Fam Type	 Reindursed Units 	 Reinbursement Amount 	 Available Balance 	 Prior Billed y1D 	 Total Billed v1D 	 Rainbursenert Type 			
Outpatient Peychotherapy - SUD - A - Non Residential - Indvidual - 30034-WSA	12/2016	0			Bri4a	٥	\$0.00	\$2.00	\$0.00	\$0.00	Brilliom	DH Fum		
Outpattert Psychotherapy - SUD - A - Non Residential - Pant 90947-WSA	N- 120016	0				ø		\$0.00	\$0.00		EDG			
Outpetient Phychotherrapy - SUD - A - Emergency - Group - SO853-VISA	12/2016	9			Di+ta	a	\$0.00	\$0.00	\$0.00	\$2.00	Difform	Ditform		
· · · · · · · · · · · · · · · · · · ·													1-34/3 mm 6	
											0			
				22	B 2011 N	advanta Daja bourd at Had ad Davill, Lincola, Babaata	th & Numar Services							
Back will return you to previous screen Notes of	pen field	to prov	ide add	litional ir	format	tion		THE .						

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



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

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

Reimbursement Request		
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BH4a - Expense Reimbursement Document

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

	Expense Category 🕤	Current Month Expenses Submitted 🕤	Total Prior Expenses Billed 🕤	Total Expenses YTD 💿	
	Personal Services	\$111.10	\$0.00	\$111.10	⊘ Edit
	General Operations	\$15.16	\$0.00	\$15.16	⊘ Edit
	Travel	\$26.61	\$0.00	\$26.61	⊘ Edit
	Capital Outlays	\$0.00	\$0.00	\$0.00	⊘ 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			
H	4 1 ► ► 20 ▼	items per page			1 - 8 of 8 items 🖒 🖒

Save Cancel Delete

If the category 'Other' has been utilize for expense reimbursement a brief description explaining what the expense was for is 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'. The Reimbursement Type will indicate 'CDS'.

Contract: 56897-04	Contract	Description:	Playground	Provid	er: Douglas	CMHC - 4102 Woolw	orth Ave., Omaha						
MRR Date: PRR Da	te: 2/8/2017 1	11:36:20 AM	Status:	Pending	Amount: \$1,	915.82				/	\backslash		
Export to Excel											\backslash		
н		Add MH Ser	rice										
ervice Name 💿	Service Month	🕤 Units	Unit Factor	⊙ Rate (BH Form Type	Reimbursed Units	Reimbursement Amount	Ţ	Available 🕞 Balance	Prior 🐨 Billed YTD	Total Billed YTD	Reimbursement @	
edication Management MH - A - Non esidential - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70		\$0.00	\$0.00	\$705.70	CDS	Remove
risis Response - MH - - Emergency - S9485	1/2017	0			BH4a	0	\$100.00		\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
utpatient sychotherapy - MH - A - on Residential - Group 90853	1/2017	0			BH4a	0	\$32.89		\$0.00	\$0.00	\$32.89	BHForm	BH Form Remove
am Meeting - MH - Y - hildren - Prescriber EP	1/2017	1.5	1	\$150.00		1.5	\$225.00		\$0.00	\$0.00	\$225.00	EBS	@ Edit Remove
am Meeting - MH - Y - hildren - Clinician -FEP	1/2017	1	1	\$100.00		1	\$100.00		\$0.00	\$0.00	\$100.00	EBS	Ø Edit Remove
utpatient sychotherapy - MH - A - on Residential -	1/2017	15			BH4a	15	\$0.00		\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

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

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

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

Example:

Contract: 56897-04	Contr	act D	escriptio	n: Pla	ryground		Provider	: Douglas CM	HC - 4102 Woolv	vorti	h Ave., Omaha								
MRR Date: PRR D	ate: 2/5/20	17 10	0:32:07 Al	M	Status: R	ejecte	d Ar	mount: \$1,45	1.98										Refresh
Export to Excel	Export to Excel																		
IH Add MH Service																			
Service Name 🕤	Service Month	۲	Units	Ţ	Unit Factor	•	Rate ⊙	BH 🐨 Form Type	Reimbursed Units	۲	Reimbursement () Amount		Available 🕤 Balance	Prio Bille YTC	r 🐨 d	Total 🛞 Billed YTD	Reimbursement G	9	
Medication Management - MH - A - Non Residential - 99213-FEP	1/2017		10		1	s	70.57		10		\$705.70		\$0.00	\$0.0	10	\$705.70	CDS	Remove	
Crisis Response - MH - A - Emergency - S9485	1/2017		0					BH4a	0		\$100.00		\$0.00	\$0.0	0	\$100.00	BHForm	BH Form Remove	
Medication Management - MH - A - Non Residential - CAG	1/2017		2		1 E	nte	er th	ne nur	nber]	\$141.14		\$0.00	\$0.0	10	\$141.14	EBS	C Edit Remove	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				0	f U	Jnits				\$238.00		\$0.00	Sel	ect	Updat	e	BH Form Remove	
Medication Management - MH - A - Non Residential - CAG	12/2016		4.00	:	1	s	70.57		2		\$141.14		0.00	\$0.0	10	\$141.14	EBS	O Update Cancel	
н • 1 • н	5 .	ter	ns per paj	ge														1 - 5 of 5 h	ems C

The system calculates the amount.

Medication Management - MH - A - Non Residential - CAG	12/2016	4	3	\$70.57	4	\$282.28	\$0.00	\$0.00	\$282.28	EBS	Ø Edit Remove	
14 4 1 5 H	5 • Item	is per page									1 - 5 of 5 items	c

NEBRASKA DEPARTME Division of Behavioral H	NT OF HEALTH	H & H Billing	UM/ Syst	AN SE tem	ERVICES	Der Ter Di 1 T Dreipe								2/5/2017 9:59 You are Logg	:01 AM ed in as Pat Roberts. Log out
🕈 EBS	D. internet			-			00.14/								
🛿 Payments	Reimbursemei	nt Requ	iest :	Doug	las CMF	IC - 41	02 Wool	worth Ave., C	omaha						Export to Pdf
Reimbursement Request															
Payment Status	Contract: 56897-04	Contra	act Des	scription:	Playground	Provid	ier: Douglas C	MHC - 4102 Woolwo	rth Ave., Omaha						
1 Roles	MRR Date: PRR	Date: 2/5/20	17 9:59	2:21 AM	Status: Per	nding A	mount: \$705.	70							Refresh
	Export to Excel	Ad	ld MH Sen	vice											
	Service Name P Month Unit P Factor Rat						BH 😨 Form Type	Reimbursed 🕞	Reimbursement @	Available @ Balance	Prior 🐨 Billed YTD	Total 🕞 Billed YTD	Reimbursement Type	Ð	
	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
	H 4 1 H H	20 •	items	s 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	PI	rovider: Great F	Pla	ins Hea	aith -	601 W. Le	eota, I	North P	latte	MRR D	ate:	PRR Date:	10/2	5/2016 8:52:31 AM	s	tatus: Pending	Amou	nt: \$7	2,438.13				Refresh
MH Add Mit Service																							
Service Name	Ţ	Service (Month	T	Units	•	Unit Factor	۲	Rate	•	BH Form Type	۲	Reimbursed Units	۲	Reimbursement Amount	•	Prior Billed YTD	Total Billed YTD	6	Reimbursement Type	۲			
Acute Inpatient Hospitalization - MH - A - InPatient - 99223		6/2016		5		1		\$730.	.00			5		\$3,650.00		\$0.00	\$3,650.0	D	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	\$7,000.0	D	CDS		Remove		
Acute Inpatient Hospitalization - MH - A - InPatient - 99223		3/2016		5		1		\$730.	.00			5		\$3,650.00		\$0.00	\$3,650.0	D	CDS		Remove		
H H 1 2 F H		5 • item	s p	er pag	e																	1 - 5 of 6 iter	ms C

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

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

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

CREATING EXPENSE REIMBURSEMENT:

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

٦	To create a nev	v request select	New Requi	est							
	Reimbursement Rec	quest : LiveWise Regiona	I Coaliti	ion - 302 Ame	erican Pk	wy Papillion					
	Contract: 56789-04	Owner Contractor: Region 6				New Request					
l	PRR Create Date	MRR Create Date	T	Amount Billed	T	Status @	MRR Status	Amount Paid	۲		
	н 4 0 н 8 5	items per page								No items to display	c

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



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:



8 4 N 8 4					Margaret, co.	-							
(C) (C) 14 https://dbikelis-tatl-dhihaw	e.gov:Payment/ReimbursementRequestPr	rovider J	0-80 1 8	simbursement Re	quest - B >	Password Sta	tion - Main Page						0 ¢ 0
Eile Edit View Fgvorites Jools H	rip												
	Contract: 56897-04	Contract	t Description: P	layground	Provid	er: Douglas CMI	IC - 4102 Woolwort	h Ave., Omaha					
	MRR Date: PRR D	Date: 2/5/2017	10:32:07 AM	Status: Per	iding J	Amount: \$705.7	5						Report
	Service Name 5	Service	🐨 Units 💮	Unit 🛞 Factor	nale 🛞	BH Form ① Type	Restbursed (2)	Restribursement @	Available 🕞 Balance	Prior Billed YTD	Total G Billed VTD	Reinbursement () Type	
	Medication Management - MH - A - Non Residential - 99213-FEP	1/2017	10))	t	\$70.57		1D)).	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Ad	d Service												
Cot	tract 56897-04									Provider. D Omaha	ouglas CMHC	- 4102 Woolworth Ave	
Ser Z	dd Can February, 2017 January, 2017												Remove
	November, 2016 Cotober, 2016 September, 2016		~			BH4b Consumer Flex Funda	0	.\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove
	State and Party of the Owner, where the Party of the Part		a summer po										1 0 0f 7 berns G
	SUD		Add SL() Sit	nice		84 -				Page -	Total		
	Service Name	Service Month	🐨 Units @	Unit 🛞 Factor	Rate 6	Form Type	Reimbursed ③ Units	Reimbursement @ Amount	Avassole 🛞 Balance	Bulled YTD	Billed YTD	Rembursement ③ Type	
	Outpatient Psychotherat - SUD - A - Non Residential - Family -	PY 1/2017	0			Bri4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

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.

Reimbursement Request										
Payment Status Cont	tract: 55897-04 Con	tract Description	n: Playground	Provider: Douglas (CMHC - 4102 Woolword	n Ave., Omaha				
Roles MRR	Date: PRR Date: 2/5/	2017 10 32 07 AM	Status: Pendi	ng Amount: \$70	15.70					Refresh
0.5	xport to Excer									
MH		Ast MHS	index (
Bervic	e Name 🛞 Month	e 🐨 Units	Unit 🐨	BH Form	 Reimbursed Units 	Reimbursement	Available (Balance)	Prior (*) Total (*) Billed Billed YTD YTD	Reimbursement 🛞	
Medic Manag Non R 99213	ation gement - MH - A - Residential - J-FEP	10	1. \$7	70.57	10	\$705.70	\$0.00	\$0.00 \$705.70	CDS	e .
Add Service									×	Remove
Contract: 56897-04								Provider: Douglas CMH0 Omaha	C - 4102 Woolworth Ave.,	
Service Month: De	cember, 2016	•								Rémove
FundingCateg	ory 💮 Service Name	÷ 9	ServiceType 🕞	Adult/Youth 🕤	ProcedureCode 🕞	Qualifier 💮 W	A 🛞 FEP	ServiceModifier	Reimbursement Type	Burning
Emergency	Crisis Respons	e N	APH .	Adult	\$9485		•		BHForm	Teemove
Non Residentia	al Outpatient Psy	chotherapy h	MH .	Adult	90834	Individual			BHForm	
Non Residentia	al Outpatient Psy	chotherapy N	ИH	Adult	90847	Family			BHForm	n Remove
Non Residentia	al Medication Ma	nagement N	/H	Adult				CAG	EBS	1 - 5 of 7 items 🗴
Emergency	Flex Funds	h	AH .	Adult					BHForm	
Non Residentia	al Outpatient Psy	chotherapy N	AH .	Adult	90853	Group			BHForm	
14 A 1 F	H 20 V dems	page					Not	e that you have	the option of disp	laving 5 – 10 – 20
Add Cancel							serv	ices to view/sel	ect	10 20 20
<	, 		<u></u>				Jerv			
Servic	serv Serv 🐨 Mont	ice 🐨 th Units	Unit 🕞 Factor	BH Form Rate Type	 Reimbursed Units 	Reimbursement Amount	Available (Prior Total Total Billed Billed YTD YTD	Reimbursement 🕞 Type	
Outpa - SUD	itient Psychotherapy) - A - Non 4/20	17 0		Bulle		50.00	\$0.00	50.00 50.00	Bidform Bid For	m Domaio

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.

Add	td Service ×													
Contr	ract: 56897-04								Provider: Douglas CMH Omaha	IC - 4102 Woolworth Ave.,				
Servi														
	FundingCategory 6	Service Name	ServiceType 🕤	Adult/Youth 🕤	ProcedureCode 🕤	Qualifier (WSA 🐨	FEP 🐨	ServiceModifier 🕤	Reimbursement Type 💿				
	Emergency	Crisis Response	МН	Adult	S9485					BHForm				
✓	Non Residential	Outpatient Psychotherapy	МН	Adult	90834	Individual				BHForm				
✓	Non Residential	Outpatient Psychotherapy	МН	Adult	90847	Family				BHForm				
✓	Non Residential	Medication Management	МН	Adult					CAG	EBS				
	Emergency	Flex Funds	МН	Adult						BHForm				
~	Non Residential	Outpatient Psychotherapy	МН	Adult	90853	Group				BHForm				
4	4 1 F H	20 v items per page								1 - 6 of 6 items 🖒				
Ad <	d Cancel													

Select do create request for the month selected.

It will bring the services in that was selected.

н		^	dat Mirri S	Servi	KC.													
Service Name 🛞	Service Month	۲	Units	۲	Unit 6 Factor	Rate	BH Form (Reimbursed Units	۲	Reimbursement ③ Amount	Available @ Balance		Prior 🛞 Billed YTD	Total Billed YTD	۲	Reimbursement Type	۲	
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
Dutpatient Psychotherapy - MH - A - Non Residential - Family - 90847	1/2017		0				8H4a	0		\$0.00	\$0.00		\$0.00	\$0.00		BHForm		BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017		o		1	\$70.57		o		\$0.00	\$0.00		\$0.00	\$0.00		EBS		C 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		Ø Edit Remove
Dutpatient Psychotherapy - MH - A · Non Residential - Group - 90853	12/2016						BH4a			\$0.00	\$0.00		\$0.00	\$0.00		BHForm	•	BH Form Remove
н н 1 н н	20 🔻	item	is per p	age								-						1 - 8 of 8 items

Select BH Form for service

Rei	mbursement Request													
Bŀ	l4a - Expense Reiml	oursement Document												
Con Pro Ser Ser	tract Number : 56897-04 vider Name : Douglas CMHC - 410 rice Name : Outpatient Psychother viceMonth : 12/2016	12 Woolworth Ave., Omaha apy-MH-Adult-Non Residential												
	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 \$0.00													
	Travel \$0.00 \$0.00 \$0.00 \$0.00 \$0.00													
	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												
H	▲ 1 ► ►▲ 20 ▼	items per page			1 - 8 of 8 items 🖒									
s	Save Cancel Delete													
<					>									

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

BH4a - Expense Reimbursement Document

БП4а - Expens	se reim																
Contract Number : 5689 Provider Name : Dougla Service Name : Outpatie ServiceMonth : 12/2016	contract Number : 56897-04 rovider Name : Douglas CMHC - 4102 Woolworth Ave., Omaha ervice Name : Outpatient Psychotherapy-MH-Adult-Non Residential erviceMonth : 12/2016 Expense Category																
Expense Category	$\overline{\mathbf{v}}$	Current Month Expenses Submitted	•	Total Prior Expenses Billed	়	Total Expenses YTD	\odot										
Personal Services		\$100.00		\$0.00		\$100.00		⊘ Edit									
General Operations	5	\$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	Contractors \$35.00 \$0.00 \$35.00 © Edit Indirect Administration \$0.00 \$0.00 \$0.00 © Edit																
Indirect Administration \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00																	
Other Expenses 72.00 Solution Total and a solution of the s																	
Total Expenses \$297.00																	
Total Expenses \$297.00 Comparison Comparison <thcomparison< th=""> Comparison Compari</thcomparison<>																	
Total Expenses		\$59.00															
Total Billing Subn	nitted	\$238.00			/			1 9 of 9 items									
	20 •	items her bage															
Save Cancel Delete																	
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 Opdate after you have entered the amount for each applicable expense category.																	
Once you hav	e comp	leted filling out the forn	n seled	ct Save Cancel, or	D	elete											
save = It will	keep a	ll information that you l	have e	entered.													
Cancel = will e	erase al	l information that you h	iave e	ntered and return yo	ou t	o prior screen.											
Delete = Will	erase t	he expense reimbursen	nent ti	 Will erase the expense reimbursement that you have entered. 													
Once you have completed the Expense Reimbursement Request select select.																	
Once you have completed the Expense Reimbursement Request select Save.																	

Reimbursement Request : Douglas CM	VHC - 4102	Woolwo	rth Ave., C	Omaha									xport to Pdf	
Contract: 56897-04 Contract Description: Playground	d Provider: (Douglas CMH	C - 4102 Woolwo	rth Ave., Ome	ha									
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Status	R: Pending Amo	unt: \$1,234.8	4										Retest	
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MH Add MH Service	IH Add/M1 Service													
Service @ Unit @ BHF0rm @ Reinbursenert @ Available @ Pror Billed @ Total Billed @ Reinbursenert @ Service Name @ Month Units @ Fator Rate @ Toce Units Amount Balance YTD YTD Toce														
enice Name Month Units Factor Rate Type Units Anount Balance Type Units Anount Balance Type Type Type Type Type Type Type Typ														
Medication Management - MH - A - Non Residential - 98213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove		
Crisis Response - MH - A - Emergency - S9485	Dr Dr Description Descrip Description <thdescrip< th=""></thdescrip<>													
Ned/cation Management - Meri - A - Non Residential - CAG 1/2017 0 1 570.57 0 0 50.00 50.00 50.00 50.00 50.00 50.00 EBS (#C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.														
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	Character Regulation 120016 Image: Control of the cont													
Medication Management JM-A. Non Residential-CAG 120016 2 1 570.57 2 5141.14 50.00 51.01 EBS Price Remove														
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SUD Add SUD Service														
Service (i) Unit (i) DH Form (i) Reinburged (ii) Reinburgenert (ii) Available (ii) Plor Blad (ii) Total Blad (ii) Reinburgenert (iii)														
Service Name	Month	Units	Factor	Rate	🖲 Туре	Units	Amount	Balance	YTD	TTD	Туре	v		
Outpatient Psychotherapy - SUD - A - Non Residential - Family - 90847-WSA	1/2017	0			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form Remove		
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove		
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			DH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove		
H 4 1 + H 5 + items per page												1 - 3 of 3	items 🗳	
Notes :											\bigcirc			
Submit Delete Back														

Remove

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 Cf	VHC - 4102	Woolw	orth Ave.	, Omaha									EcotoPd
Contract: 50007-04 Contract Description: Playproxy MRR Date: PRR Date: 25:0017 10:32 07 AM Stater	d Provider: a: Pending Am	Dougles Ch ount: \$1,23	840 - 4102 Woo 4.84	North Ave., Om	sha								Factors
Export to Excel MH Act Mit Service													
Service Hame	Service 6 Month	Units 1	Unt Factor	(i) Rate (i)	EH Form (8) Type	Reintursed (2) Units	Reinbursement (i Amount	Available (3) Balance	Prior Eilled (8) VTD	Total Billed (2)	Reinbursenent (8) Type		
Medication Menagement - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$706.70	\$0.00	\$0.00	\$705.70	CDS	Hernove	
Crisis Response - MH - A - Emergency - SHIRS	1/2017	0			Riida	0	\$100.00	30.00	\$0.00	\$100.00	BiFam	BH Farm Rener	-
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	50.00	30.00	30.00	90.00	EBS	C Eat Nervous	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 00834	12/2016			oofirm	BH4a		\$235.00	50.00	50.00	\$235.00	Bifform	0H Form Renas	
Medication Management - MH - A - Non Residential - CAG	12/2016	2	1 A	re you sure you i	want to Delete ?		\$141.14	\$0.00	\$0.00	\$141.14	EBS	e Ldt Remove	
Image: SUD Add SUD Service			b		Delete Cano	ei							of 5 items 🕐
Service Name	Service Month	() Units	Unit Factor	Rate	BH Form (Type	 Reimbursed (Units 	Reimbursement Amount	Available Balance	Prior Billed @	Total Billed @	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 Remov	10
Crisis Response - SUD - A - Emergency - S9405-HF	1/2017	0			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	Brillion	BH Form Remov	•
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017	15			BH4a	15	S0.00	S0.00	S0.00	S0.00	BHForm	BH Form Remov	
x + 1 + x 5 + items per page													of 3 items 🛛 👌
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Select 'Delete'

Reimbursement Request : Douglas C	мнс -	4102 W	/oolw	orth	Ave., O	maha									Expert to Pdf
Contract: 66907.04 Contract Description: Discorre	ed 0	Provident Dou	olar CM	NC 41	(0) Minekeneti	h Aun Omal									
MDD Date: 000 Date: 05/017 10/20/7 AM State	an Decision	Amoun					-								
min balls. Prin balls, 202017 10.32.07 Avr. 3488	a. Perung	Annan	No 21, 104	1.04											Refresh
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MH Add MH Service															
	Service	۲		Unit	۲		BH Form @	Reimbursed 6	Reimbursement (Available (Prior Billed	Total Billed	Reimbursement	۲	
Service Name Martication Management - MH - A - Non Residential - 90213-	Month	U	Joits (s	e) Fact	tor	Rate (y)	Туре	Units	Amount	Balance	YTD	YTD	Туре	-	_
FEP	1/2017	1	0	1		\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS		Remove
Crisis Response - MH - A - Emergency - \$9485	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 - Instividual 99831	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	1		\$70.57		2	\$141.14	\$0.00	\$0.00	\$141.14	EBS		C Edit Remove
H + 1 + H 20 + Items per page															1 - 5 of 5 items o
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Service Name	 Servis Month 	te 🛞	Units	() F	Anit (5 Factor	Rate 6	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed (YTD	Reimbursement Type	۲	
Crisis Response - SUD - A - Emergency - S9465-HF	1/201	7	0				BH4a	0	\$0.00	50.00	\$0.00	50.00	BHForm		BH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 50834-WSA	1/201	7	15				BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	Brifform		EH Form Remove
(ii) + 1 + ii) S + Items per page															1 - 2 of 2 Herrs 🛛 🕹
Notes : Schmit Delete Black													< >		

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

Contract: 56897-O4 Contract Description: Playorou	nd Provide	er: Douoles CM	HC - 4102 Woolw	orth Ave., Om	aha								-Export to P
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Stat	us: Pending A	umount: \$1,184	.64										Betre
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Service Name 6	Service Month	🐨 Units (Unit (Factor	Rate @	BH Form () Type	Reimbursed @ Units	Reimbursement @	Available (* Balance	Prior Billed (9 YTD	Total Billed (YTD	 Reimbursement Type 	۲	
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove	
Crisis Response + MH + A + Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form	Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EBS	⊙ Edit F	evome
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				DH4a		\$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	50.00	\$0.00	\$141.14	EBS	🕑 Edit 🛛 F	lemove.
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Service Name	Service Month	(9) Units	Unit Factor	() Rate	BH Form Type	Reinbursed Units	Reimbursement Amount	Available 6 Balance	Prior Billed (YTD	Total Billed I YTD	 Reimbursement Type 	۲	
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	٥			BH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	Remove
Outpetient Psychotherapy - SUD - A - Non Residential - Individual - 90834-W5A	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form	Remove
+ + 1 + + 5 + terrs per page													1+2 of 2 liern
January 2017 Billing - Other Expenses for OP - MH -	Adult contains expr ng. Created by Ph	onses for exemi oberts Approve	nation gloves, me 5 by Proberts 2-5-	nk and sanitiz 17.	ations supplies. The	tre is income received fro	mother sources also noted on	the expense reimbursen	nent for training purpo	se. There is quite a b	con to the		
Notes : to document information pertaining to the monthly bill													
Notes : to document information pertaining to the monthly bill													

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 Cl	MHC - 4	102 W	/oolwo	rth Ave., C	Omaha								Equation Part
Contract: 56667-04 Contract Description: Playgrout MRR Date: PRR Date: 2/52017 10.32.07 AM Statu	nd Prov na: Pending	rider: Dou Amount	gles CMHC t: \$1,450.9	C - 4102 Woolwo 6	rth Ave., Ome	ta .							Refresh
C Export to Excel													
Service Name	Service Month	Bu	ints 🌚	Unit @ Factor	Rate 🛞	BH Form (P Type	Reimbursed (2) Units	Reinbursonent 💮 Amount	Available 🛞 Balance	Prior Billed G	Total Billed () YTD	Reimbursement (Type	9
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	19	0	t.	\$70.57		t0	\$705.70	\$0.00	\$0.00	\$705.70	CD5	Remove
Crisis Response - MH - A - Emergency - 59465	1/2017	0				DH4a	0	\$100.00	\$0.00	50.00	\$100.00	8HForm	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 - 90534	12/2016					D114a		\$236.00	\$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
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SUD Add SUD Service	Service	۲		Unit	•	BH Form	Reimbursed	Reimbursement G	Available	Prior Billed	Total Billed 🛞	Reimbursement	9
Service Name	Month		Units (Pactor	Rate (g) Type	Units	Amount	Balance	YTD 50.00	YTD	Type	
Outratient Psycholbergov - SUD - A - Non Residential -	heart		•			51 M	•	22.00			*****	or a contra	
Individual - 90834-WSA	1/2017		15			BH4a	15	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
H 4 1 H 5 H Items per page													1 - 2 of 2 items 6
Notes : January 2017 Billing - Other Expenses for OP-MH-Ad Potoent 25-17 Submit Delete Back	ult contains ex	penses for	examinati	on gloves, mask,	sanilizing su	pplies. In the Crisis	Reponse - SUD - A - Eme	regency is an example of a cre-	St being entered also of	revenue. Created by	Proberts Approved by	¢	

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

Select Submit completed request for approval.

Select Delete to remove all entries you have made.

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

NEBRASKA DEPARTMENT OF H Division of Behavioral Health - El	TEALTH & HUMAN SERVICES DF ectronic Billing System						2/5/2017 11:48:38 AM You are Logged in as Pal Roberts. Log out						
♠ EBS	Reimbursement Request : Douglas Ch	/IHC - 4102 Woolworth Ave., Omahr	a										
Ø Payments Reimbursement Request	Contract: 56789-04 Owner Contractor: i	tract: 56789-04 Owner Contractor: Region 6 Contract Description: New Record											
Payment Status			·										
1 Roles	Contract: 56897-04 Owner Contractor: R	egion 6 Contract Description: Playground	New Request										
	PRR Create Date	MRR Create Date	Amount Billed ®	Status (MRR Status 6	Amount Paid	۲						
	02/05/2017 10:32:07 AM		\$1,450.98	Pending			View Edit						
	H 4 1 + H 5 + Rome per page						1 - 1 of 1 items 6						
	H 4 1 M 5 Berns per page						1 - 1 of 1 items d						

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

Contract SERVICA Contract Description: Players	of Prov	ider: Doubles	CMHC . 41	72 Woolworth Ave	Ontoba												
MRR Dafe: PRR Date: 2/5/2017 10:32:07 AM Statu	a: Pending	Amount: \$1	450.98														
Export to Excel																	
H Add MH Service																	
ervice Name 🛞	Service	() Units	Unit Facto	er Rate	@ T	H Form 6	Reinbursed Units	® 1	Reimbursement (Amount	Available Balance	۲	Prior Billed YTD	Total Billed VTD	 Reimbursement Type 	۲		
edication Management - MH - A - Non Residential - 99213- EP	1/2017	10	1	\$70.5	87		10	1	\$705.70	\$0.00		\$0.00	\$705.70	CDS	1	Remove	
itisis Response - MH - A - Emergency - 50455	1/2017	0			8	H4a	0	1	5100.00	\$0.00		\$0.00	\$100.00	BHForm	1	BHForm	Remove
edication Management - MH - A - Non Residential - CAG	1/2017	2	1	\$70.5	57		2	1	\$141.14	\$0.00		\$0.00	\$141.14	EBS	1	() East	Remove
utpatient Psychotherapy - MH - A - Non Residential - dividual - 90834	12/2016				8	H4o		1	\$238.00	\$0.00		50.00	\$238.00	BHForm	1	DH Form	Remove
edication Management - MH - A - Non Residential - CAG	12/2016	2	1	\$70.5	57		2	\$	\$141.14	\$0.00		\$0.00	\$141.14	EBS	1	@ Edt	Remove
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ervice Name	Service Month	@ Uni	Ur ta 🛞 Fa	nit 🛞 sctor Ra	te 🛞	BH Form Type	 Reimbursed Units 	۲	Reimbursement Amount	 Available Balance 	G	Prior Billed YTD	Total Billed YTD	 Reimbursement Type 	۲		
inis Response - SUD - A - Emergency - S0405-HF	1/2017	0				BH4a	0		\$25.00	\$0.00		\$0.00	\$25.00	0+Fam		BH Form	Remove
utpatient Psychotherapy - SUD - A - Non Residential - dividual - 50534-WSA	1/2017	15	8			BH4a	15		\$100.00	\$0.00		\$0.00	\$100.00	BHForm	1	BH Form	Remove
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			and all the lot	An one smarth a book	Calence arrive	other in the Cu	is Recover Stiffs	A.Fm	semence is an example of	a coartit hainn ar	decad and	returned on Publicle's card	entert Created by D	Stributeta			

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

DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

DELETING SERVICE(S) FROM PRR

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

Reimbursement Request : Douglas Cl	MHC - 4102	Woolwo	rth Ave., O	maha								Export to Pdf
Contract: 56897-04 Contract Description: Playgroun	nd Provider: C	ouglas CMH	C - 4102 Woolwort	h Ave., Omal	ha				\backslash			
MRR Date: PRR Date: 2/5/2017 10:32:07 AM Statu	a: Pending Amo	unt: \$1,234.8	14						$\langle \rangle$			Retresh
Developer												
										<		
MH Add MH Service										\mathbf{n}		
Service Name @	Service ® Month	Units 🛞	Unit ® Factor	Rate 🛞	BH Form ® Type	Reimbursed 🛞 Units	Reimbursement ® Amount	Available ® Balance	Prior Billed ® YTD	Total Bled @ 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	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	0+Form	BH Form Remove
Medication Management - MH - A - Non Residential - CAG	1/2017	0	1	\$70.57		0	\$0.00	\$0.00	\$0.00	\$0.00	EDS	C Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016				B154a		\$238.00	\$0.00	\$0.00	\$238.00	8+Form	BH Form Remove
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Outpasent Hsychotherapy - SOD - A - Non Hesbenbal - Pamay 90847-WSA	1/2017	0			BH4a	0	\$50.00	\$0.00	\$0.00	\$50.00	BHForm	BH Form Remove
Crisis Response - SUD - A - Emergency - S9485-HF	1/2017	0			DH4a	0	\$0.00	\$0.00	\$0.00	\$0.00	DHForm	DH Form Remove
Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90134-WSA	1/2017	15			EH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	DHForm	BH Form Remove
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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 C	MHC - 410	2 Wool	vorth	h Ave., O	maha								Equitore
Contract SUSI7-04 Contract Descriptions Playnor	nt Provide	es Dougles O	M-C	4102 Wootworth	n Ave., Om	n:							
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Cinis Netponer - Mit - A - Emergency - 50415	M2017	8				Dista	0	9100.00	\$0.60	30.00	5100.00	5-form	Billion Barese
Medication Management + MH + A - Non Residential + CAG	1/2017	0	1		\$70.57		0	\$0.00	\$0.00	\$0.09	\$0.07	ERG	Edl Thorne
Outpatient Paychatherapy - SM-(- A - Nen Resciential - Individual - 60654	12/2016			Conte	_	Drifts		\$258.00	80.00	90.00	8236.00	5-Fuer	Billion Beccor
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Crisis Response - SUD - A - Emergency - 59485-HF	1/2017	0				EH4a	0	\$0.00	50.00	\$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	BHFom Renove
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Reimbursement Request : Douglas C	мнс.	4102 V	Voolv	/ort	h Ave., C	maha											Eppor	rt to Polf
Contract: 56997-04 Contract Description: Playgrou MRR Date: PRR Date: 2/52017 10.32.07 AM Statu	nd Jac Pendin	Provider: Do	ouglas CA	AHC -	4102 Woolwor	th Ave., On	aha											Refresh
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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	
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x + X S + Bernin per page Notes :															C)		1 - 2 of 2 den	6

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

DELETING PROVIDER REIMBURSEMENT REQUEST

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

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

NEBRASKA DEPARTMENT OF Division of Behavioral Health - E	HEALTH & HUMAN SERVICES DHHS	2/5/2017 7:30-15 AM You are Logged in as Pat Roberts. Log out
nt EBS G Paymenta & Rains	Welcome Select Payments	
	to Natifications	

NEBRASKA DEPARTMENT OF H Division of Behavioral Health - El	EALTH & HUMAN	n SERVICES DHHS			2/6/2017 7:30:15 AM. You are Logged in as Put Roburts. Log out
♠ ens	Welcome				
& Payments		Reimbursement Request			
Reinbursement Request	L		I		
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NEBRASKA DEPARTMENT Division of Behavioral Hea	OF HEALTH & HUMAN SERVICES DHHS	240047773238.446 You are Legged in as Par Robots. Log of
≜ tas	Reimburgement Request : Doublas CMHC - 4102 Woolworth Ave. Omaha	
E Frymens		
Rainburtament Respect	Contract: 56789-04 Owner Contractor: Region 6 Contract Description: Heal Region 4 Select appropriate contract	
Payment Plates		
e least.	Contract: 56997-04 Owner Contractor: Region 6 Contract Description: Playground Time Thoust	

NEBRASKA DEPARTMENT OF L Division of Behavioral Health - El	HEALTH & HUMAN SERVICES	DHHS					28/2017 7:02:30 AM You are Logged in as Put Roberts. Log out
t EDS Ø Paymenta Reinbursement Request Payment Status	Reimbursement Request : Douglas	CMHC - 4102 Woolworth Ave., O	maha		Status has chan	nged to <mark>Rejected</mark>]
1 Roles		P. Doning C. Contrast Description: Objects	New Response				
	PRR date has not ch	MPR Crede Der	© Amout Bild \$1.450.98	 Solida Reprind 	MPU Subs	Anout Ped	Select 'View' or 'Edit'

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

Page | 22

Contract: 56897-04 Contract Description: Playpour MRR Date: PRR Date: 25/2017 10.32/07 AM Statu 60. Excert to Excel	nd Pro	vider: Do Amou	uglas CMH int: \$1,450	C - 4102 Woolwo 98	xth Ave., Om	sha		After the units will	2 nd of the mon need to made	th, any adju on next moi	stments to t hth's billing	he	Refer
Add MH Service													
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Outpatient Psychotherapy - MH - A - Non Residential - Individual 90831	12/2016					BH4a		\$238.00	\$0.00	\$0.00	\$238.00	BHForm	BH Form Remove
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Outpatient Psychotherapy - SUD - A - Non Residential - Individual - 90834-WSA	1/2017		15			BH4a	15	\$100.00	\$5.00	\$0.00	\$100.00	BHForm	DH Form Remove
* * T * * 5 * Items per page													T - 2 of 2 form

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

Complete any adjustments that is needed by selecting ^{CEdit}. Once completed select ^{Qupdate} and ^{Save}.

Rei	mbursement Request				
B	H4a - Expense Reimb	bursement Document			
Cor Pro Ser /2 Ser	ntract Number : 56897-O4 vider Name : Douglas CMHC - 410 vice Name : Crisis Response-SUD- viceMonth : 01/2017	12 Woolworth Ave., Omaha Adult-Emergency			
	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
4	Travel	\$0.00	\$0.00	\$0.00	⊘ Edit
9	Capital Outlays	\$0.00	\$0.00	\$0.00	⊘ Edit
4	Contractors	\$0.00	\$0.00	\$0.00	⊘ Edit
ŀ	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			
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n s	ave Cancel Delete	e			
- <			10044		>

The following changes were made on the example below

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha															
Contract: 55597-04 Contract Description: Playprox MRR Dete: PRR Dete: 255017 102207 AM State Dig Deport to Excel MH Add Mrt Sentes	Contract: 55597-C4 Contract Description: Playpround Provider: Douglis CMPIC + 102 Woolworth Ave, Omaha MRR Dete: PRR Dete: 255297 / 1032/07 AM Status: Righted Amount: \$1,451.98 Retent														
Service Name	Service Month	() Units		Unit ® Factor	Rate 🛞	BH Form @ Type	Reimbursed @	Reimbursement @	Available ® Balance	Prior Billed (Total Billed (Reimbursement Type	۲		
Medication Management - MH - A - Non Residential - 99213- FEP	1/2017	10	1	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove		
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• •	7 Billing - Other Ex oberts 2-5-17	penses for	OP - M	5H - Adult contain	is expenses f	for examination glo	ves, mask, sanitizing sup	ples. In the Crisis Response	SUD - A - Emergency is	an example of a cre	dit being entered and r	evenue		1-2 of 2 items 6	

To resubmit to the Region\Owner Contractor select Submit

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

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

Reimbursement Request : Douglas C	MHC - 4102	Woolwort	h Ave., O	maha											Execution Deff
Contract: 56897-04 Contract Description: Playgro	nd Provider:	Douglas CMHC -	4102 Woolwort	n Ave., Om	aha										Contorto
MRR Date: PRR Date: 2/5/2017 8:20:11 AM Statu	s: Rejected Amo	wnt: \$250.00													Refresh
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Service Name	Service @ Month	Units 🛞 Fi	Init 🐨	Rate 🛞	BH Form Type	۲	Reimbursed (*) Units	Reimbursement Amount	۲	Available 🛞 Balance	Prior Billed @	Total Billed G YTD	Reimbursement Type	۲	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90034	1/2017	15			BH4a		15	\$0.00		\$0.00	\$238.00	\$238.00	BHForm	BH Form Ren	nove
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Deleting Procedures form Provider Manual Notes :													()		
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A pop up message will appear requiring a confirmation if would like to 'Delete' or 'Cancel'.

Delashursen at Desaulty Develop Ob		Mashin	-											
Reimbursement Request : Douglas Civ	MHC - 4102	vvooiwe	onth Ave., C	Jmana									E-module Dat	
													Eportorea	
Contract: 56697-04 Contract Description: Playground	d Provider: (Douglas CMP	9C - 4102 Woolwo	rth Ave., On	aha									
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He Handbarrier - SUCH - K - Emergency - Solution 1/2017					Delete Con	cel	.00 50.1	x 53	6.00	\$276.00	BHForm	BHTOm.	Farmer	
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The system will return you to the summary page.

Reimbursement Reque	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 View Request													
PRR Create Date	Ŷ	MRR Create Date	e	Amount Billed	Status (MRR Status G	Amount Paid @						
02/05/2017 10:32:07 AM				\$1,451.90	Submitted			View					
1 - 1 of 1 here 6													

The request is no longer displayed.

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

Reimbursement Requ	iest : Douglas CN	/IHC - 4102 Woolworth Ave., Omai	ha	Select New Request									
Contract: 56789-04 Owner Contractor: Region 6 Contract Description: HearRegard													
Contract: 56897-04 Owner Contractor: Region 6 Contract Description: Playground New Reput													
PRR Create Date	۲	MRR Create Date	Amount Billed	Status @	MRR Status (Amount Paid (8						
02/05/2017 10:32:07 AM			\$1,451.98	Submitted			View						
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A new PRR is created with a date and time stamp.

Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha	Export to Pdf
Contract: 55007-04 Contract Description: Phyproxid Provider: Dougles CAHG - 4102 Woolworth Ave., Oriohis MRR Date: PRR Date: 26/2017 8-4117 AM Status: Pending Amount: 30:00	Refresh
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Notes :	
Submit Delete Exck	

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

Reimbursement Request : Douglas C	imbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha												
Contract: 56097-04 Contract Description: Playgrou MRR Date: PRR Date: 2/6/2017 6-44:17 AM Status	nd Provider s: Pending Am	: Douglas CMH ount: \$0.00	IC - 4102 Woolw	orth Ave., Or	naha								Refresh
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a must be belo													
Notes :											$\langle \rangle$		
Submit Delete Back													_

SUBMITTING PROVIDER PAYMENT REQUEST

Contract: 56807-04 Contract Description: Playgrou	nd Prov	ider: Douglas	CMHC	- 4102 Woolec	ath Ave., O	maha																
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Service Name	Service	® Units	۲	Unit (8 Pector	Rate (BH F	form 😟	Reimbursed	. 0	Reimbursement Amount	۲	Available Balance	® P	nor Billed	⊛ To YT	tal Billed (8 Rel Typ	nbursement	۲			
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Medication Management - MH - A - Non Residential - CAG	1/2017	2		1	\$70.57			2		\$141.14		\$0.00	3	0.00	\$1	41.14	E83	e:		0.687	terrane .	
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	12/2016					DH4	•			\$238.00		\$0.00	56	0.00	\$2	38.00	DH	'om		DeForm	Remove	
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After all entries are completed and are ready to be submitted to the Region\Owner Contractor select

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

Reimbursement Request : Douglas C	teimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha														
Contract: 56897-04 Contract Description: Playgrou MRR Date: PRR Date: 2/5/2017 10 32/07 AM Statu	nd Provider ns: Pending An	Dougles CMH	5 - 4102 Wootwo	ath Ave., Om	ta -								Rebeck		
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MH Add MH Service															
Service Name	Senice (Month	Units @	Unit ® Fector	Rate 🐨	BH Form @ Type	Reimbursed @	Reimbursement (8 Amount	Available (8 Balance	Prior Billed (8 YTD	Total Diled @	Reinbursement ® 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	Remove			
Constitution (Met AL Encompany), SSH45 1037 0 BH4e 0 \$100,00															
Matadon Mangement - MF - A - Your Residential - CAO 10217 2 1 1 \$75.57 2 51.47 51 51.47 50.00 \$50.00 \$141.14 £55 £22 Amount															
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 00521.	12/2016				Drifa		\$238.00	\$0.00	\$0.00	\$238.00	Difform	DH Form Remo			
Medication Management - MH - A - Nan Residential - CAG	130016	2	t Arey	firm : rou sure you i	eant to Submit 7		\$141.14	\$0.00	90.00	\$141.14	685	TER Arrest			
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Robert 2017 Dilleg - Otor Department for OP - Mile - A Approved by <u>Dollarity</u> 3.5-17 Tablett Data	klult sarteria iniper	ues for exercise	dor ploves, run	ik, sandizing i	naples in the Orio	is Response - SUD - A - I	Covergency is let avangle of a	s reall being entered and	Converse being recei	ed. Crosted by 276.0	*				

Select 'Submit'.

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DIvision of Behavioral Health - Electronic Billing System Technologies Tech									
A EBS	Reimbursement Request : Douglas CMHC - 4102 Woolworth Ave., Omaha								
@ Payments									
Reimbursement Request	Contract 5/220.01 Over Contractor Device C. Contract Deviced Res								
Payment Status	Contract Derivery Contract Descriptions Contracts Descriptions								
1 Fales	Contract: 56897-04 Owner Contractor: F	Region 6 Contract Description: Playground	New Request	\frown					
	PRR Create Date @	MRR Create Date	Amount Billed	Status	MRR Status	Amount Paid Amount			
	02/05/2017 10:32:07 AM		\$1,450.96	Submitted)		View		
							1 - 1 of 1 items 🛛 🕹		

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES Division of Behavioral Health - Electronic Billing System		UT OF HEALTH & HUMAN SERVICES ealth - Electronic Billing System	2/5/2017 1 08 35 You are Logged	5 PM in as Pat Roberts. Log out
_	♠ ERS	Welcome		
C Payments				
		No Notifications		

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

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES Division of Behavioral Health - Electronic Billing System		M SERVICES	Alternative and the set of the se					2/5/2017 1:15:18 PM You are Logged in as Pat Roberts. Log out	
♠ EBS	Reimbursement Request : BAART								
C Payments									
Reimbursement Request	Contract: 56789-04 Owner Contractor: Region 6 Contract Description: New Request								
Payment Status									
1 Roles	Contract: 56897-04 Owner	Contractor: Region 6 Contract D	escription: Playground Ne	w Request					
	PRR Create Date	MRR Create Date	Amount Billed	Status 💿	MRR Status	Amount Paid	۲		
	12/16/2016 10:21:14 AM	12/16/2016 10:33:59 AM	\$5,731.50	Accepted	Submitted		View		
	01/25/2017 11:19:08 AM	02/05/2017 12:40:15 PM	\$630.47	Accepted	Pending		View		
	н н 1 н н 5 н items p	er page					1 - 2 of 2 items	¢	

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.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES Division of Behavioral Health - Electronic Billing System 200017 11-31 PM Division of Behavioral Health - Electronic Billing System Nar Advantation Year and Logo and									
↑ EBS	Contract Payments								
C Payments									
Reimbursement Request									Excel
Payment Status					Uniter 0				
1 Roles	Contract Number 💿	Owner Contractor Name	Start Date (End Date	Reimbursement Request Date	Purchase Order Date	Purchase Order Status	Purchase Order Amount	8
	56897-04	Region 6	07/01/2016	06/30/2017	11/18/2016	11/29/2016 07:48:18 AM	Paid	\$1,910.50	Payment Details
	i i i i i i i i i i i i i i i i i i i							1 - 1 of 1 items 🗳	

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 TERMINOLOGY

PROVIDER



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 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 - collapse All - to fall or shrink together abruptly and completely.

Contract Number – unique number assigned for each contract.

Delete - to eliminate, erase or cut out.

Edit ^{Edit} - to alter.

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

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

Export to PDF - information downloaded into PDF document.

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

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

Legislative Authority – Legislature approves budget submitted during each session.

MH Service - mental health services.

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

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

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

PRR – Provider Reimbursement Request.

Payment Month – month that the payment occurred.

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

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

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

Processing - the Purchase Order is created but not paid.

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

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

Refresh et a 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 Opdate - edit

View view - the act of seeing or examining.

<u>HELP</u>

<u>Signing In</u>

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

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

Electronic Billing System Issues

Please send email to <u>DHHS.DBHEBS@nebraska.gov</u>

Centralized Data System Issues

Please send email to DHHS.DBHCDS@nebraska.gov