NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

ELECTRONIC BILLING SYSTEM

PROVIDER MANUAL

STATE OF NEBRASKA – DHHS – DIVISION OF BEHAVIORAL HEALTH

Version 1.5

2024

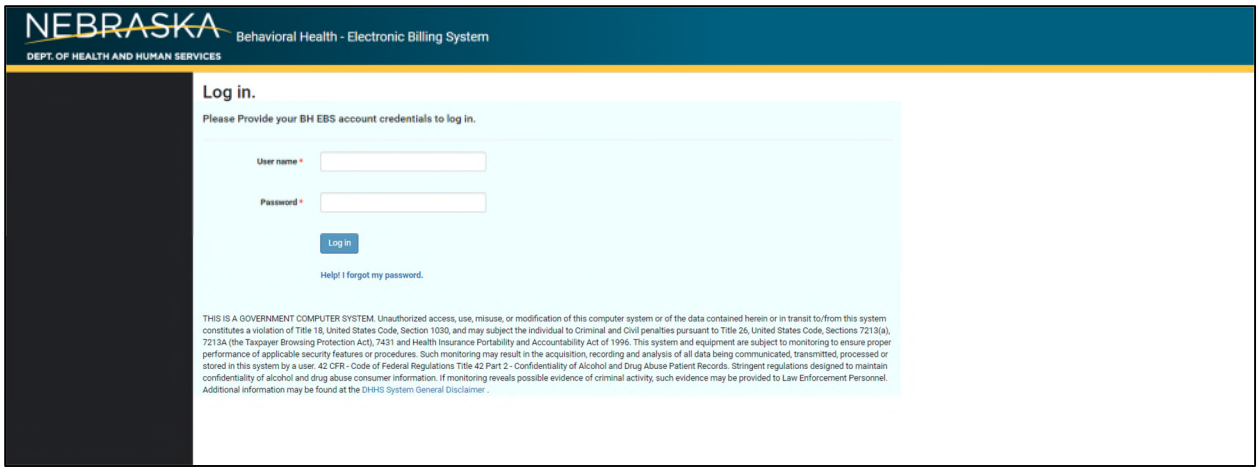
Helping People Live Better Lives

ELECTRONIC BILLING SYSTEM INDEX FOR PROVIDER MANUAL

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

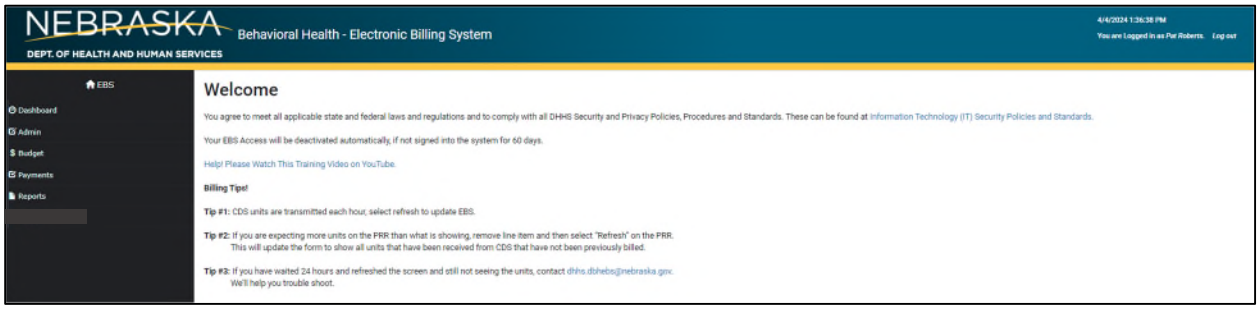
To access the Division of Behavioral Health – Electronic Billing System enter the following or click on the link https://dbhebs-dhhs.ne.gov.

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



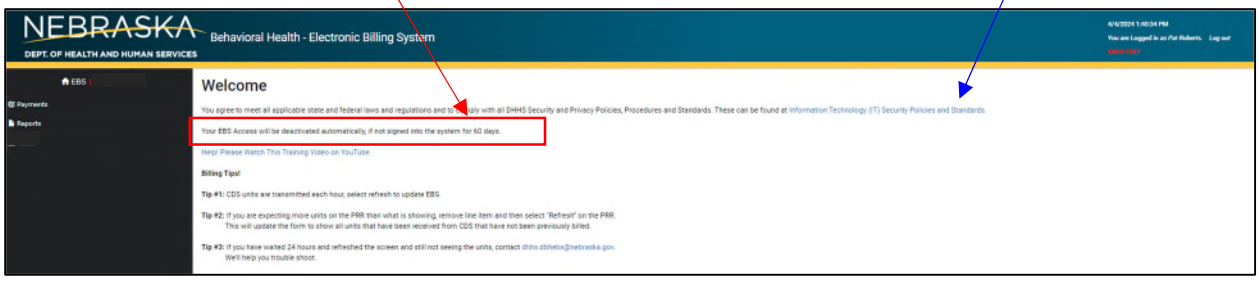
The Username and Id was provided via email.

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



Review the DHHS Security and Privacy Policies, Procedures and Standards, just click on the blue link.

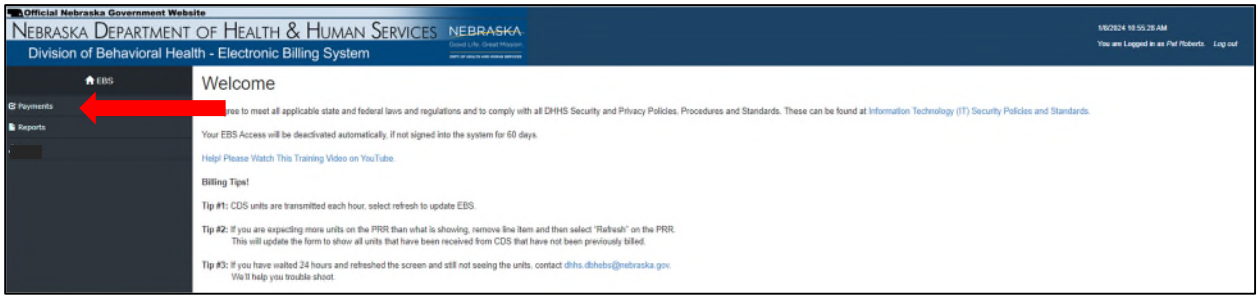
Your EBS Access will be deactivated if not signed into the system for 60 days. Recommendation is that you create a reminder on your calendar to sign in every 30 days. If access is lost you will need to go through the Region to apply for access again.



Billing Tips – these contain the most common issues with billings. Reach out to the Region EBS Super User (Fiscal Directors) for assistance.

OVER VIEW OF PAYMENT PROCESS AND PROVIDER REIMBURSEMENT SCREEN

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

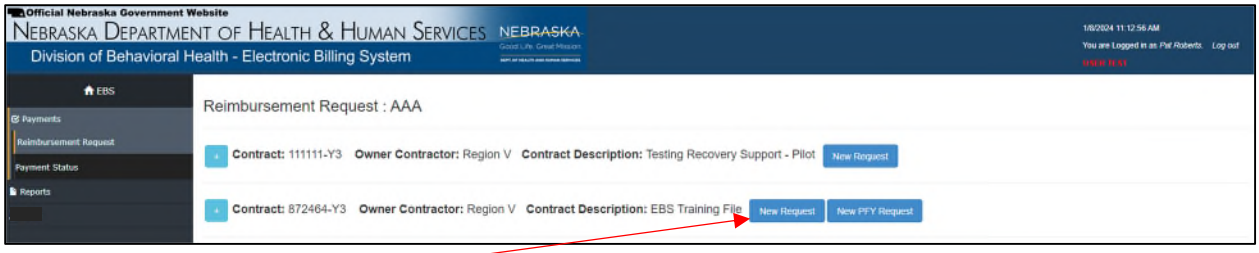


On the left side a drop down menu will appear of the selections that you have access to:

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.

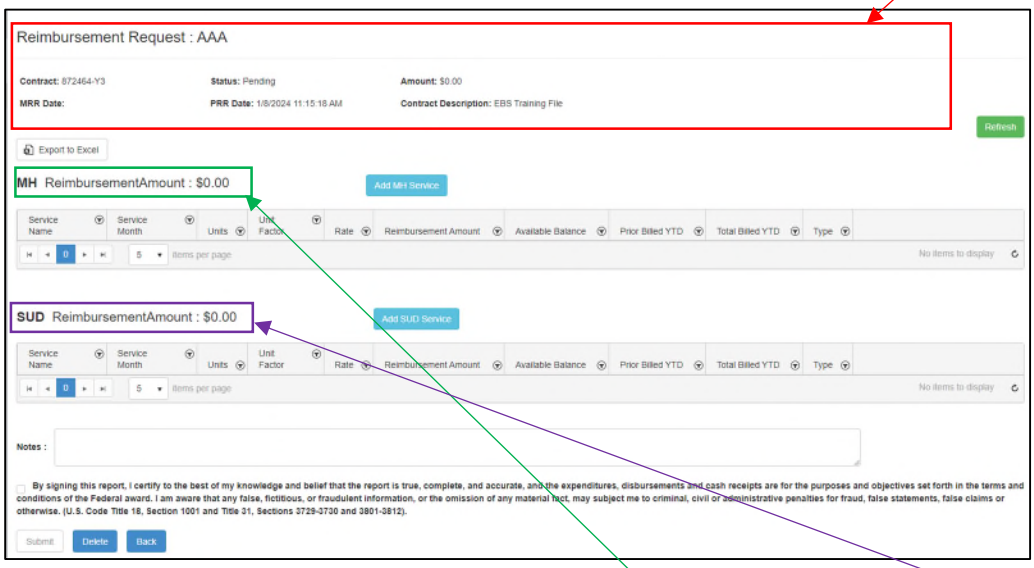
There are two types of Payment Reimbursement Request:

1) Current fiscal year New Request
2) Previous fiscal year New PFY Request, process credit payments from previous fiscal year. Refer to Region for billing non credit request.



Select New Request next to the contract to create Payment Reimbursement Request (PRR).

The system will populate a provider reimbursement request (PRR). The top portion will list the contract number, status, amount of contract, Master Reimbursement Request (created by Region), date the Provider Reimbursement Request created and description.

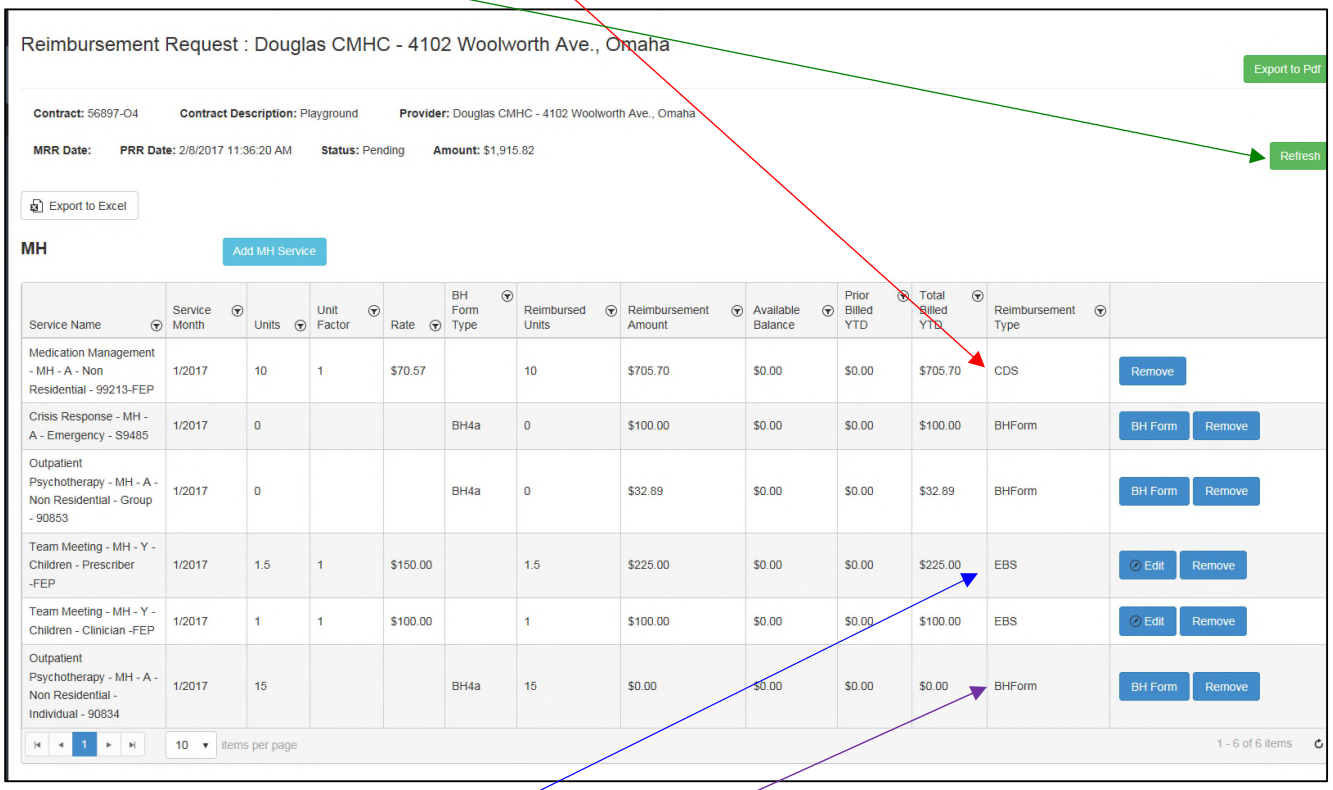


The payment reimbursement is broken out by Mental Health services and Substance Use Disorder services. Further instructions on processing the units from CDS and expenses will follow.

REIMBURSEMENT REQUEST WITH UNITS FROM CDS:

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

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



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

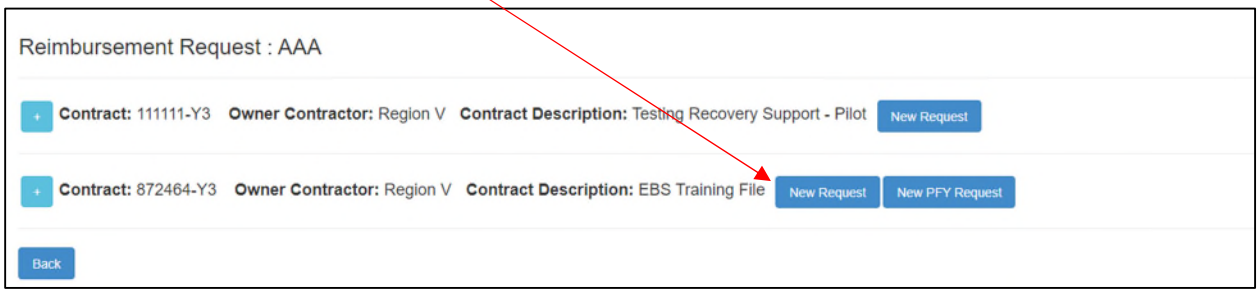
Reimbursement Type 'EBS' allows the units to be entered and calculated by the rate that is entered in EBS System. The units for EBS payment type is not tracked through the Centralized Data System.

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

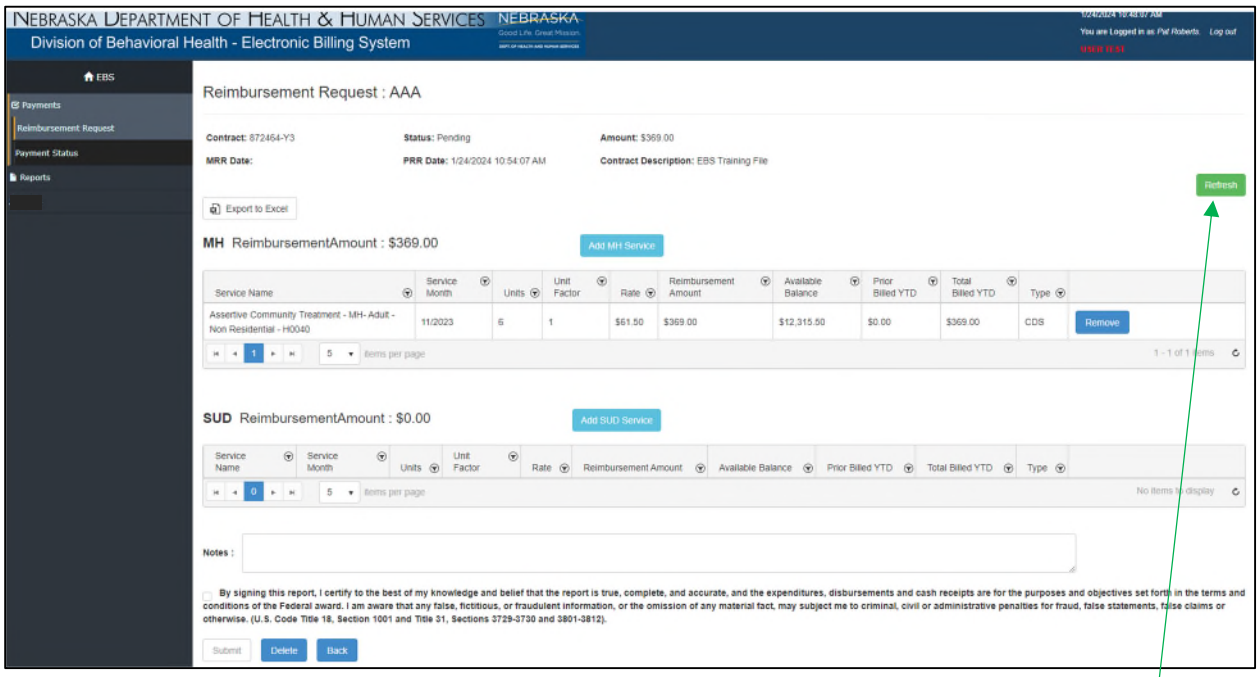
CREATING EXPENSE REIMBURSEMENT:

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

To create a new request select New Request next to the appropriate contract.



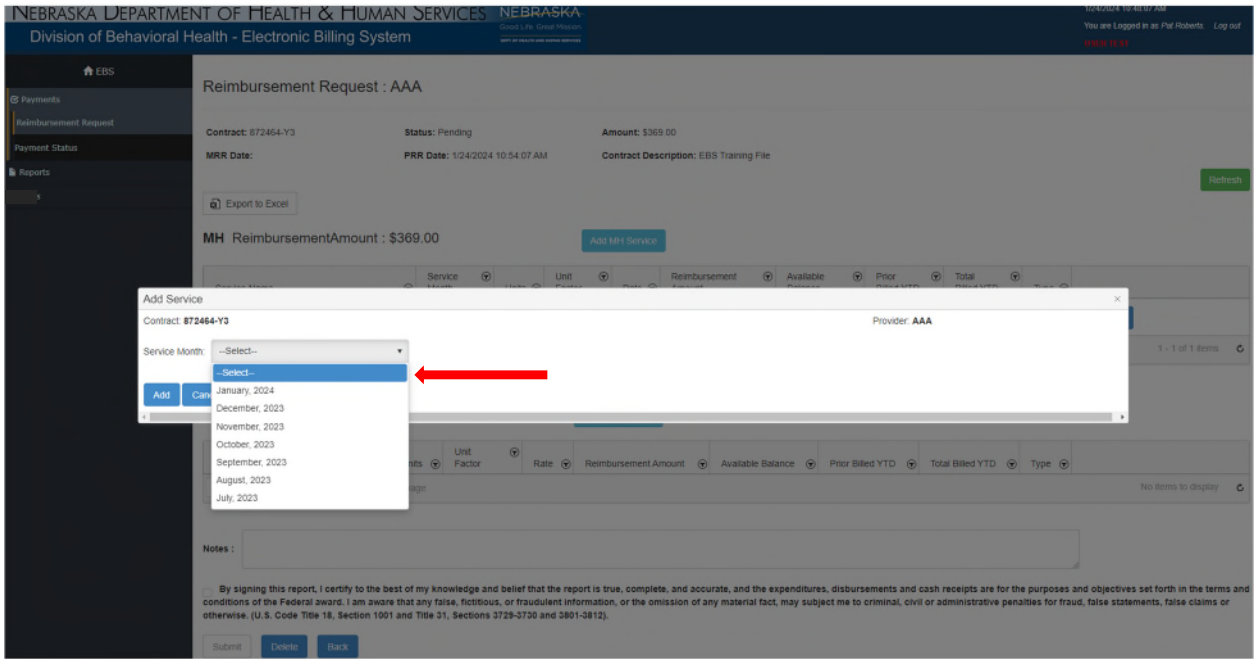
The screen displays your company name, contract number, contract description, provider name (same as company name, MRR (Master Reimbursement Request) Date, PRR (Provider Reimbursement Request) Date, status and amount of request.



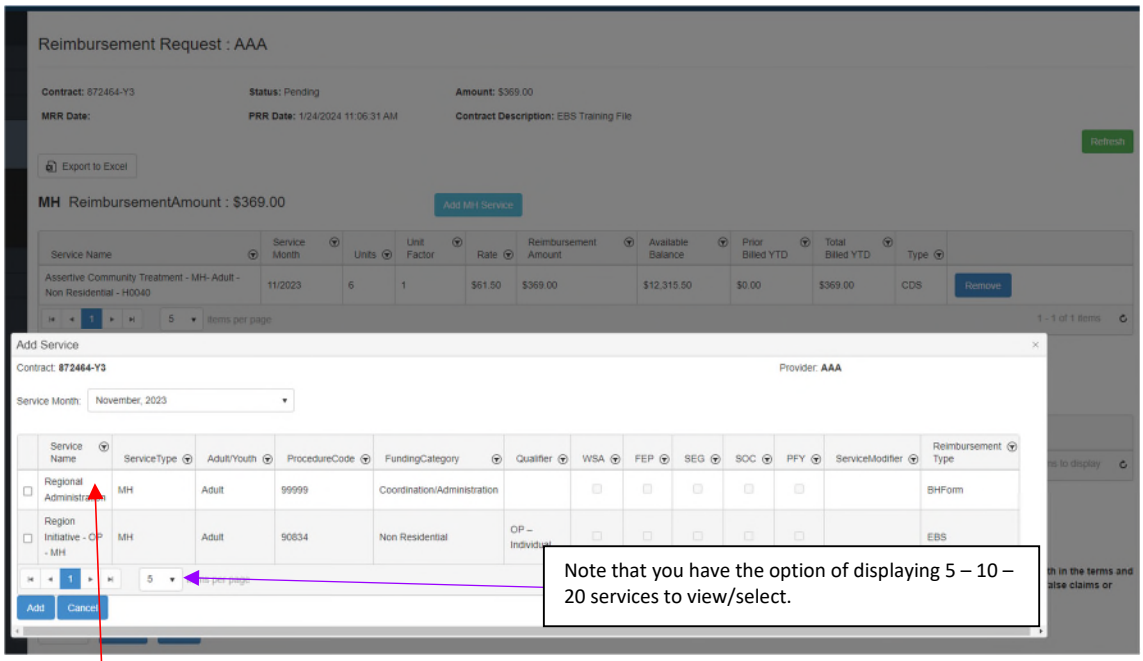
The system will populate any units from services that have been completed in EBS prior to creating the PRR. If additional units are created after the date and time of the PRR the green refresh button will need to be selected to include those units.

To generate an expense reimbursement request for a service provided that is not displayed on the screen select the type of service Add MH Service MH (Mental Health) or Add SUD Service SUD (Substance Use Disorder). For this example, MH Services were selected to create a request for services that was not billed for December services:

Select Add MH Service

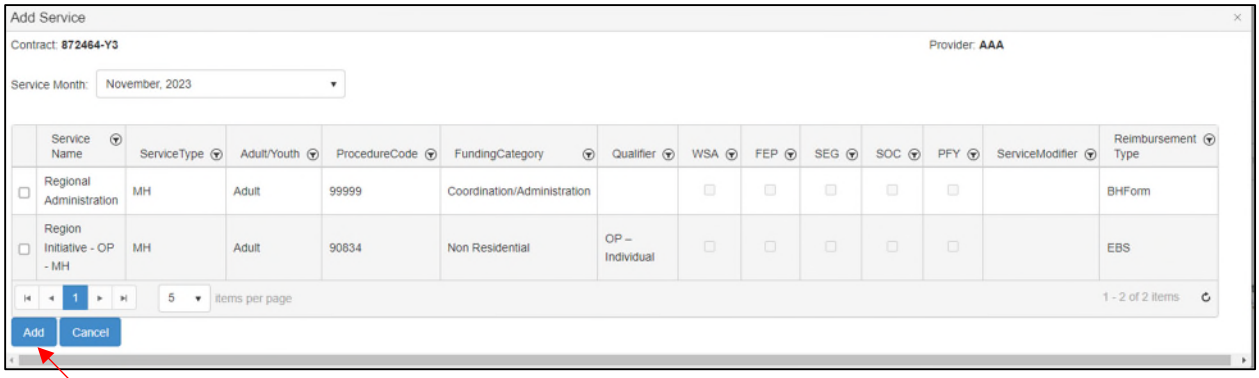


To select a service month that is from previous billing period, select the appropriate month from the drop down menu. The months are organized by the most current month first.



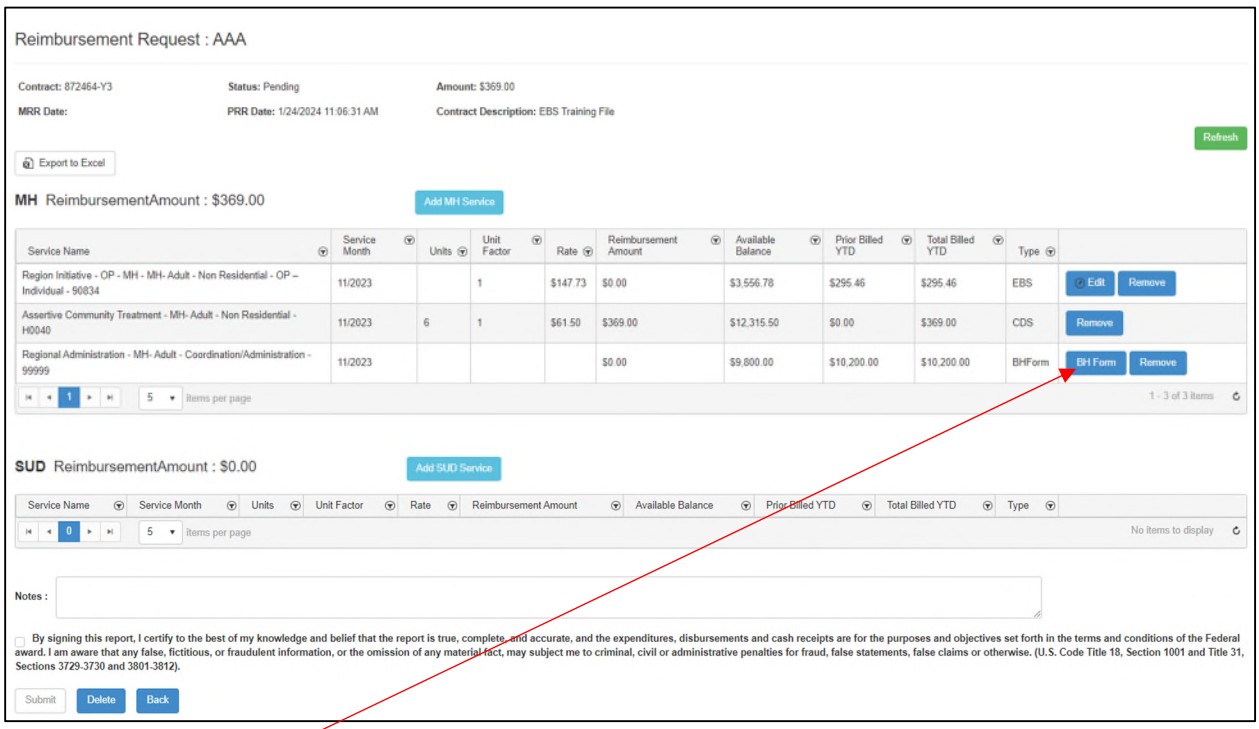
The services that are allowable to bill will auto populate for selection.

Select the services to be included by selecting the box next to the service.

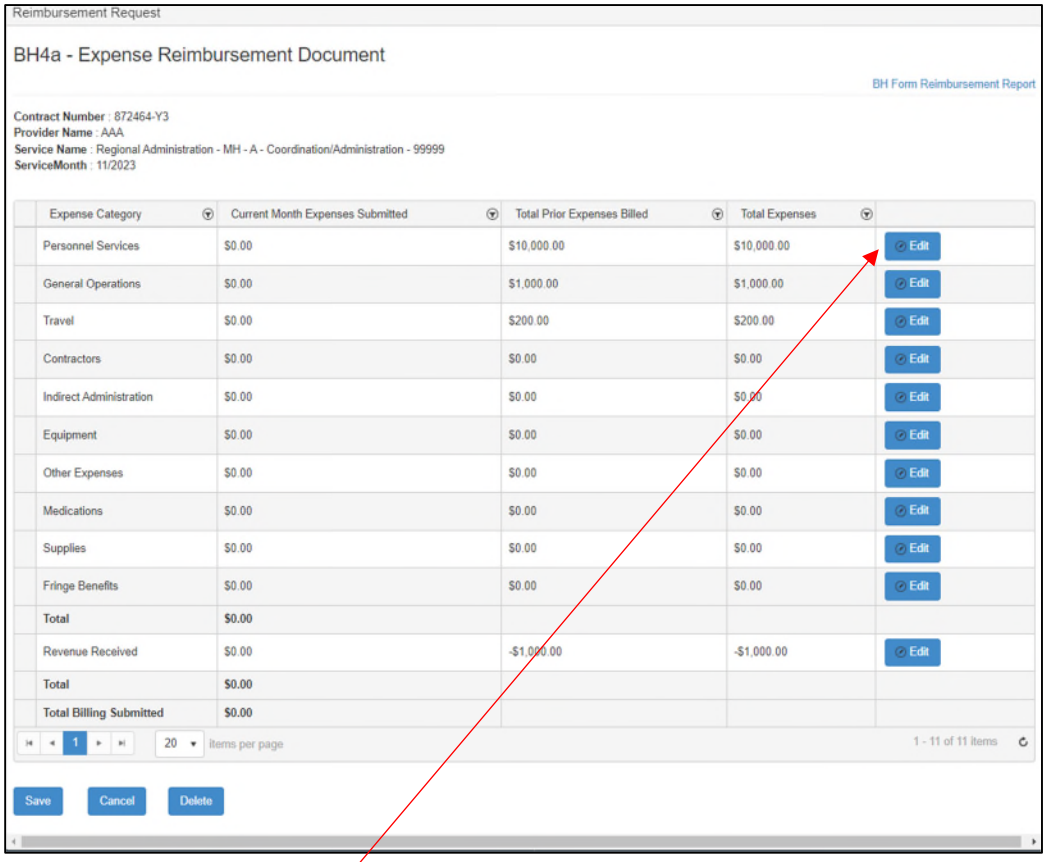


Select Add to create request for the month selected.

It will bring the services in that was selected.

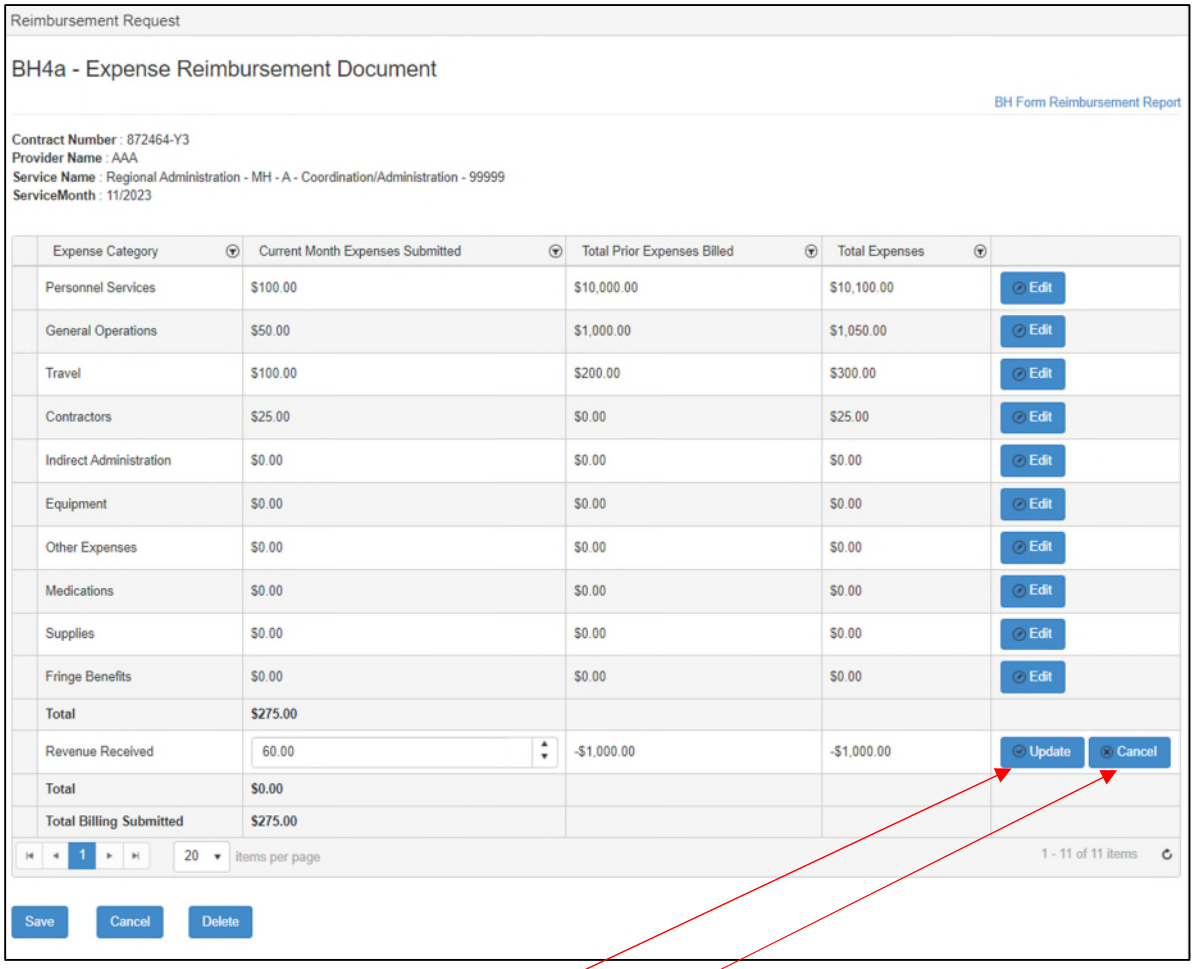


Select BH Form for service



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

Each service may have their own unique expense categories assigned to it to accurately reflect what the reimbursement is for that specific service.



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

When completed filling out the form select Save, Cancel, or Delete.

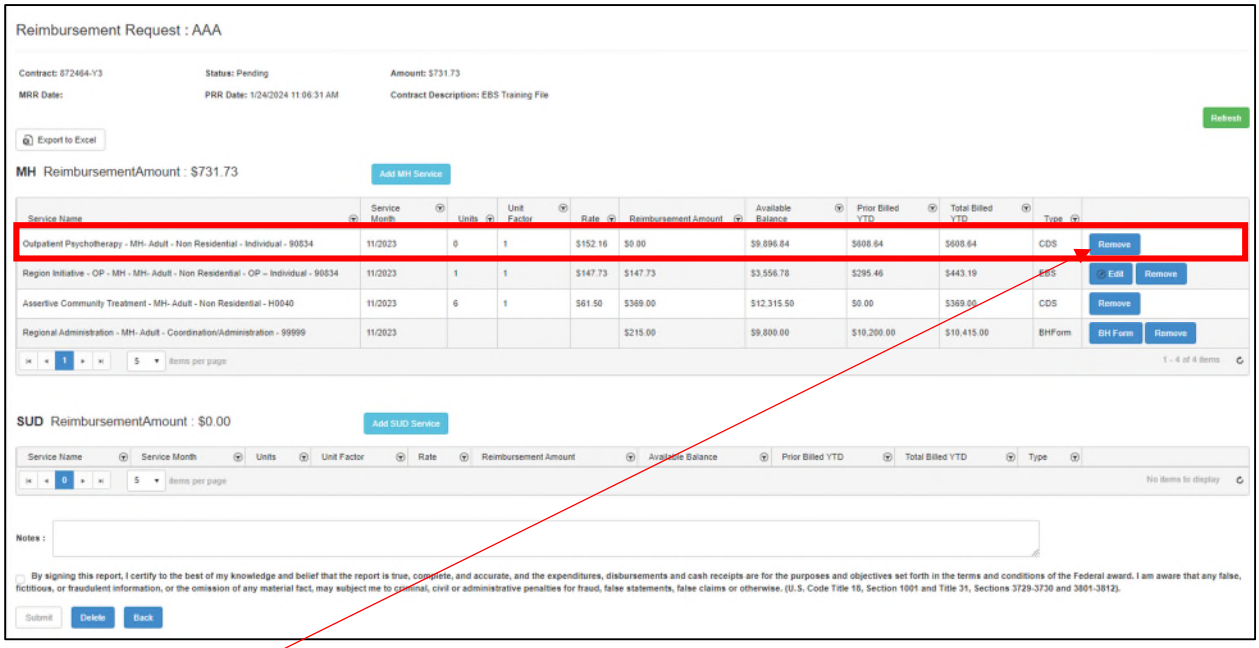
Save = It will keep all information that you have entered.

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

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

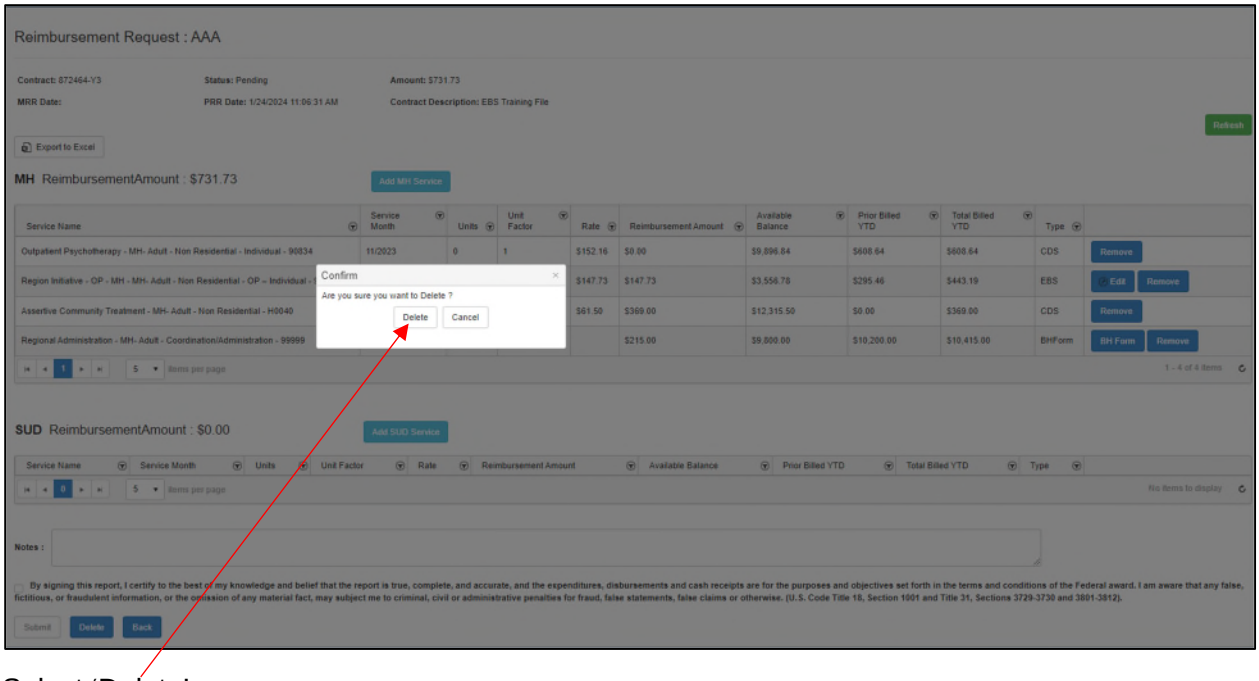
When completed the Expense Reimbursement Request select Save.

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

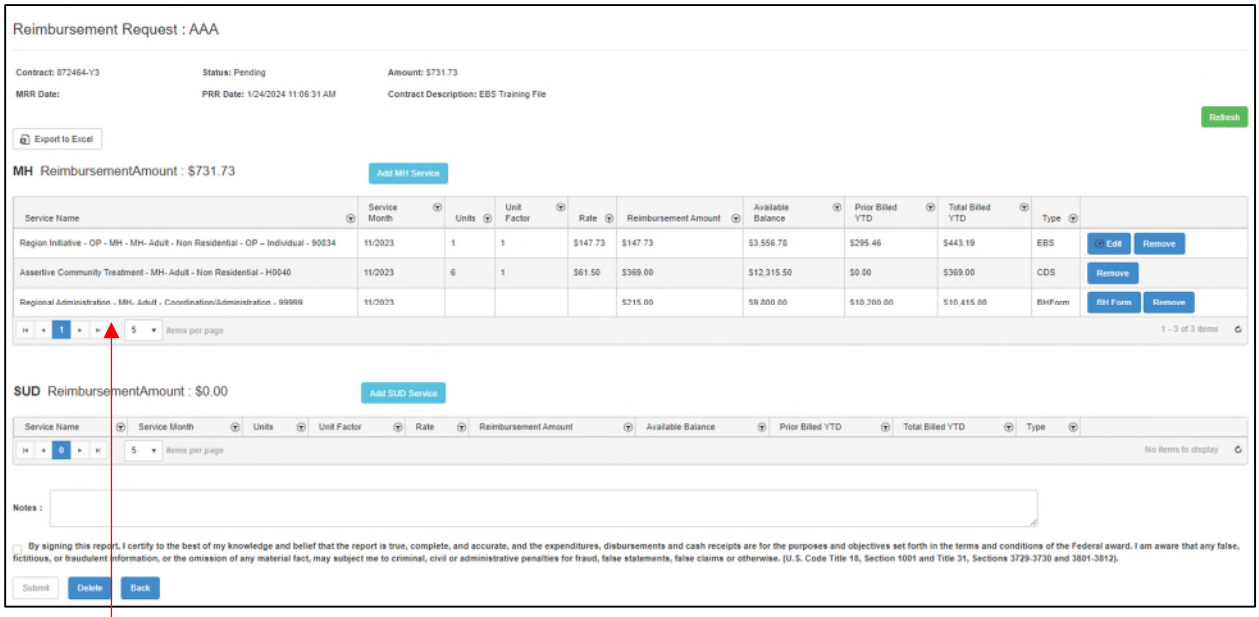


If there is a service does not have any expenses for the month, remove it from the PRR by selecting Remove.

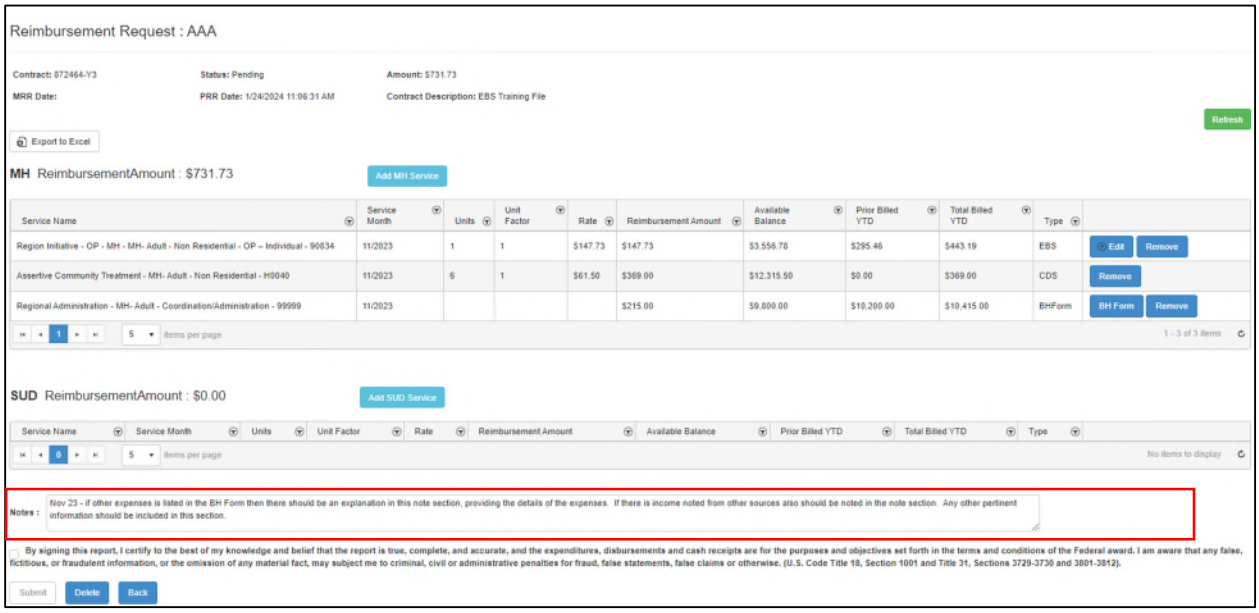
Example by selecting remove from Outpatient Psychotherapy – SUD – A- Non Residential – Family – 90834 it remove that service from the PRR. A confirmation message automatically populates requesting to confirm to delete or there is the option to cancel.



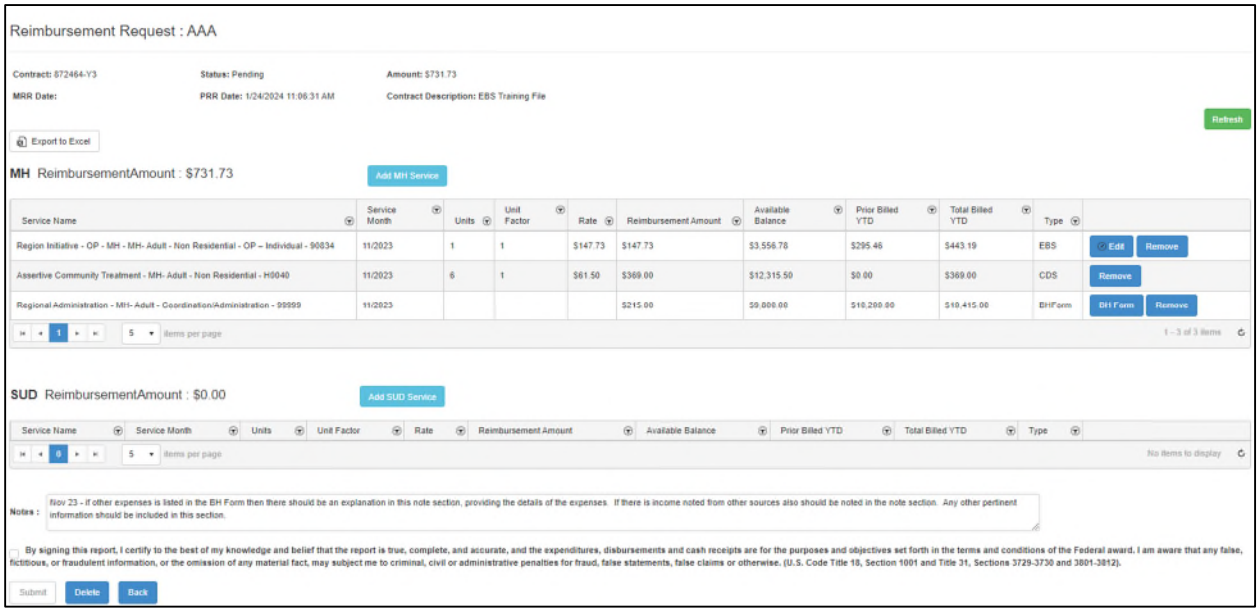
Select ‘Delete’



The service selected to be removed has now been deleted.



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

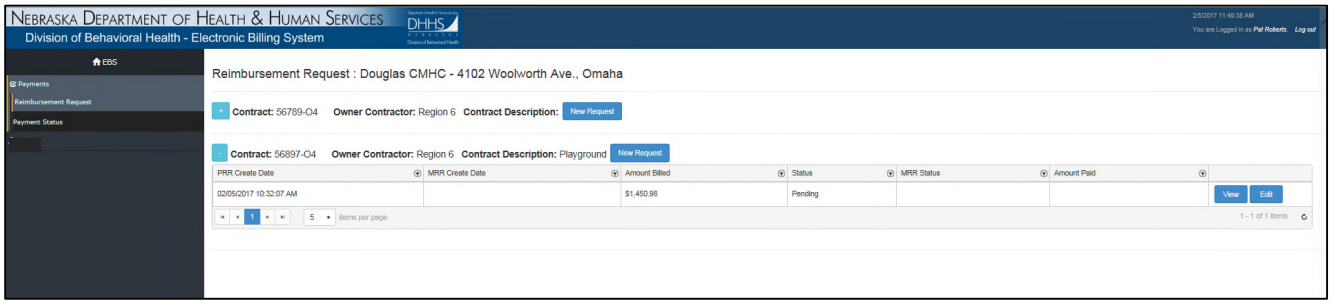


After completing billing for all services applicable for the month you have the following options:

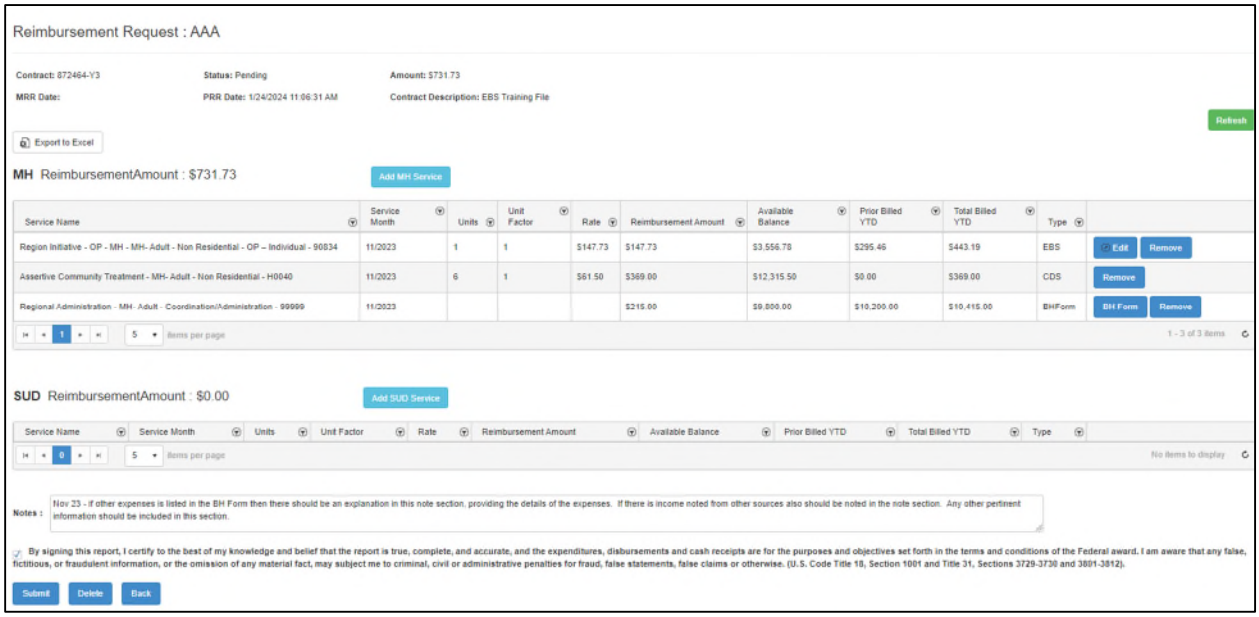
Select Submit to submit completed request for approval.

Select Delete to remove all entries you have made.

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



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

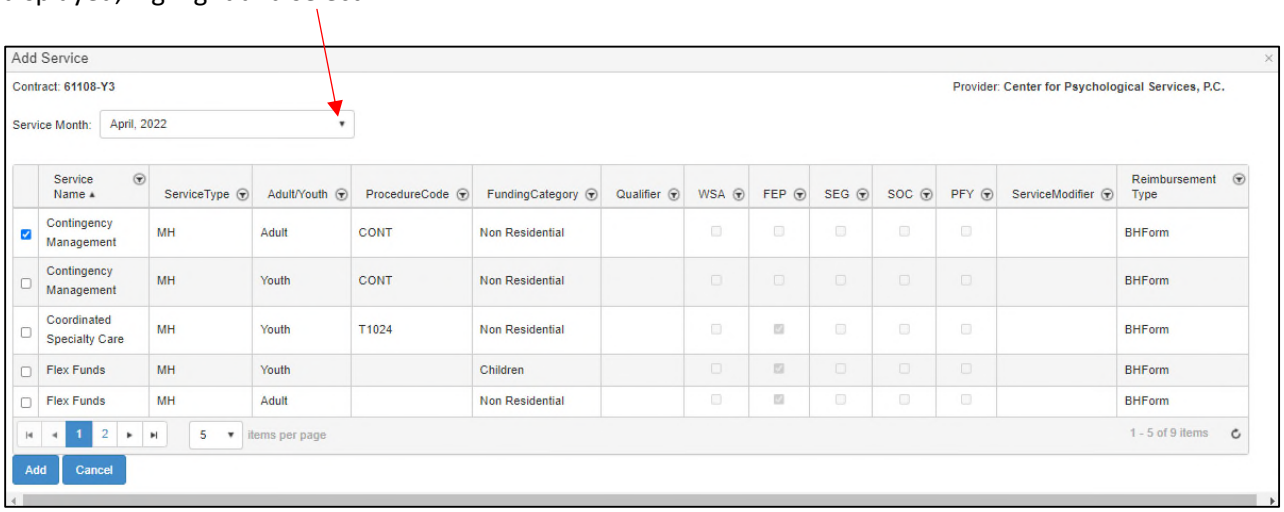


Edits can be made to any of the requests at this time prior to submitting.

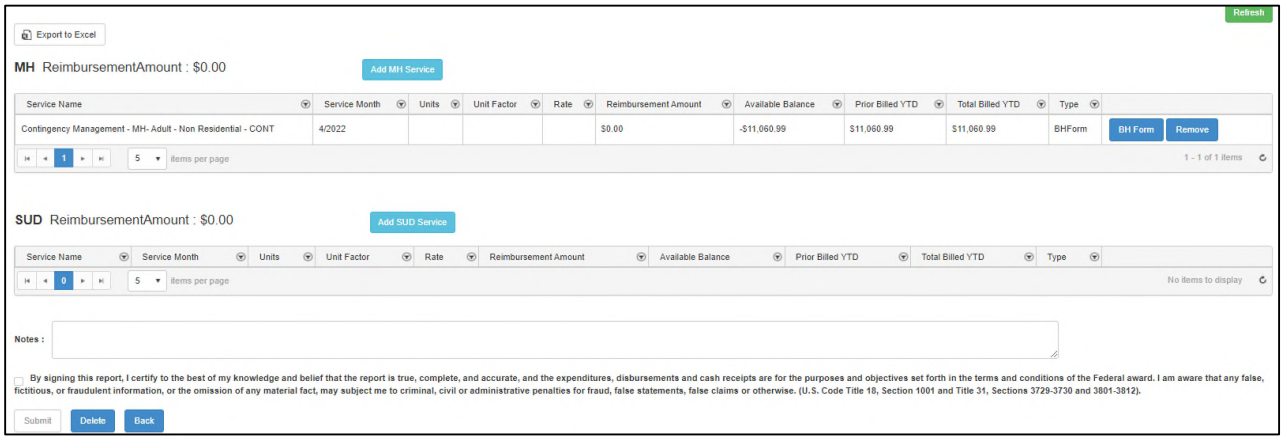
PROCEDURES FOR PROCESSING CONTNGENCY MANAGEMENT SERVICES

Once a Payment Reimbursement Request (PRR) has been created select Add MH Service or Add SUD Service.

Select the appropriate service month by selecting the downward arrow, the services months will be displayed, highlight and select.

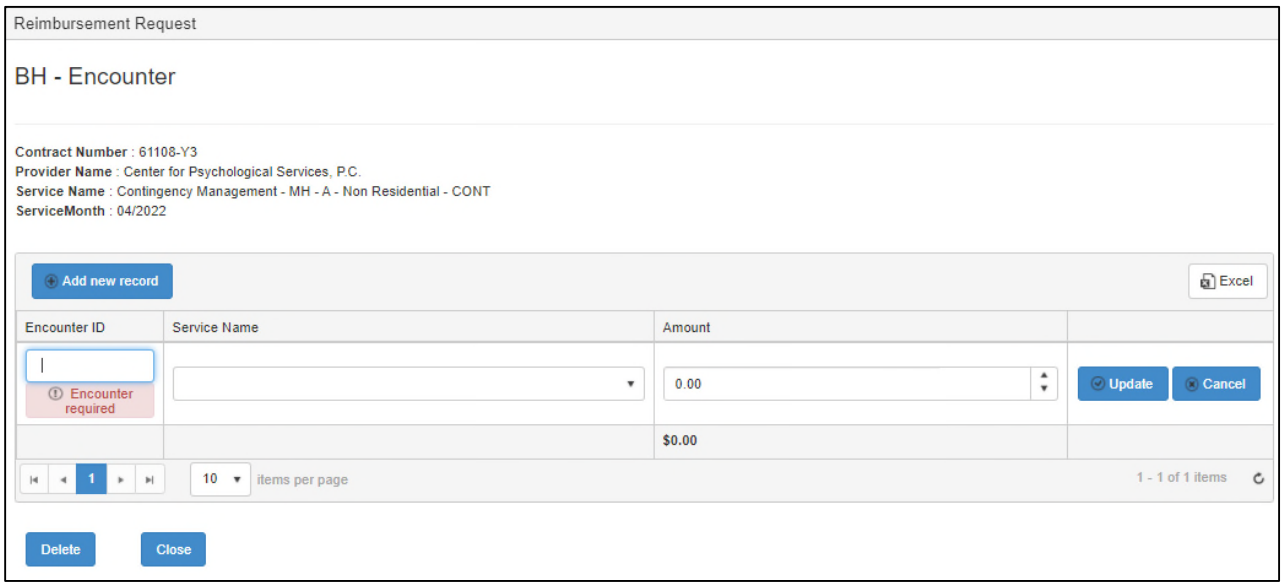


Select the service to add to the PRR by checking the box that is located to the left of the service name, select Add. The system will generate a line within the PRR.



Select BH Form, window will populate to add the encounter, service and the amount.

Select Add new record, the following window will populate.

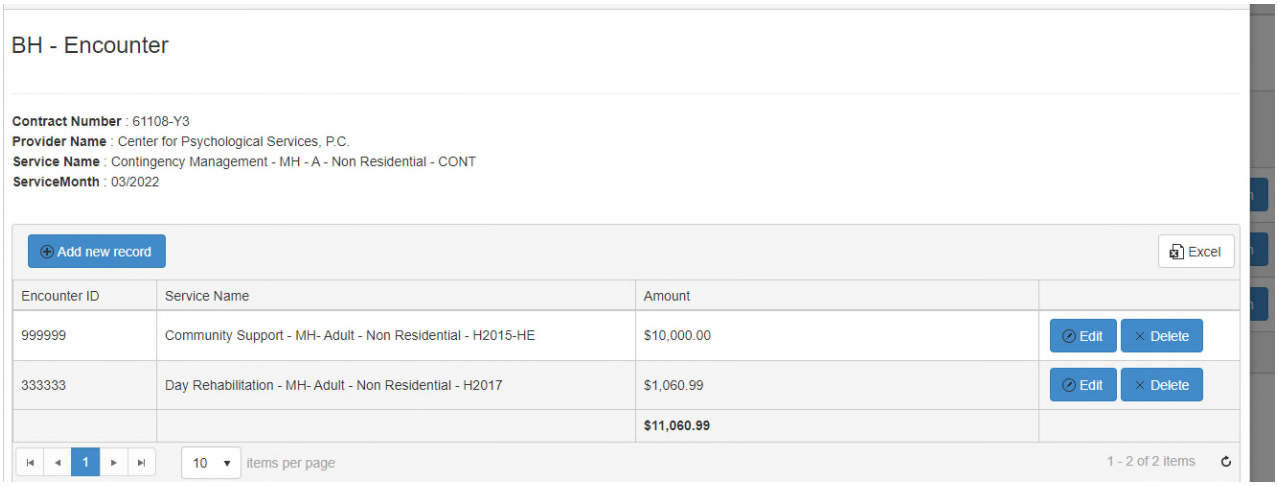


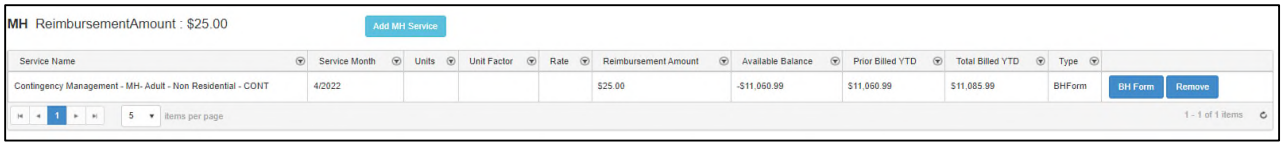
Encounter ID Field - is required and must match the Encounter ID that was assigned in CDS or Medicaid ID using the following: First two letters of first name, first two letters of last name, gender (M, F, U), 8 digit date CM added to treatment goal started (MM/DD/YYYY). Example: KAHAF06282022

Service Name Field - is required and can be selected from the drop down menu that must match the service for the encounter number. The list of services available is listed below.

Amount Field – this is an open field that will accept positive and negative numbers. We will be monitoring this closely.

When have completed all fields select Update. The reimbursement request will be add to the service line in the PRR.





When completed select **Close**

Service Detail - Contingency Management - MH - Adult - Non Residential
Assertive Community Treatment - MH- Adult - Non Residential - APRN - H0039
Assertive Community Treatment - MH- Adult - Non Residential - H0040
Community Support - MH- Adult - Non Residential - H2015-HE
Community Support - MH- Adult - Non Residential - H2016-HE
Day Rehabilitation - MH- Adult - Non Residential - H2017
Day Rehabilitation - MH- Adult - Non Residential - H2018
Day Support - MH- Adult - Non Residential - H2012-HB
Day Treatment - MH- Adult - Non Residential - H2012
Dual Disorder Residential - MH- Adult - Residential - H0018-HH
Intensive Community Services - MH- Adult - Non Residential - H0037
Medication Management - MH- Adult - Non Residential - 99213
Outpatient Psychotherapy - MH- Adult - Non Residential - Family - 90847
Outpatient Psychotherapy - MH- Adult - Non Residential - Group - 90853
Outpatient Psychotherapy - MH- Adult - Non Residential - Individual - 90834
Peer Support - MH- Adult - Non Residential - Group - H0038-HE
Peer Support - MH- Adult - Non Residential - Individual - H0038-HE
Psychiatric Residential Rehabilitation - MH- Adult - Residential - H2018-TG
Recovery Support - MH- Adult - Non Residential - H0038-HE
Secure Residential - MH- Adult - Residential - H2018-HK
Supported Housing - MH- Adult - Non Residential - H0044-HE
Supported Housing - MH- Adult - Non Residential - Trans Age 19-26 - H0044-HE

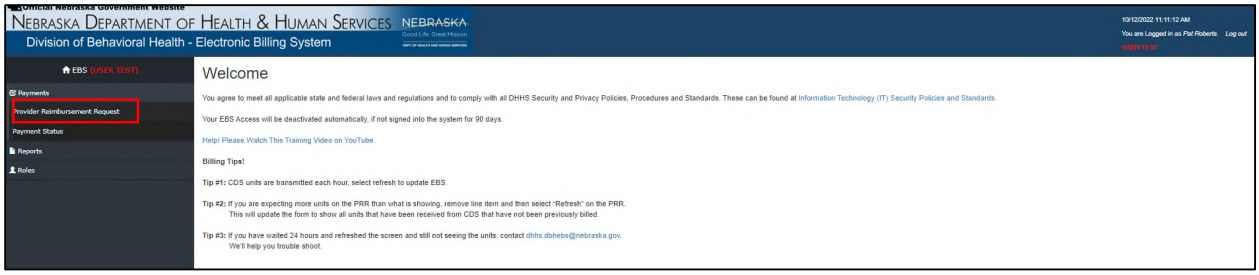
Service Detail - Contingency Management - MH - Youth - Non Residential
Medication Management - MH- Youth - Children - 99213
Multisystemic Therapy - MH- Youth - Children - H2033
Outpatient Psychotherapy - MH- Youth - Children - Family - 90847
Outpatient Psychotherapy - MH- Youth - Children - Group - 90853
Outpatient Psychotherapy - MH- Youth - Children - Individual - 90834
Peer Support - MH- Youth - Children - H0038-TJ
Professional Partner - MH- Youth - Children - H2021
Professional Partner - MH- Youth - Children - Traditional - H2021-TJ
Professional Partner - MH- Youth - Non Residential - Short Term - H2021-HA
Professional Partner - MH- Youth - Non Residential - Trans Age 19-26 - H2021-HB
Youth Transition Services - MH- Youth - Children - T2038

Service Detail - Contingency Management - SUD - Adult - Non Residential
Community Support - SUD- Adult - Non Residential - H2015-HF
Community Support - SUD- Adult - Non Residential - H2016-HF
Community Support - SUD- Adult - Non Residential - WSA - H2015-HF
Community Support - SUD- Adult - Non Residential - WSA - H2016-HF
Dual Disorder Residential - SUD- Adult - Residential - H0018-HH
Dual Disorder Residential - SUD- Adult - Residential - WSA - H0018-HH
Halfway House - SUD- Adult - Residential - H2034-HF
Halfway House - SUD- Adult - Residential - WSA - H2034-HF
Intensive Outpatient / Adult - SUD- Adult - Non Residential - H0015-HF
Intensive Outpatient / Adult - SUD- Adult - Non Residential - WSA - H0015-HF
Intermediate Residential - SUD- Adult - Residential - H0019-HF
Intermediate Residential - SUD- Adult - Residential - WSA - H0019-HF
Opioid Treatment Program (OTP) - SUD- Adult - Non Residential - H0020
Outpatient Psychotherapy - SUD- Adult - Non Residential - Family - 90847
Outpatient Psychotherapy - SUD- Adult - Non Residential - Group - 90853
Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - 90834
Peer Support - SUD- Adult - Non Residential - H0038-HF
Recovery Support - SUD- Adult - Non Residential - H0038-HF
Recovery Support - SUD- Adult - Non Residential - WSA - H0038-HF
Short Term Residential - SUD- Adult - Residential - H0018-HF
Short Term Residential - SUD- Adult - Residential - WSA - H0018-HF
Supported Housing - SUD- Adult - Non Residential - H0043-HF
Therapeutic Community - SUD- Adult - Residential - H2020-HF
Therapeutic Community - SUD- Adult - Residential - WSA - H2020-HF

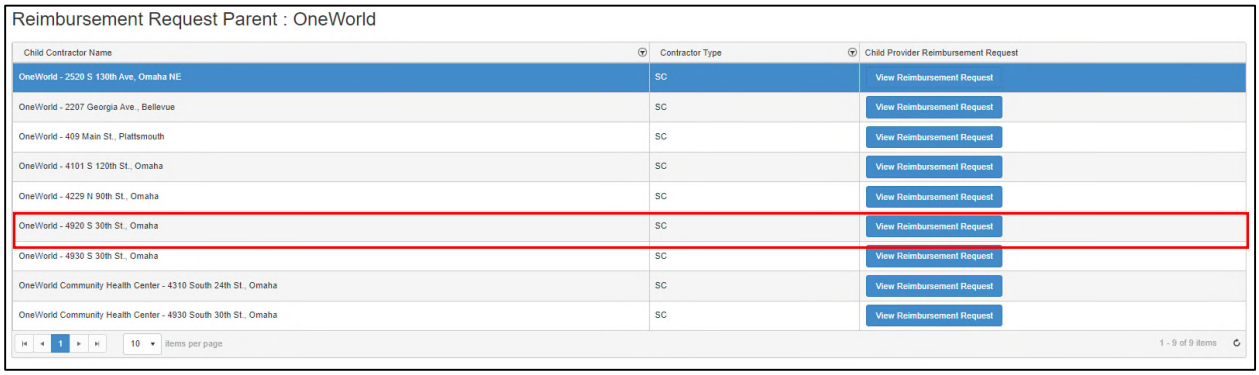
Service Detail - Contingency Management - SUD - Adult - Non Residential
Intensive Outpatient / Adult - SUD- Youth - Children - H0015-TJ
Outpatient Psychotherapy - SUD- Youth - Children - Family - 90847
Outpatient Psychotherapy - SUD- Youth - Children - Group - 90853
Outpatient Psychotherapy - SUD- Youth - Children - Individual - 90834
Youth Transition Services - SUD- Youth - Children - T2038

PAYMENT PROCESSING FOR SOR GRANT SERVICE DETAILS:

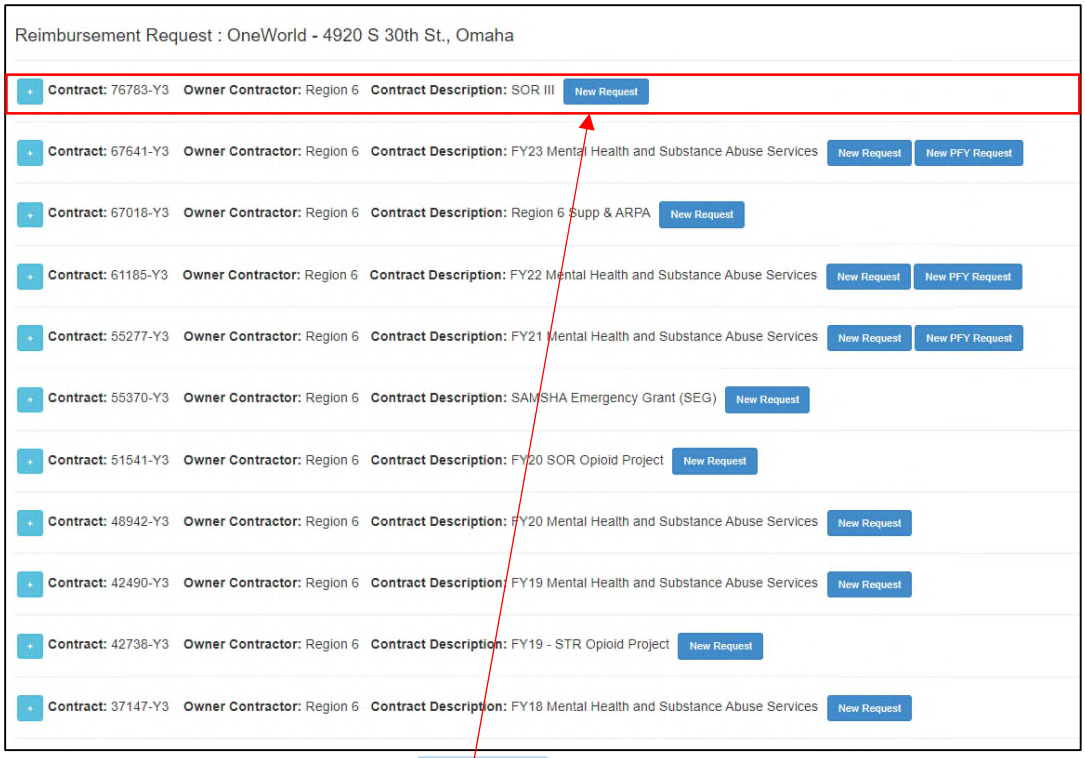
Medication Management – SUD – Opioid – SOR
Medication Management – SUD – Opioid
Opioid Lab & Med Treatment – SUD



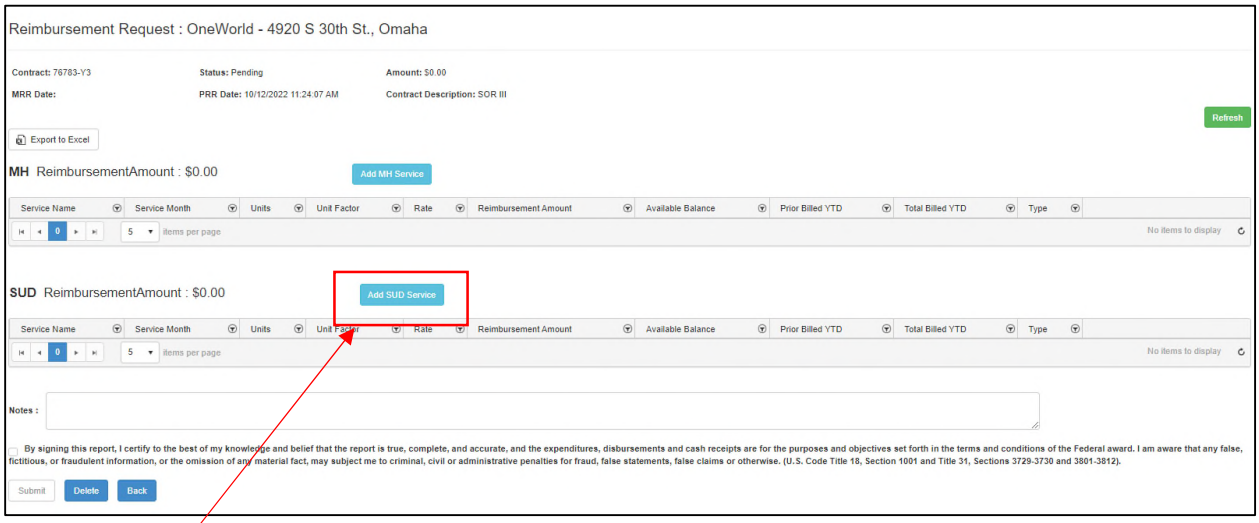
Select Provider Reimbursement Request



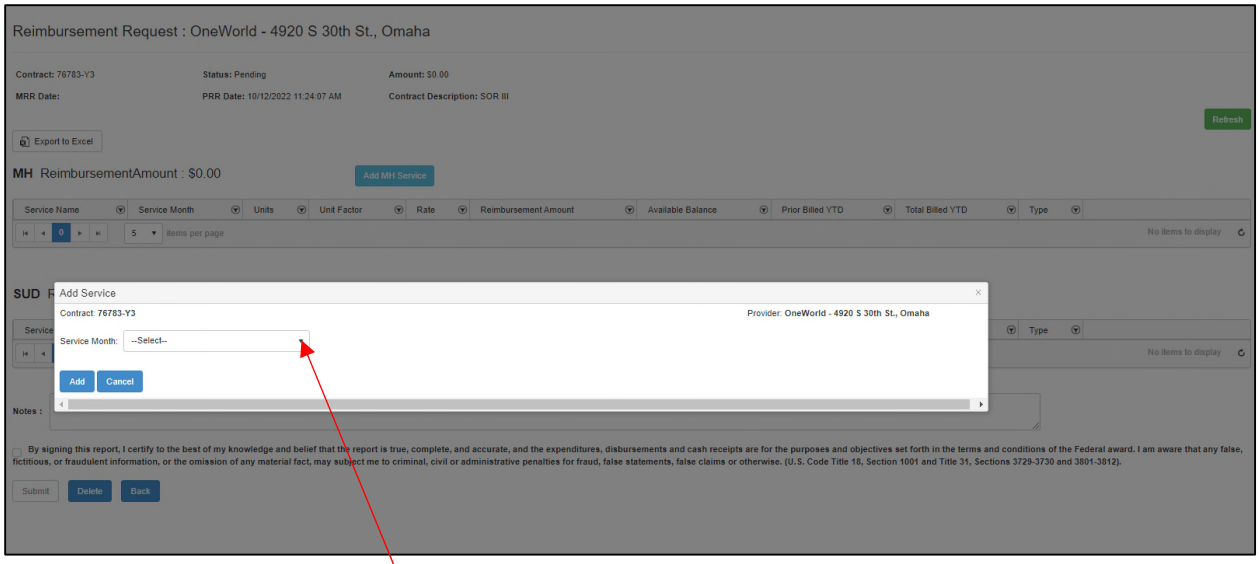
Select Provider Location, select View Reimbursement Request.



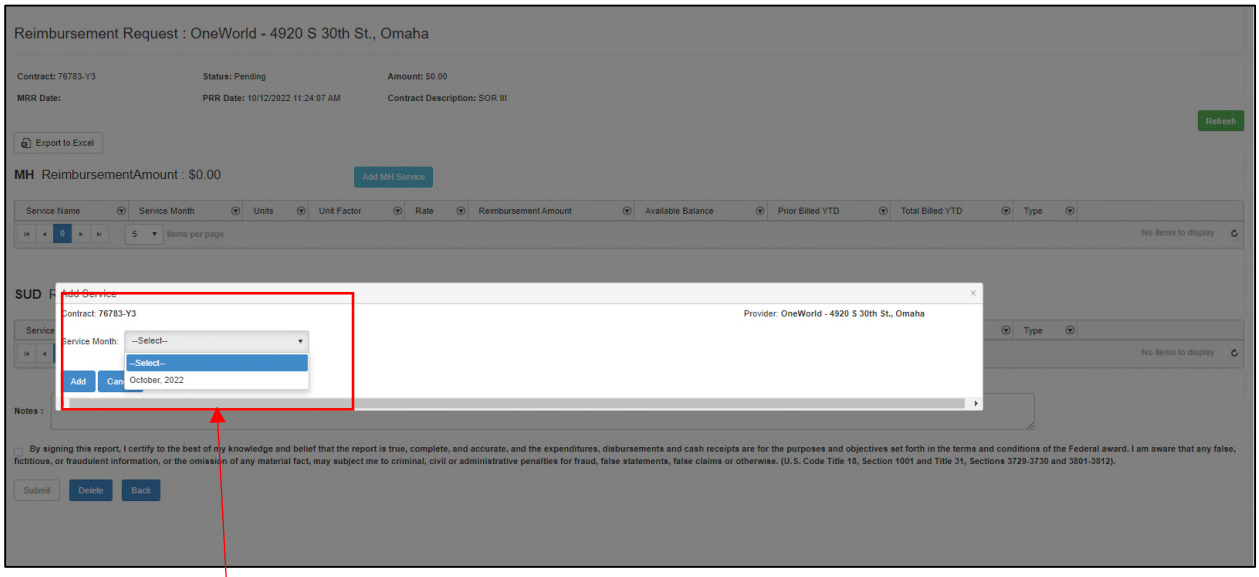
Select appropriate contract, select New Request



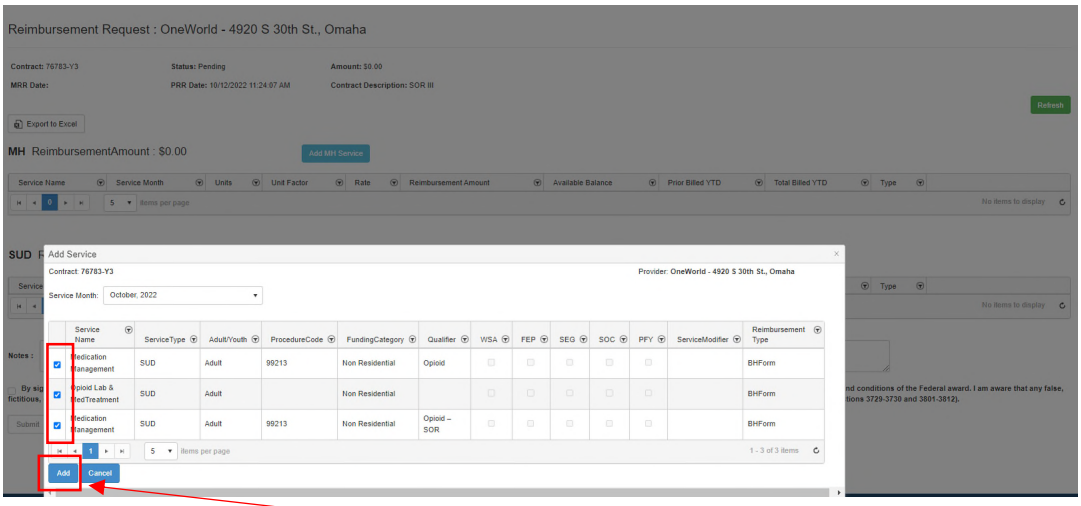
Select Add SUD Service



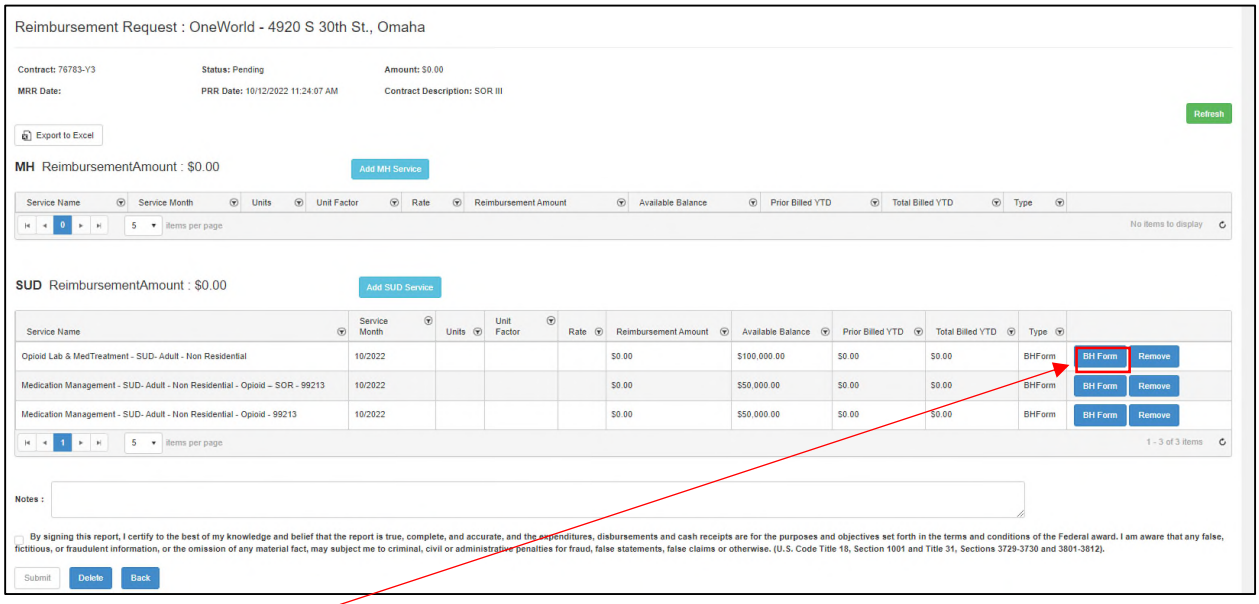
From service month select the arrow, the available months of the contact will display.



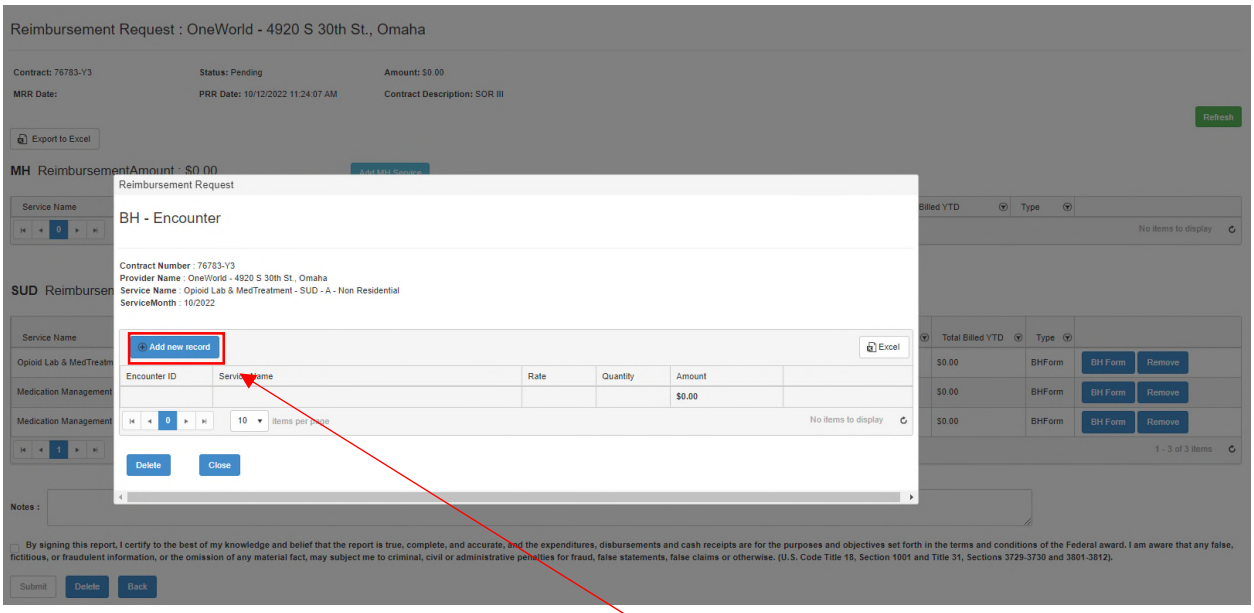
Select the appropriate month.

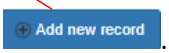


Select the box to the left of the service and then select **Add**, the services will auto-populate.

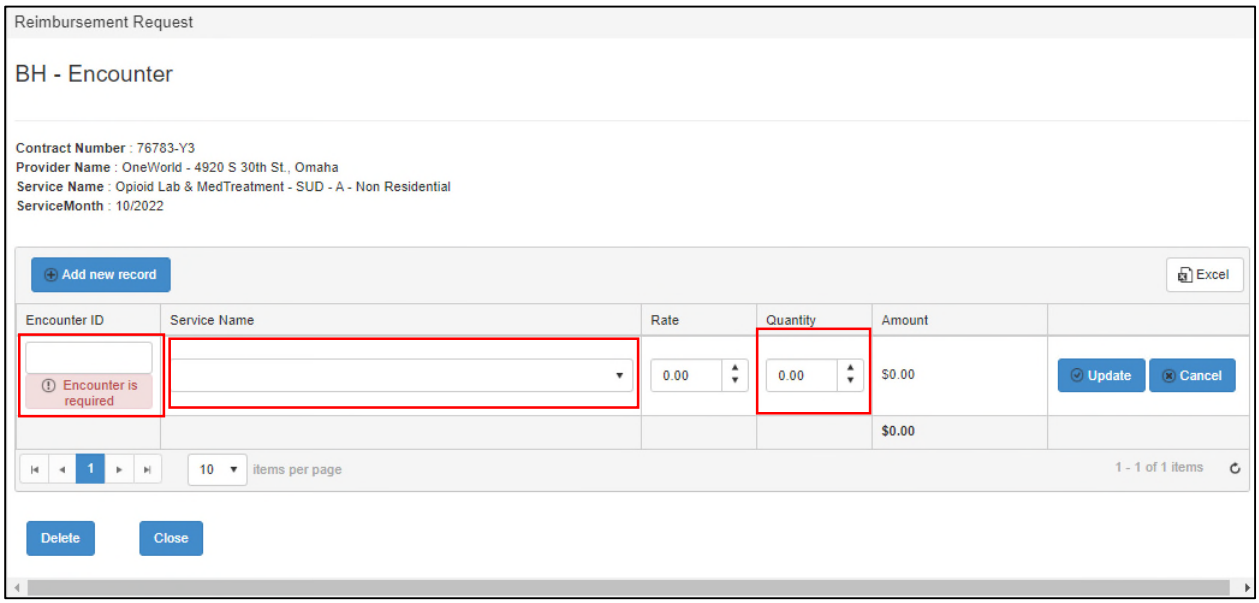


Select BH Form

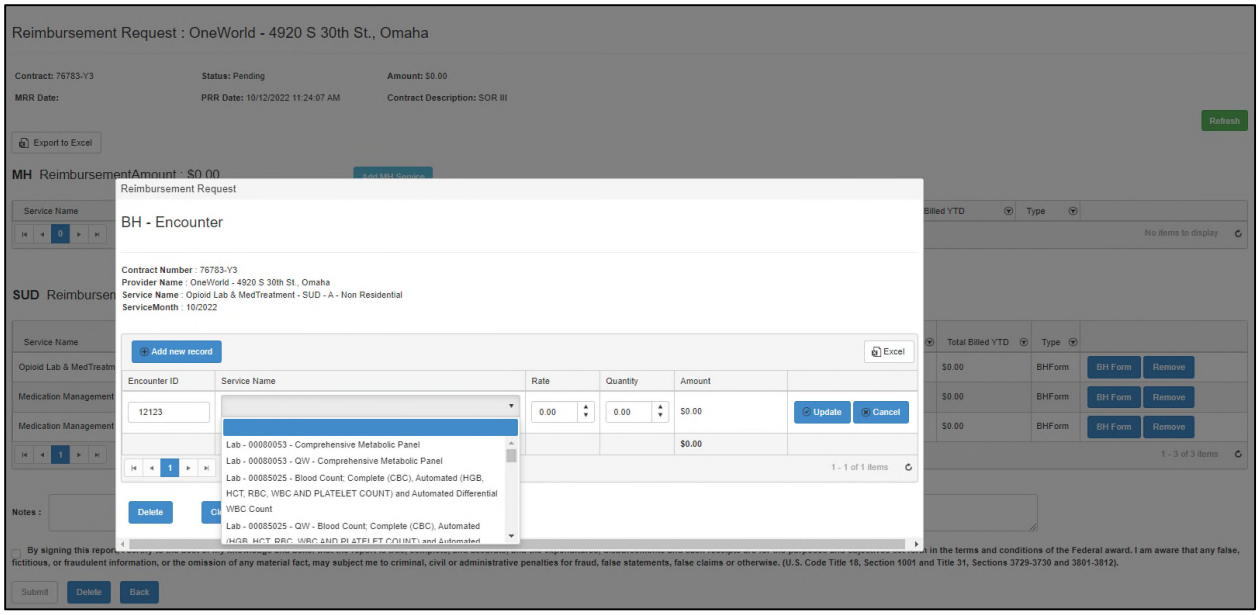


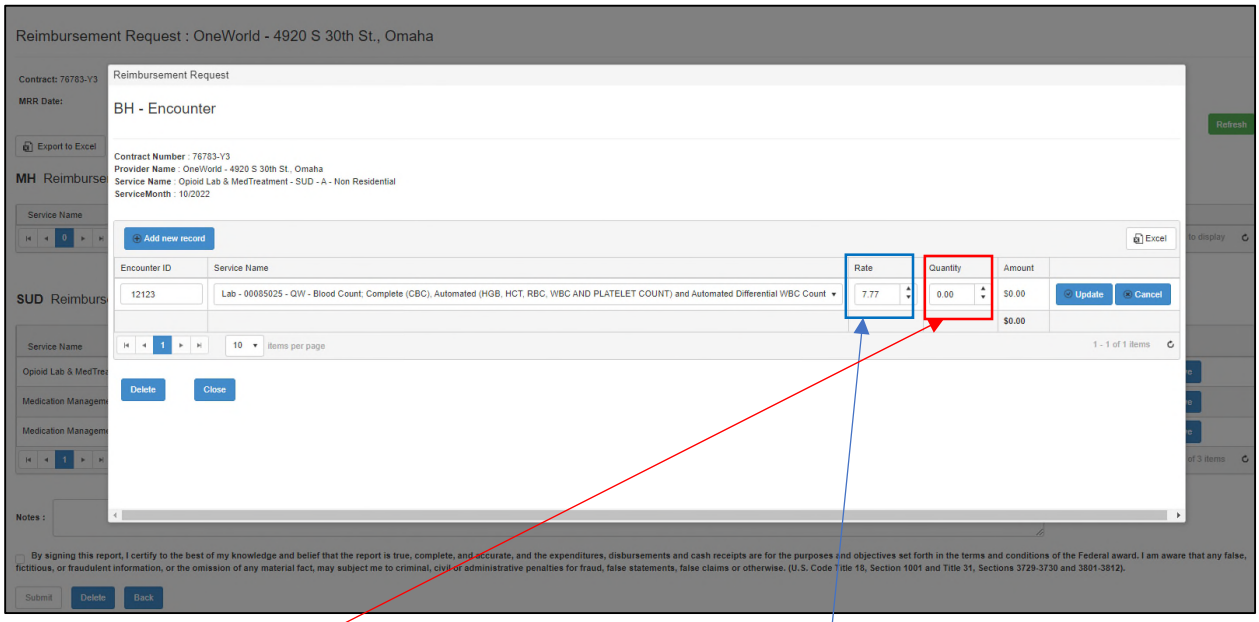
The BH – Encounter form will auto populate. Select 

.



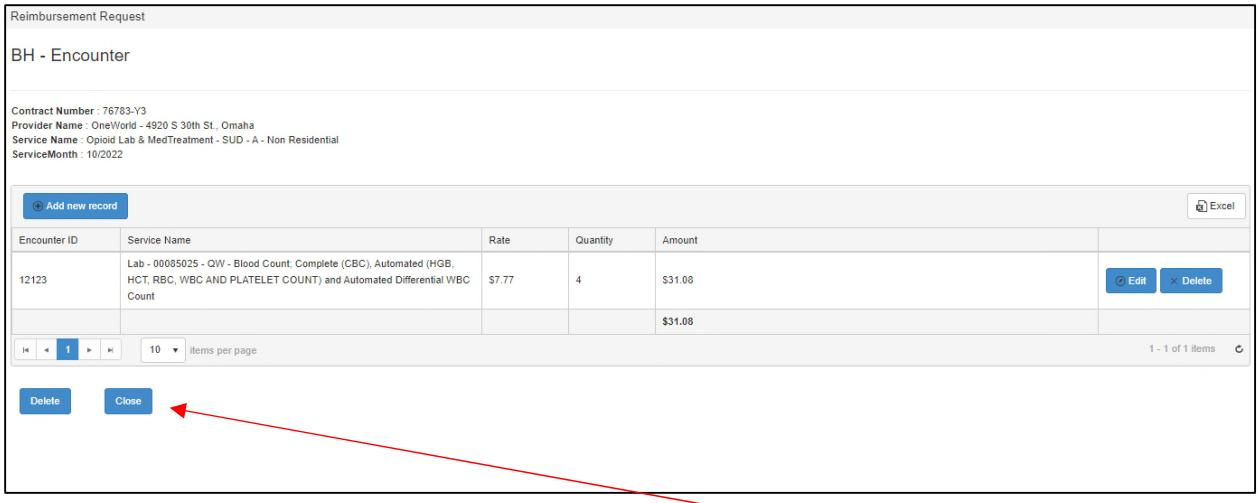
The following fields will auto populate. Encounter number is required and should correspond to the encounter number within CDS. Select the appropriate service from the dropdown menu, a full listing is provided at the end of this document.





Once a service is selected then the system will fill in the appropriate rate.

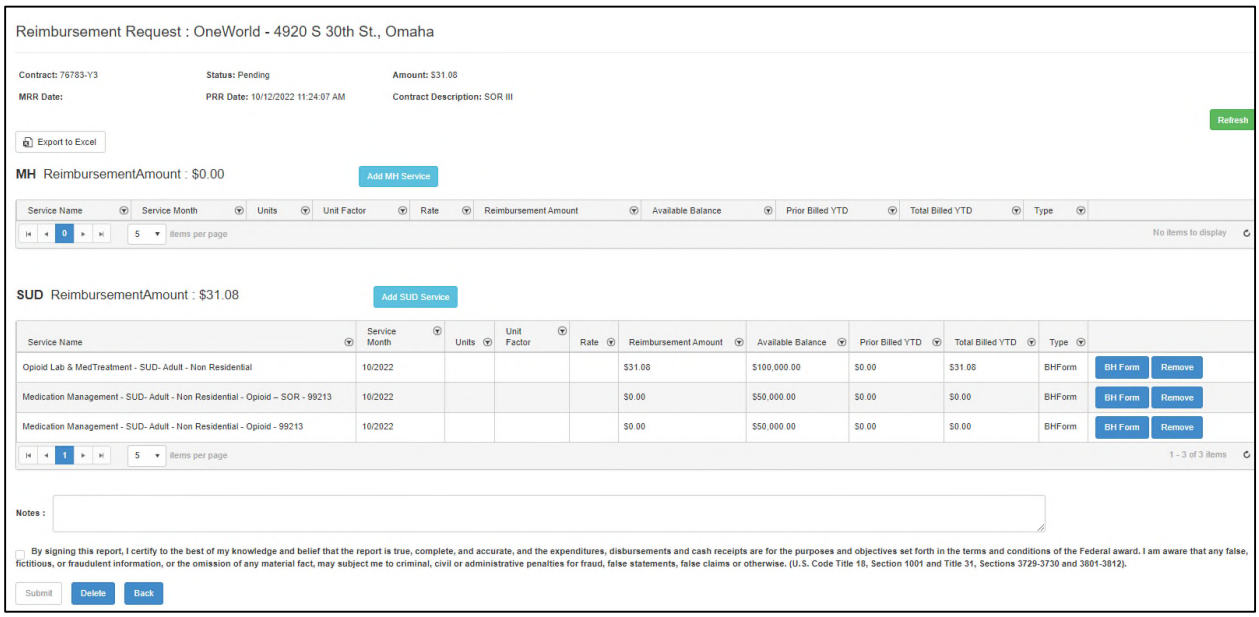
Enter the quantity amount, will only accept whole numbers. Select Update.



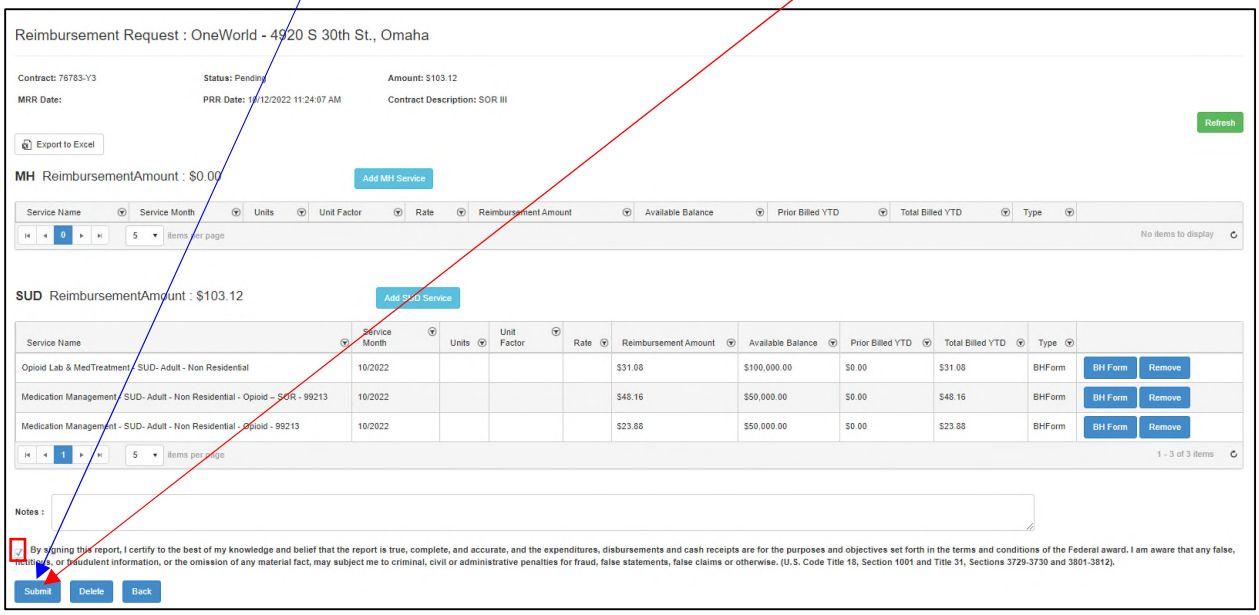
System will calculate the total of units multiplied by the rate. Select **Close**.

Repeat the same procedures for:

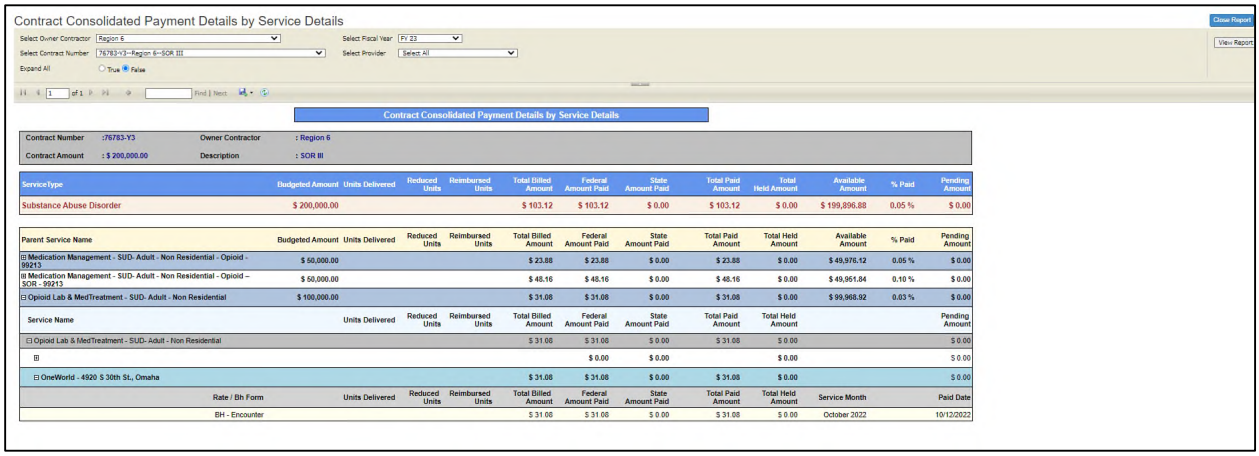
Medication Management - SUD – Opioid – SOR
Medication Management - SUD – Opioid



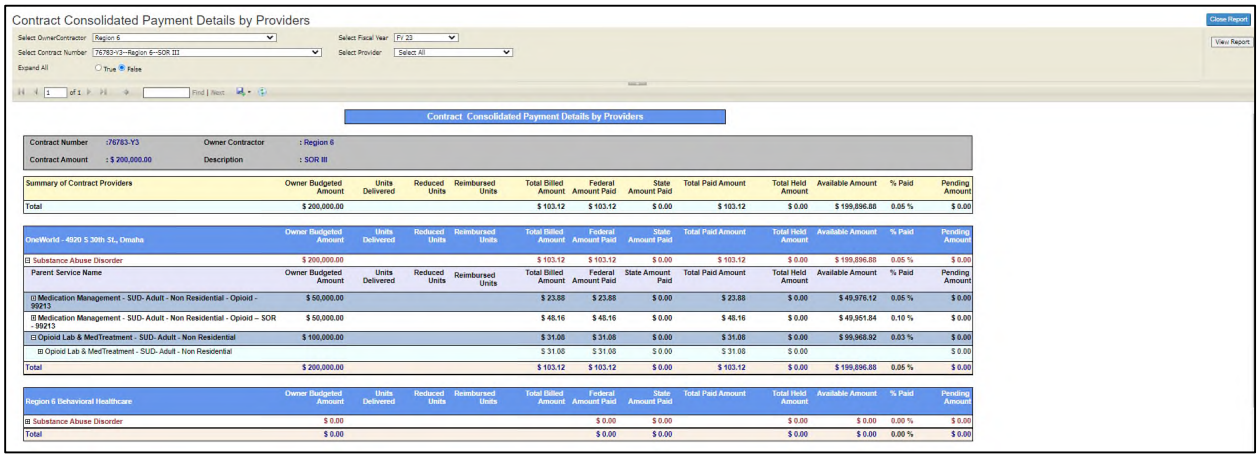
Once you have completed all the services for the payment request, select the indicator next to the attestation and then the Submit button will turn to blue to forward the PRR to the appropriate Region for review.



Consolidated by Service Detail Report



Consolidated by Provider Detail Report



Contract Consolidated Payment Details by Providers

Select OwnerContractor: Region 6 | Select Fiscal Year: FY 23 | Select Contract Number: 76783-Y3--Region 6--SOR III | Select Provider: Select All | Expand All: True / False

Contract Consolidated Payment Details by Providers

Contract Number: :76783-Y3 | Owner Contractor: : Region 6
Contract Amount: : $ 200,000.00 | Description: : SOR III

Summary of Contract Providers	Owner Budgeted Amount	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	Available Amount	% Paid	Pending Amount
Total	$ 200,000.00				$ 103.12	$ 103.12	$ 0.00	$ 103.12	$ 0.00	$ 199,896.88	0.05 %	$ 0.00

OneWorld - 4920 S 30th St., Omaha	Owner Budgeted Amount	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	Available Amount	% Paid	Pending Amount
⊟ Substance Abuse Disorder	$ 200,000.00				$ 103.12	$ 103.12	$ 0.00	$ 103.12	$ 0.00	$ 199,896.88	0.05 %	$ 0.00
Parent Service Name	Owner Budgeted Amount	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	Available Amount	% Paid	Pending Amount
⊞ Medication Management - SUD- Adult - Non Residential - Opioid - 99213	$ 50,000.00				$ 23.88	$ 23.88	$ 0.00	$ 23.88	$ 0.00	$ 49,976.12	0.05 %	$ 0.00
⊞ Medication Management - SUD- Adult - Non Residential - Opioid – SOR – 99213	$ 50,000.00				$ 48.16	$ 48.16	$ 0.00	$ 48.16	$ 0.00	$ 49,951.84	0.10 %	$ 0.00
⊟ Opioid Lab & MedTreatment - SUD- Adult - Non Residential	$ 100,000.00				$ 31.08	$ 31.08	$ 0.00	$ 31.08	$ 0.00	$ 99,968.92	0.03 %	$ 0.00
⊞ Opioid Lab & MedTreatment - SUD- Adult - Non Residential					$ 31.08	$ 31.08	$ 0.00	$ 31.08	$ 0.00			$ 0.00
Total	$ 200,000.00				$ 103.12	$ 103.12	$ 0.00	$ 103.12	$ 0.00	$ 199,896.88	0.05 %	$ 0.00

Region 6 Behavioral Healthcare	Owner Budgeted Amount	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	Available Amount	% Paid	Pending Amount
⊞ Substance Abuse Disorder	$ 0.00					$ 0.00	$ 0.00		$ 0.00	$ 0.00	0.00 %	$ 0.00
Total	$ 0.00					$ 0.00	$ 0.00		$ 0.00	$ 0.00	0.00 %	$ 0.00

Full Listing of Labs and Med services offered (Rate amounts are within the system and are updated annually if applicable):

EBS SOR Treatment setup

Encounter #	Lab/Med	Lab/Med	CPT	Rate	Quantity	Amt $
manually enter CDS encounter #	Dropdown option to select Lab or Medication	Dropdown option. If labs are selected then only labs show. If medication selected then only medications show	Auto populate based on selected Lab or Medication	Auto populate based on Medicaid approved rate	manually enter	Auto populate based on rate and quantity entered

Labs

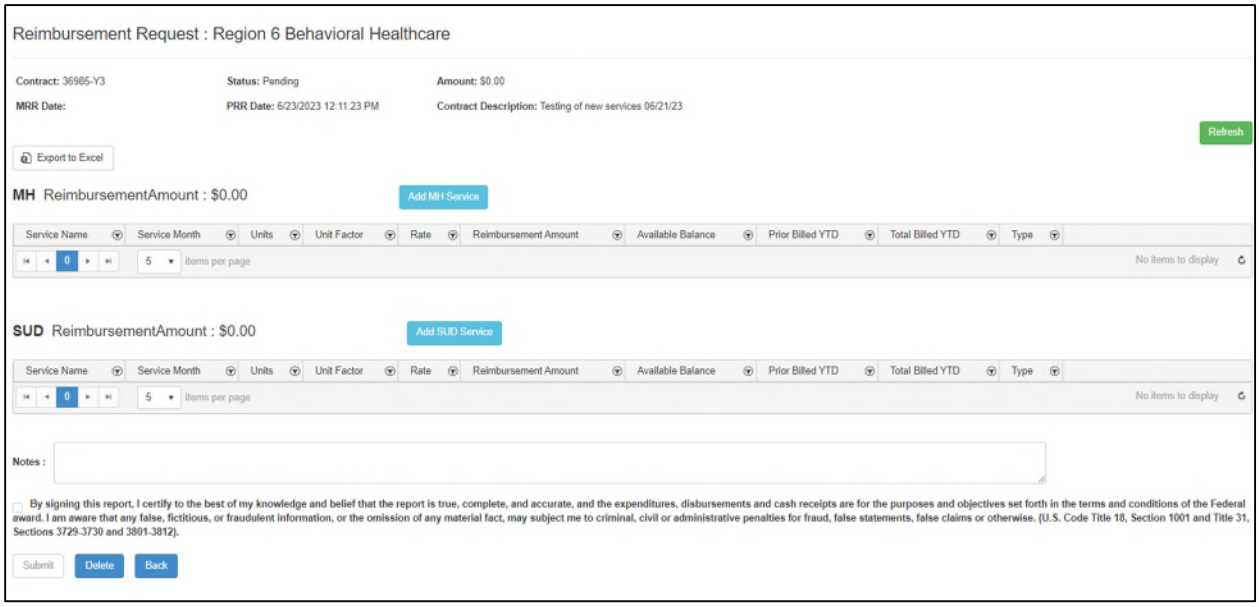
CPT	Lab Description	Rate	
00085025	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT) and Automated Differential WBC Count		
00085025	QW Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC, AND PLATELETCOUNT) and Automated Differential WBC Count		
00085027	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT)		
00080053	Comprehensive Metabolic Panel		
00080053	QW Comprehensive Metabolic Panel		
000G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING		
000G0475	QW HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING		
00086708	HEPATITIS A ANTIBODY (HAAB), TOTAL		
00086704	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL		
00086803	HEPATITIS C ANTIBODY; PART OF 80059		
00086803	QW HEPATITIS C ANTIBOTY; PART OF 80059		
00086804	HEPATITIS C ANTIBODY; CONFIMATORY TEST (EG, IMMUNOBLOT)		
000G0480	DRUG TEST(S),DEFINTIVE, UTILILZING DRUG IDENTIFICATION METHOD ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BTWN STRUCTUAL...PER DAY 1-7 DRU		
000G0481	DRUG TEST(S), DEFINTIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BTWN... DRUG TEST DEF 8-14 CLAS		
000G0482	DRUG TEST(S) DEFINTIVE, UTILIZING DRUG IDENTIFICAITON METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS BTWN STRUCTURAL ISOMERS... 15-21 DDRUG CLASSE(ES)		

Medication

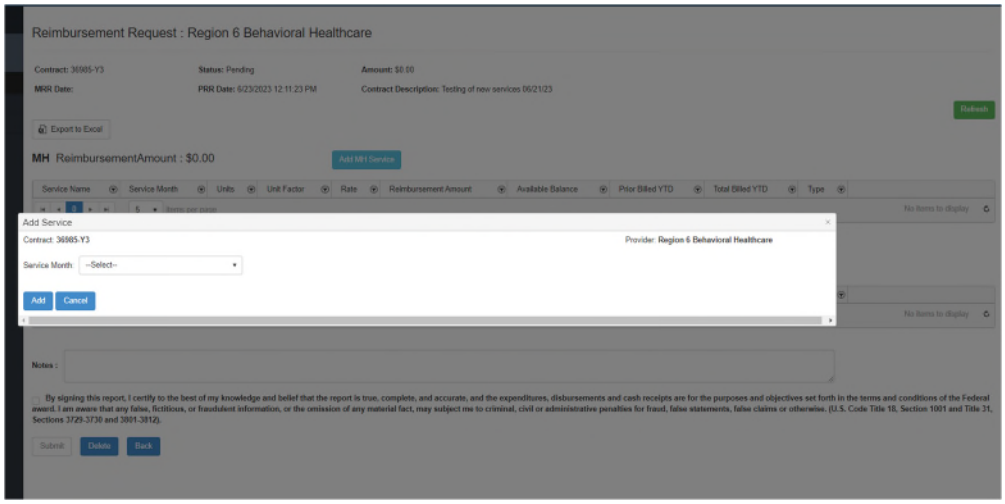
CPT	Lab Description	Rate
	Buprenorphine Tab 2 mcg	
	Buprenorphine Tab 8 mg	
	Buprenorphine Film 300 mcg	
	Buprenorphine Film 450 mcg	
	Buprenorphine Film 600 mcg	
	Buprenorphine Film 750 mcg	
	Buprenorphine Film 900 mcg	
	Buprenorphine Patch 5 mcg	
	Buprenorphine Patch 7.5 mcg	
	Buprenorphine Patch 10 mcg	
	Buprenorphine Patch 15 mcg	
	Buprenorphine Patch 20 mcg	
	Buprenorphine/Naloxone Film 2-0.5 mg	
	Buprenorphine/Naloxone Film 12-3 mg	
	Buprenorphine/Naloxone Film 4-1 mg	
	Buprenorphine/Naloxone Film 8-2 mg	
	Buprenorphine/Naloxone Tab 2-.5 mg	
	Buprenorphine/Naloxone Tab 8-2 mg	
	Naltrexone 50 mg tablet	
	Naltrexone .1 mg injection (Realistor) - rate based on .6 syringe	
	Naltrexone 380 mg depot form (Vivitrol	
	Suboxone Film 12-3mg	
	Suboxone Film 2-.5 mg	
	Suboxone Film 4-1 mg	
	Suboxone Film 8-2 mg	
	Zubsolv	
	Dispensing Fee per Prescription	

FLEX FUNDS – BH FORM

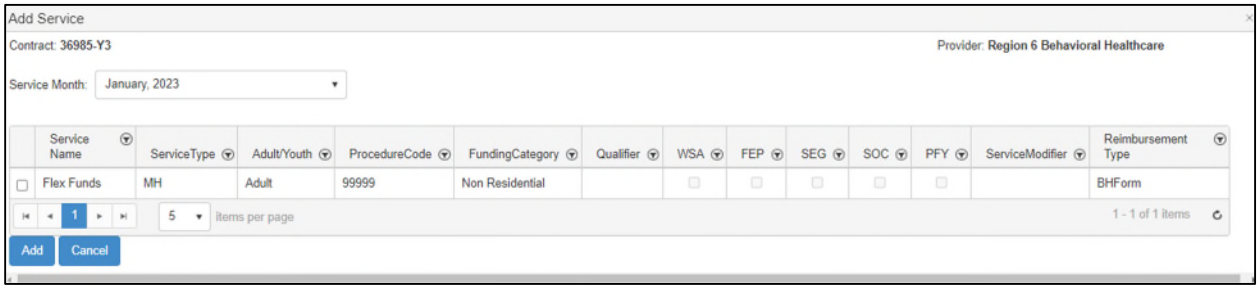
Create PRR by selecting New Request next to the appropriate contract.



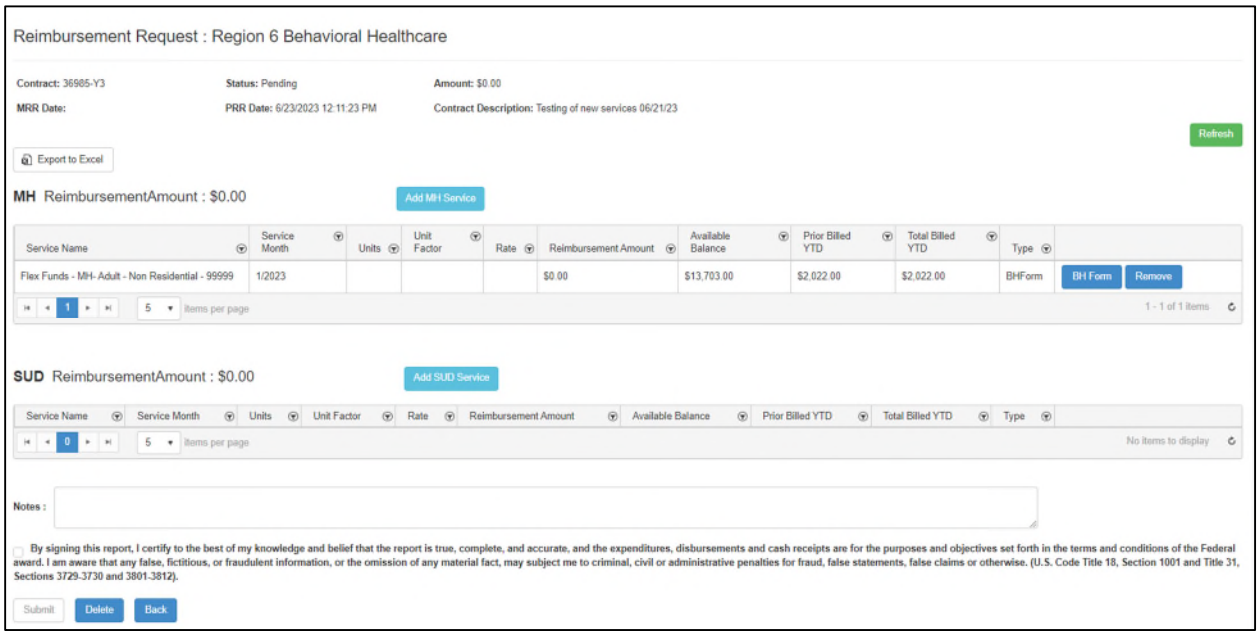
Select Add MH Service to select service month.



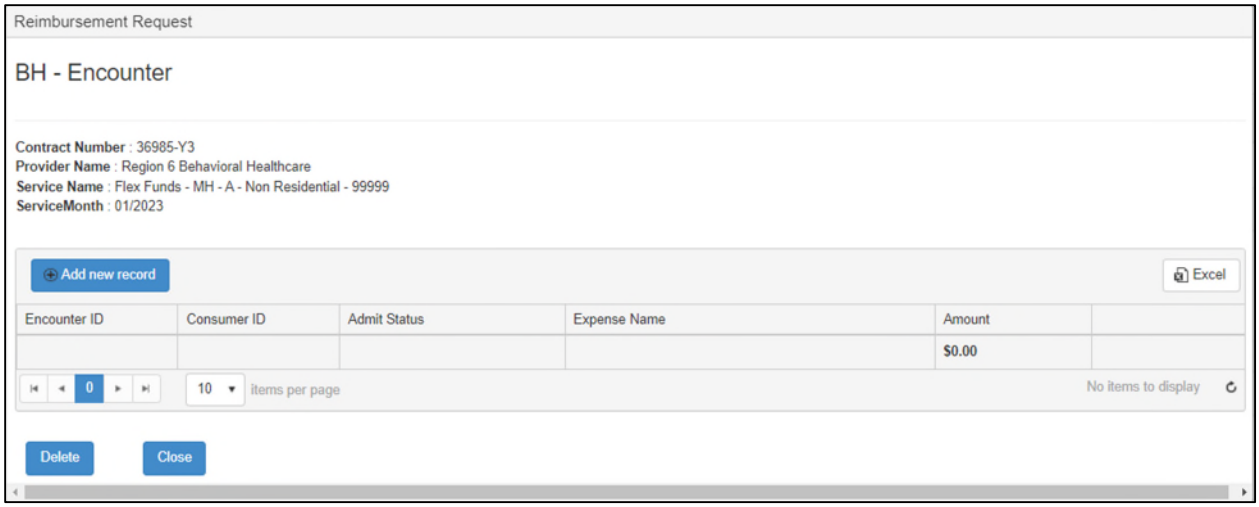
System will populate any expense base service(s) that are eligible to bill for the month selected.

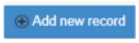


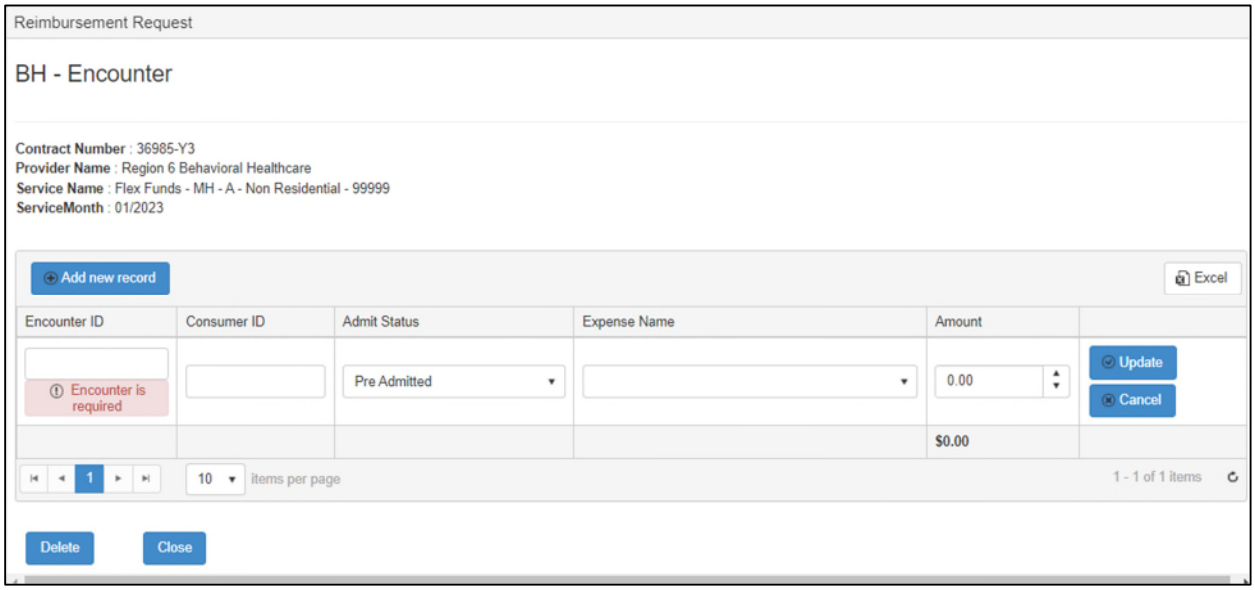
Select indicator and Add, system will populate service line to be completed.



Select BH Form to open reimbursement request to complete for each encounter/consumer.



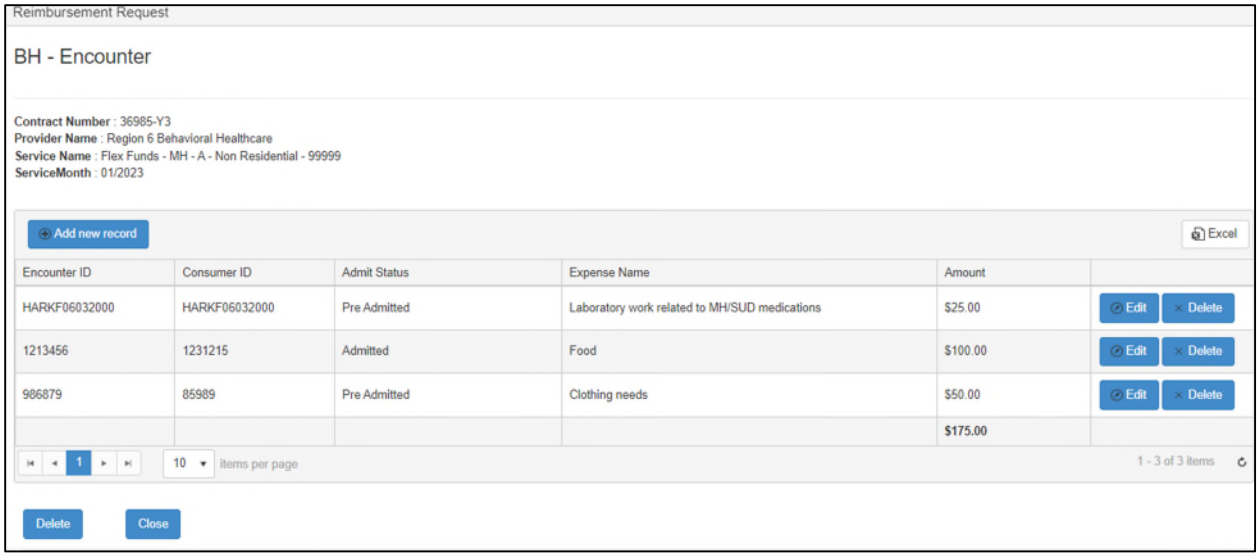
Select 



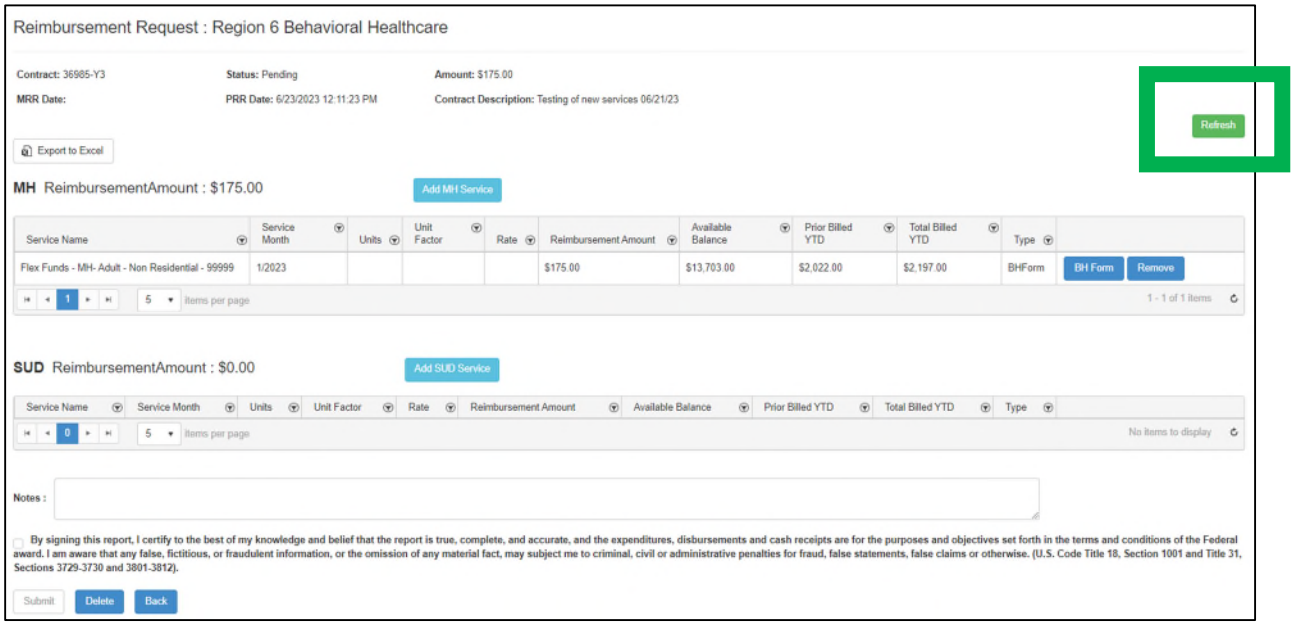
The fields will open for data to be entered.

Encounter number – must match from CDS or Medicaid ID. Prefer CDS number.
Consumer ID – must match from CDS or Medicaid ID
Admit Status – Pre Admitted or Admitted
Expense Name (service) – as stated in the NOMs manual
Amount – enter the dollar amount to be paid or refunded.

Once completed all fields select 

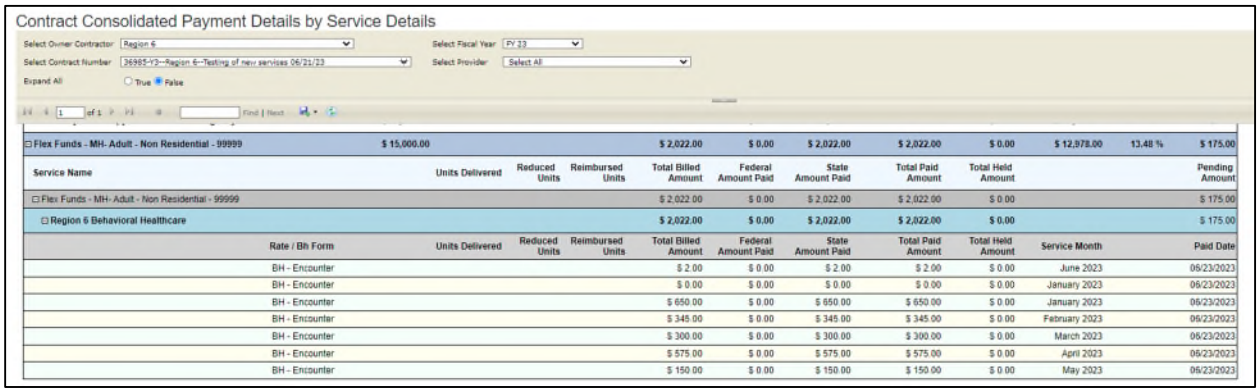


When completed all request for the service month you have the option to Delete, which will erase all data entered or select Close to add the request to the PRR. Can add additional request until the PRR is submitted by selecting BH Form on the PRR screen.



REMINDER – If any units from CDS have not been brought over and should be to complete the PRR request for the month, the **Green Refresh** Refresh button must be selected to update the PRR prior to submitting. Can add additional request until the PRR is submitted by selecting BH Form on the PRR screen.

REPORTS:



Contract Consolidated Payment Details by Service Details

Select Owner Contractor: Region 6 | Select Fiscal Year: FY 23

Select Contract Number: 36985-Y3--Region 6--Testing of new services 06/21/23 | Select Provider: Select All

Expand All: True / False

1 of 1 | Find | Next

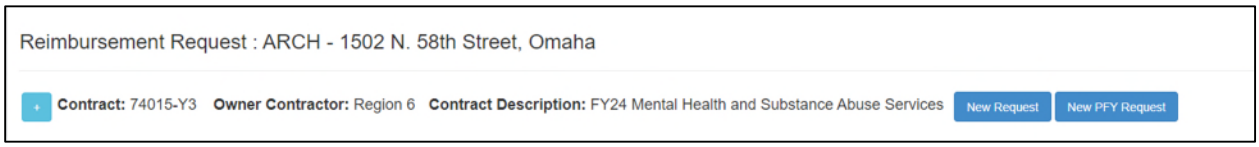
Service Name	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount			Pending Amount
⊟ Flex Funds - MH- Adult - Non Residential - 99999 $ 15,000.00				$ 2,022.00	$ 0.00	$ 2,022.00	$ 2,022.00	$ 0.00	$ 12,978.00	13.48 %	$ 175.00
⊟ Flex Funds - MH- Adult - Non Residential - 99999				$ 2,022.00	$ 0.00	$ 2,022.00	$ 2,022.00	$ 0.00			$ 175.00
⊟ Region 6 Behavioral Healthcare				$ 2,022.00	$ 0.00	$ 2,022.00	$ 2,022.00	$ 0.00			$ 175.00

Rate / Bh Form	Units Delivered	Reduced Units	Reimbursed Units	Total Billed Amount	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	Service Month	Paid Date
BH - Encounter				$ 2.00	$ 0.00	$ 2.00	$ 2.00	$ 0.00	June 2023	06/23/2023
BH - Encounter				$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	January 2023	06/23/2023
BH - Encounter				$ 650.00	$ 0.00	$ 650.00	$ 650.00	$ 0.00	January 2023	06/23/2023
BH - Encounter				$ 345.00	$ 0.00	$ 345.00	$ 345.00	$ 0.00	February 2023	06/23/2023
BH - Encounter				$ 300.00	$ 0.00	$ 300.00	$ 300.00	$ 0.00	March 2023	06/23/2023
BH - Encounter				$ 575.00	$ 0.00	$ 575.00	$ 575.00	$ 0.00	April 2023	06/23/2023
BH - Encounter				$ 150.00	$ 0.00	$ 150.00	$ 150.00	$ 0.00	May 2023	06/23/2023

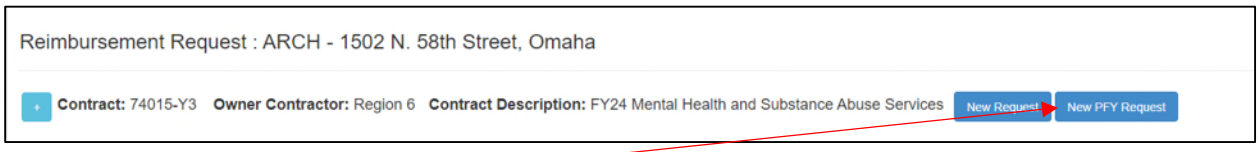
Additional reporting that will display all the encounter/consumer will coming soon, stay tuned.

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

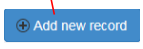
The billing guidelines are provided in the Network Operations Manual under Billing Basics.

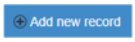


When there is service(s) for previous fiscal year the New PFY Request Button will appear to be selected. If there is no New PFY Request button for that provider then they do not have any service(s) details for previous fiscal year to process a payment request. To request a service detail for PFY be added all request must go through the appropriate Region contact. Once the form/service has been added a notification will be received that can begin the PRR process.



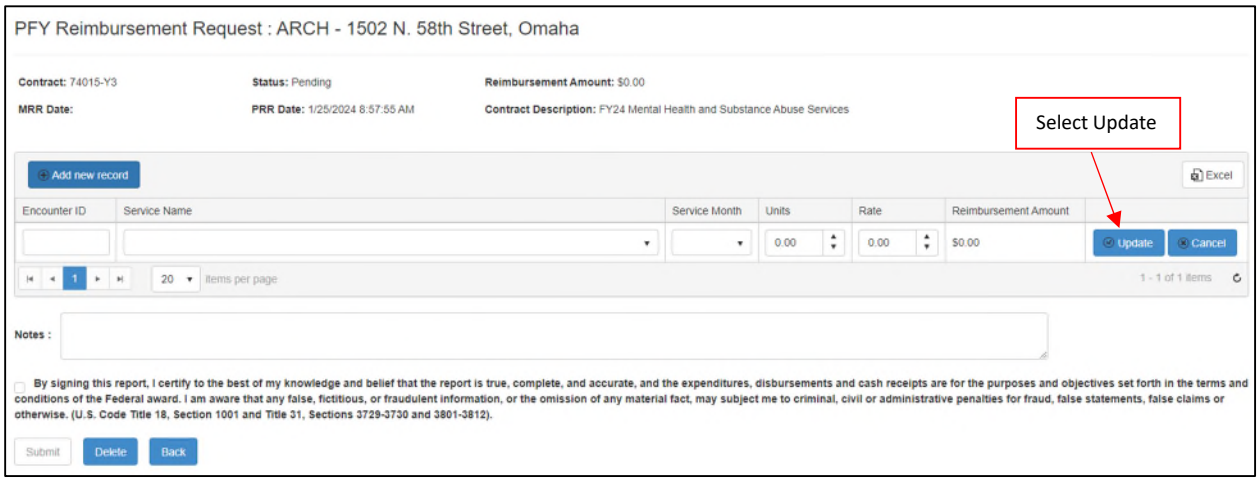
Select New PFY Request

Select 

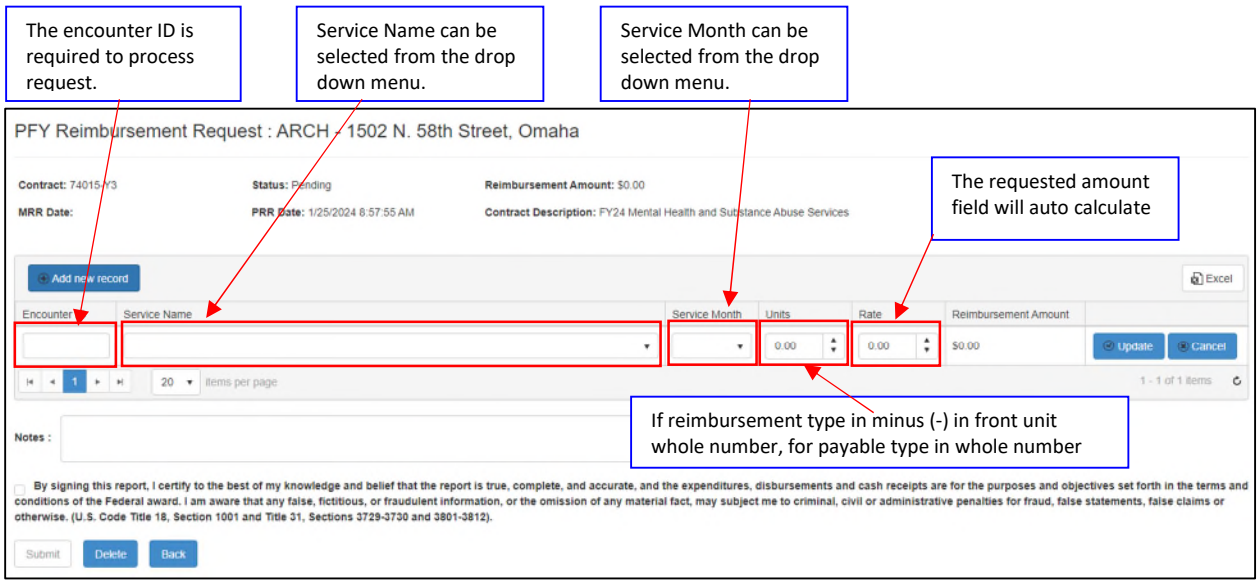
Once 

is selected the system will populate a row that will allow additional fields to be completed to process the payment request.

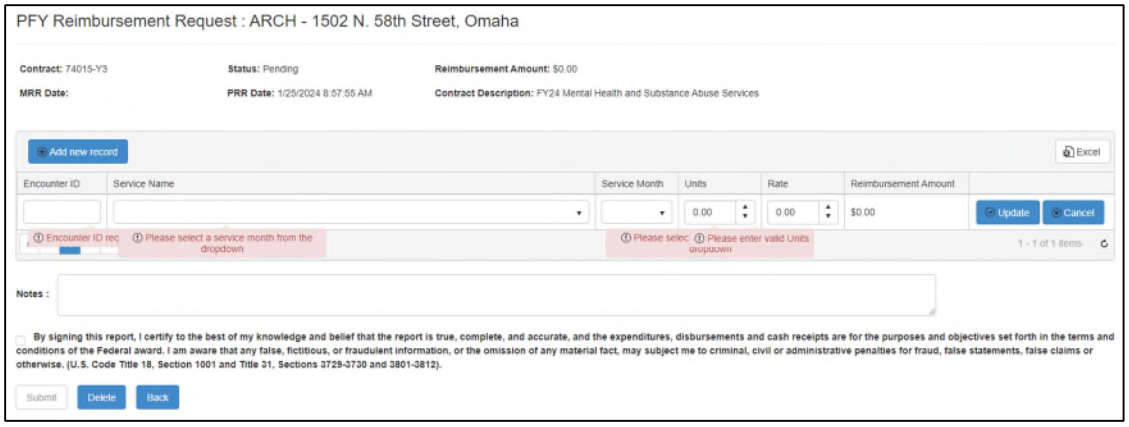
The fields that are required will be highlighted.

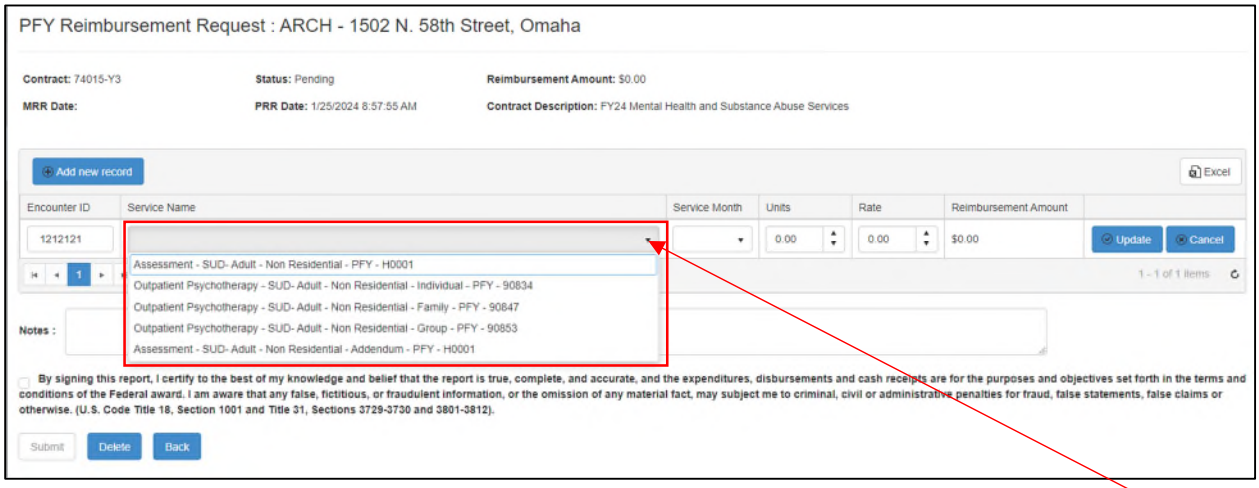


The fields that are required will be highlighted.

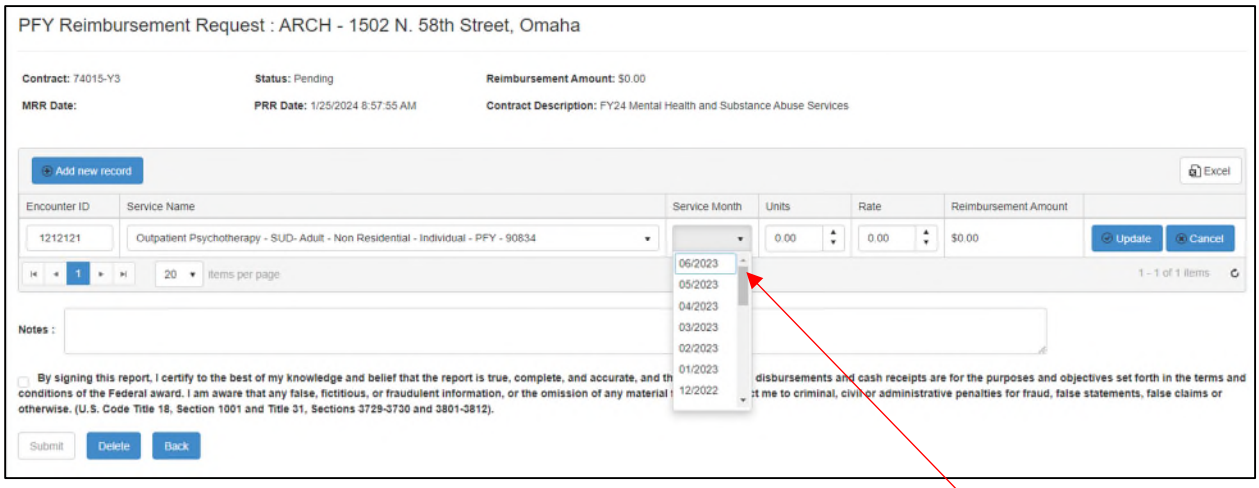


If a field is not filled in appropriately the system will populate a message alerting the information is required.

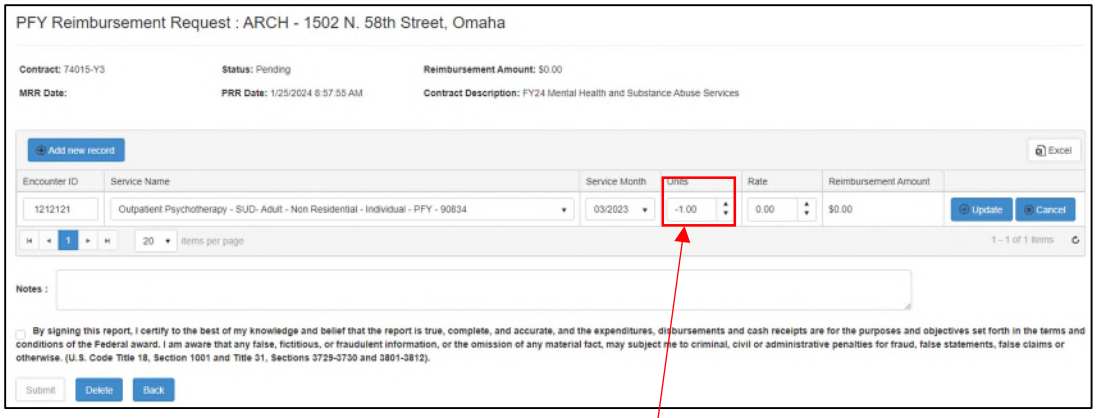




Any service detail that has been approved and assigned to the contract will display in the drop down menu under the service name. If the service you are trying to bill/credit for is not listed please contact the appropriate Region to request the service to be added. Once the forms have been submitted and approved a notification will be sent that the service can be processed.



Select the appropriate billing month from the Service Month drop down menu.



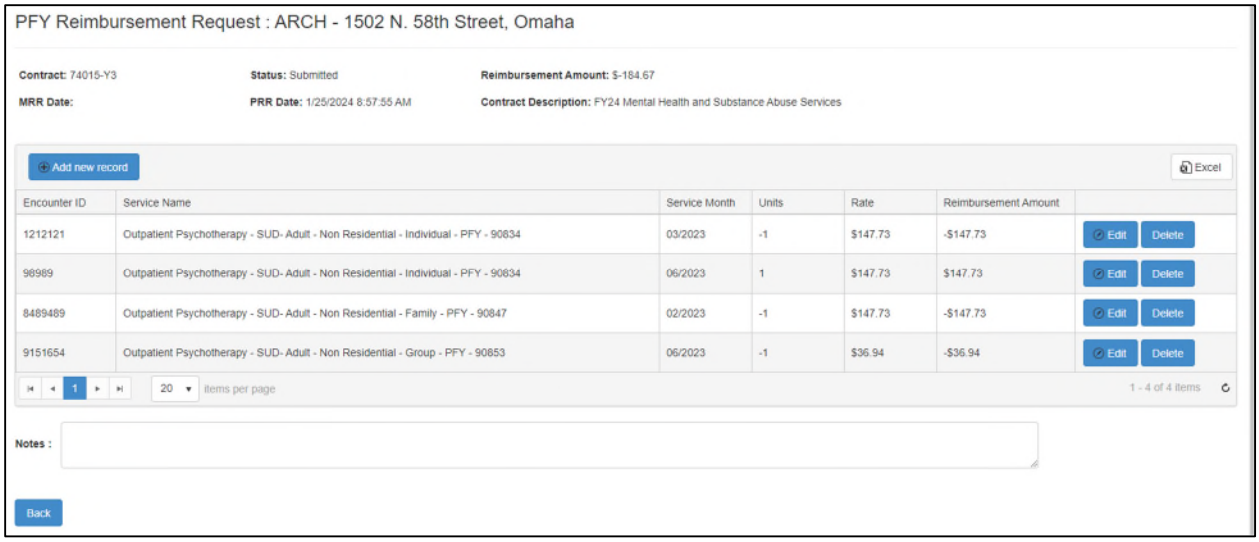
If this payment is a payback remember to put a minus (-) sign in front of the number.

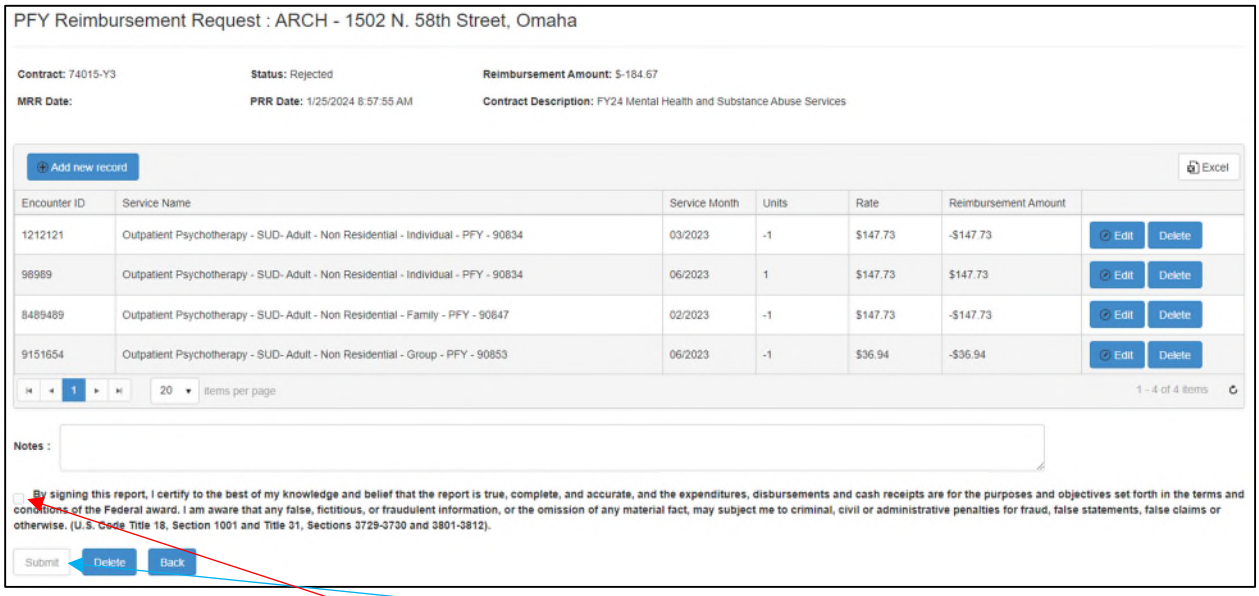
Enter the appropriate rate, the rates can be viewed on the Consolidated Payment Summary by Service Details Report or Consolidated Payment Details by Providers Report. Can be found in EBS/Reports/Payment Reports

In the example below there is one encounter being request to pay and the remaining are paybacks because other sources paid for the consumer services.

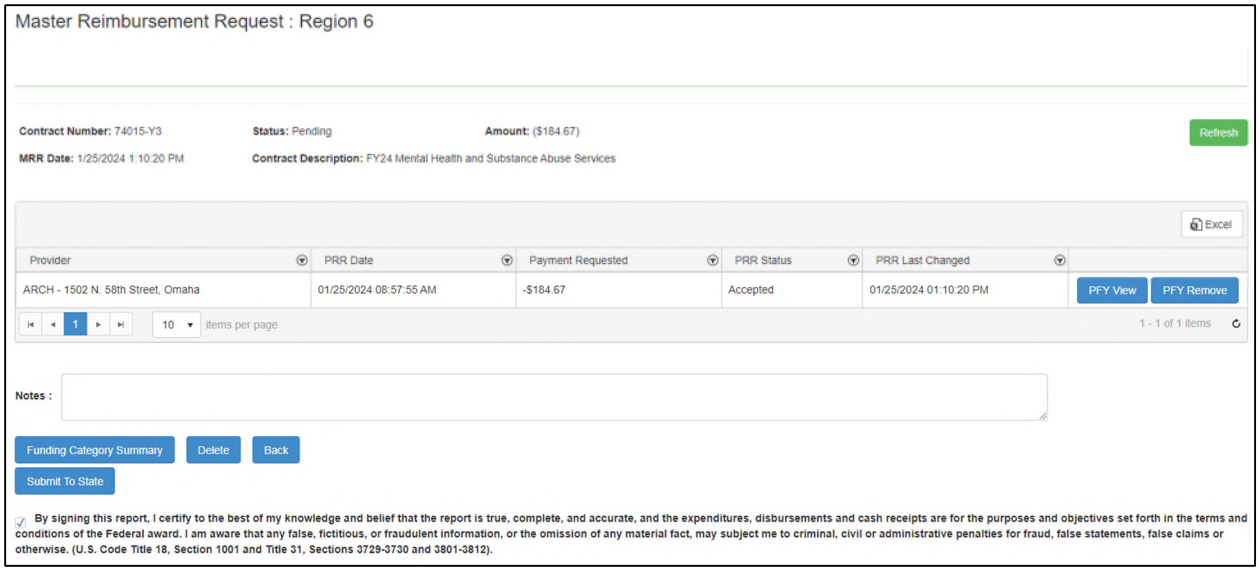
As seen in the example below that there is Outpatient Psychotherapy – MH- Adult for the Individual rate and group rate. The system has one budget line Outpatient Psychotherapy for Individual, Family, and Group (each qualifier).

The appropriate rate should be entered, if unsure you can view previous billing through the report section.



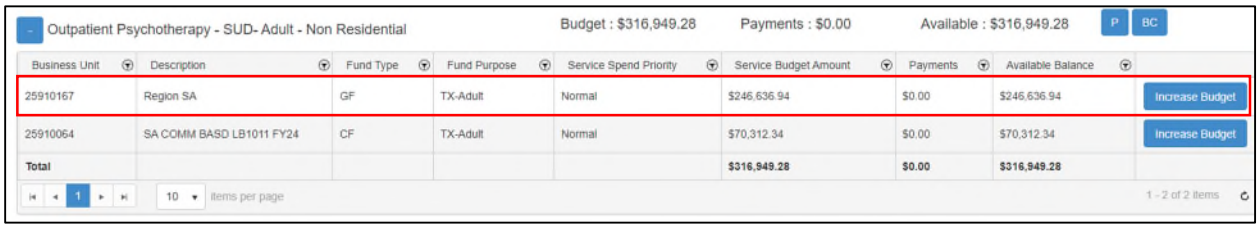


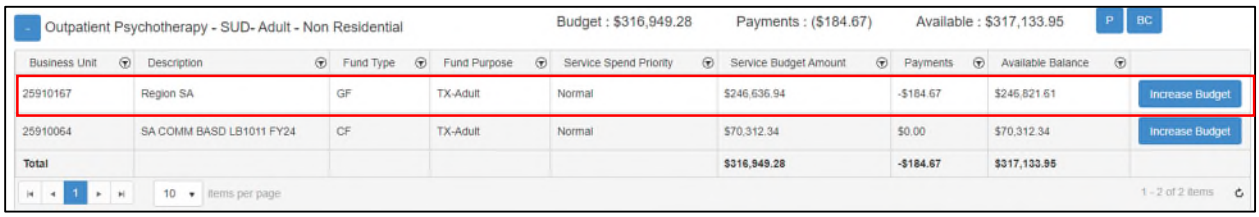
Once completed select the attestation box and submit to Owner Contractor/Region.



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

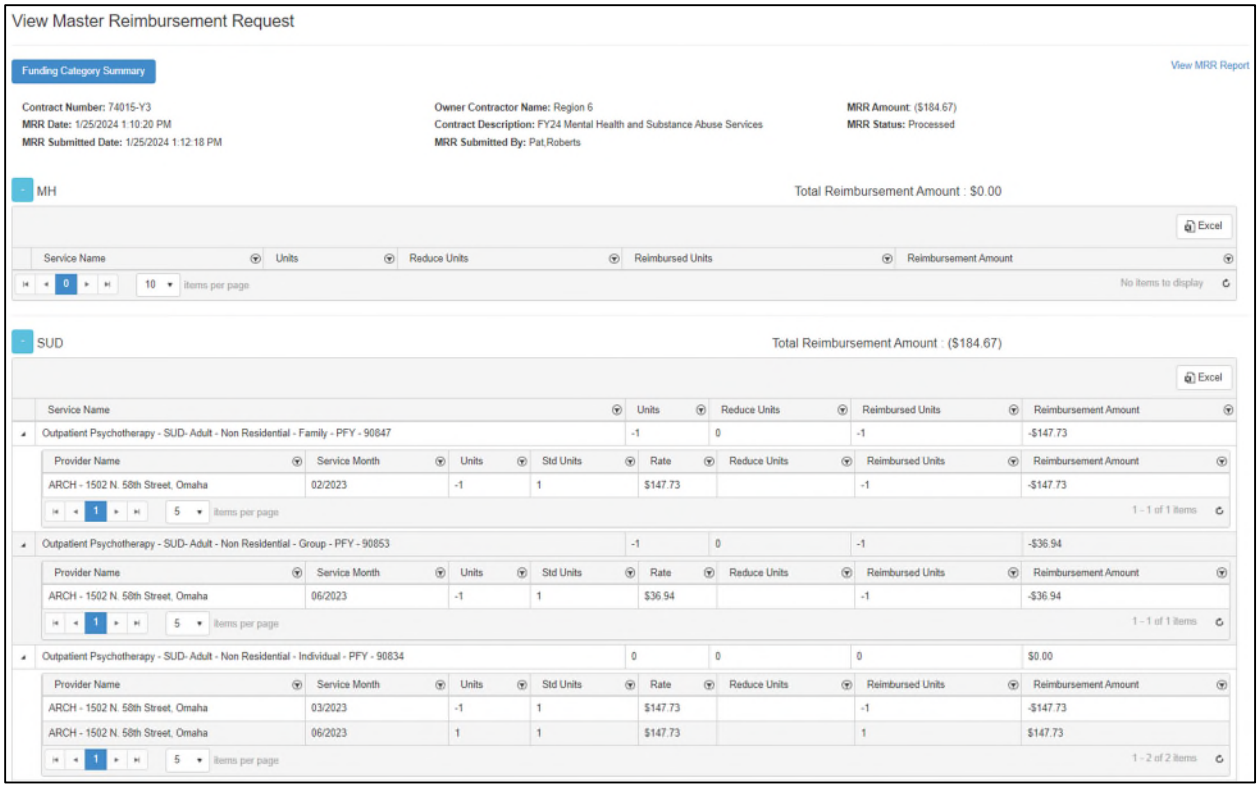
The PFY will be increasing/decreasing the General Fund only. View before payment processed.





After payment processed the available amount increase by $184.67 and the payments are decreased by ($184.67). Note since there were no prior payments it is displaying the credit payment that was applied.

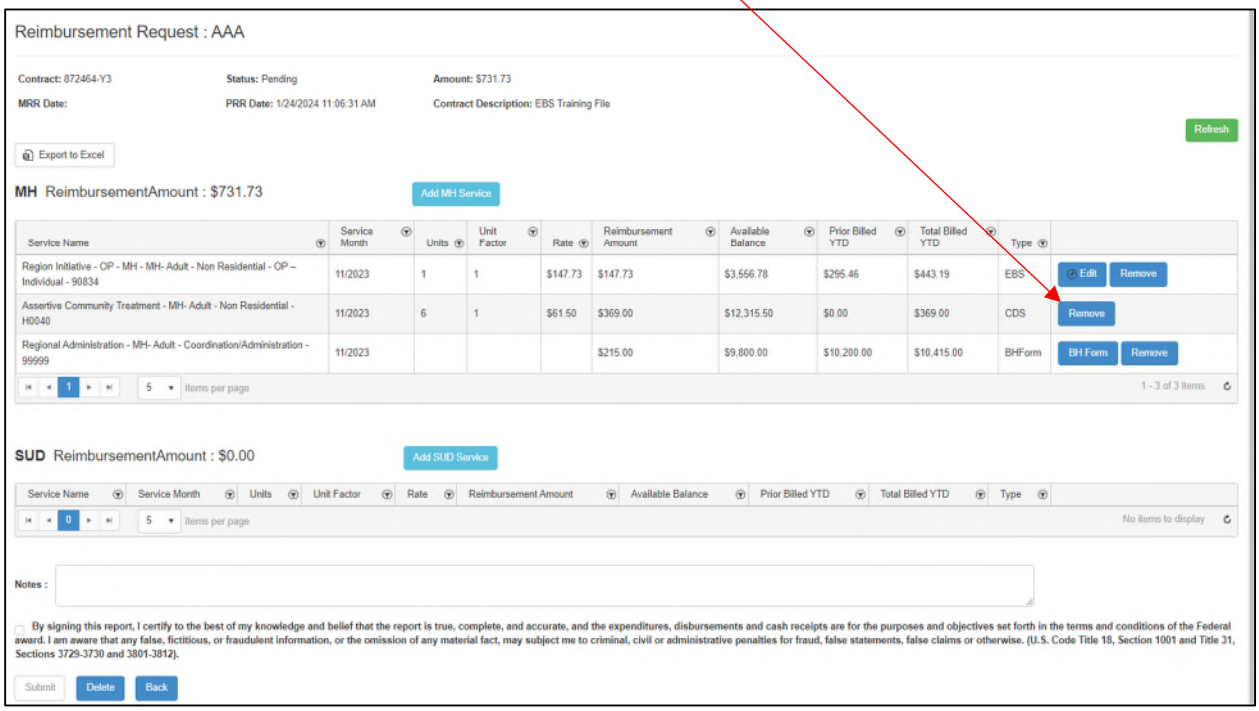
The Master Reimbursement Summary displays all services and amounts that were processed.


View Master Reimbursement Request
Funding Category Summary
View MRR Report
Contract Number: 74015-Y3
MRR Date: 1/25/2024 1:10:20 PM
MRR Submitted Date: 1/25/2024 1:12:18 PM
Owner Contractor Name: Region 6
Contract Description: FY24 Mental Health and Substance Abuse Services
MRR Submitted By: Pat,Roberts
MRR Amount: ($184.67)
MRR Status: Processed
MH
Total Reimbursement Amount : $0.00
Excel
Service Name
Units
Reduce Units
Reimbursed Units
Reimbursement Amount
items per page
No items to display
SUD
Total Reimbursement Amount : ($184.67)
Excel
Service Name
Units
Reduce Units
Reimbursed Units
Reimbursement Amount
Outpatient Psychotherapy - SUD- Adult - Non Residential - Family - PFY - 90847
-1
0
-1
-$147.73
Provider Name
Service Month
Units
Std Units
Rate
Reduce Units
Reimbursed Units
Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha
02/2023
-1
1
$147.73
-1
-$147.73
items per page
1 - 1 of 1 items
Outpatient Psychotherapy - SUD- Adult - Non Residential - Group - PFY - 90853
-1
0
-1
-$36.94
Provider Name
Service Month
Units
Std Units
Rate
Reduce Units
Reimbursed Units
Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha
06/2023
-1
1
$36.94
-1
-$36.94
items per page
1 - 1 of 1 items
Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90834
0
0
0
$0.00
Provider Name
Service Month
Units
Std Units
Rate
Reduce Units
Reimbursed Units
Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha
03/2023
-1
1
$147.73
-1
-$147.73
ARCH - 1502 N. 58th Street, Omaha
06/2023
1
1
$147.73
1
$147.73
items per page
1 - 2 of 2 items

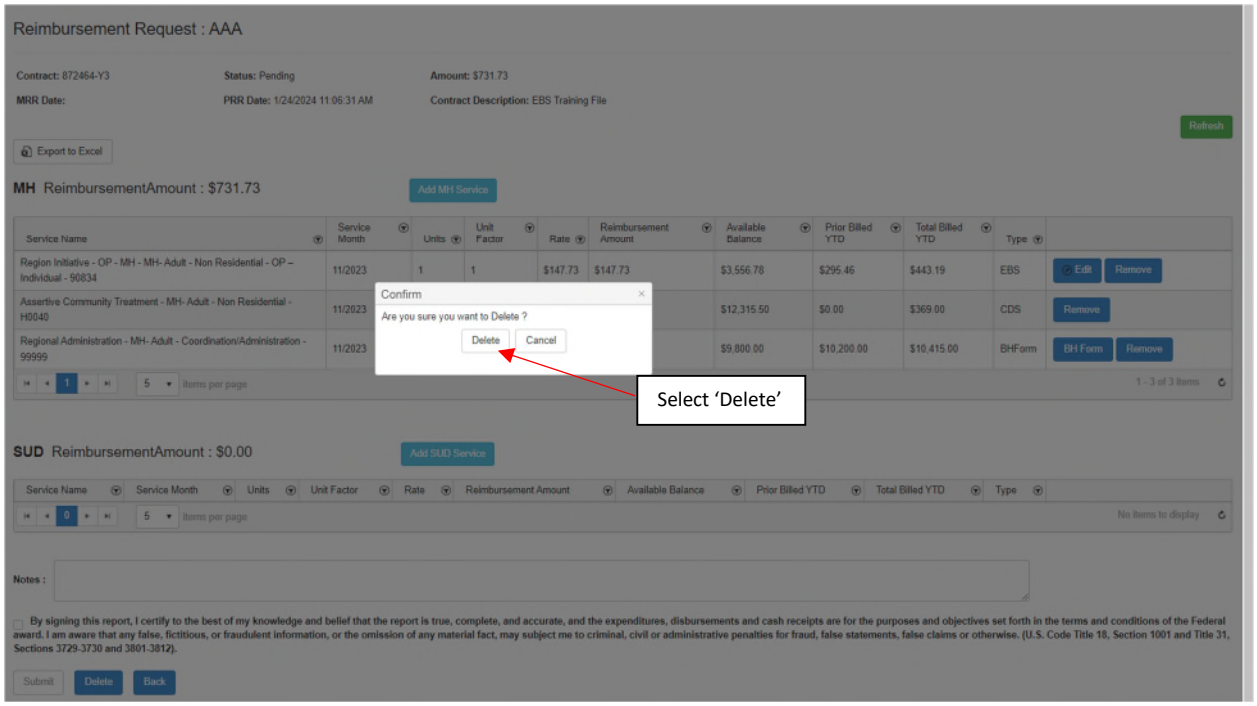
DELETING SERVICE FROM PROVIDER PAYMENT REQUEST AND DELETING PROVIDER REIMBURSEMENT REQUEST

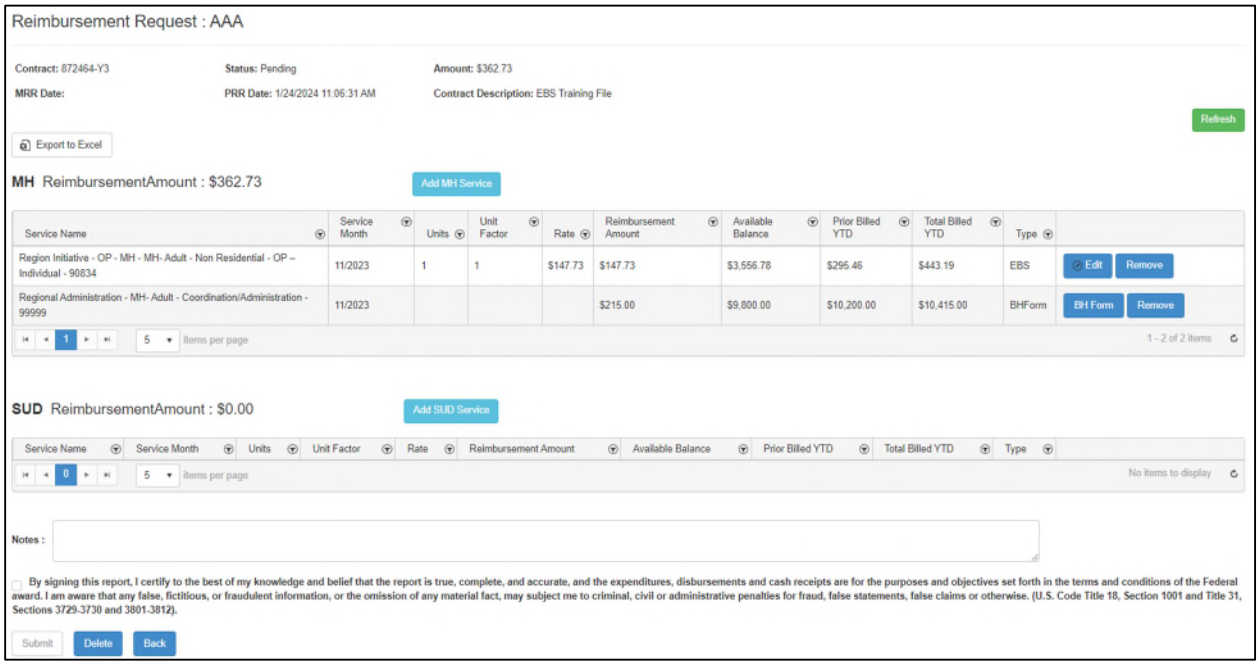
DELETING SERVICE(S) FROM PRR

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



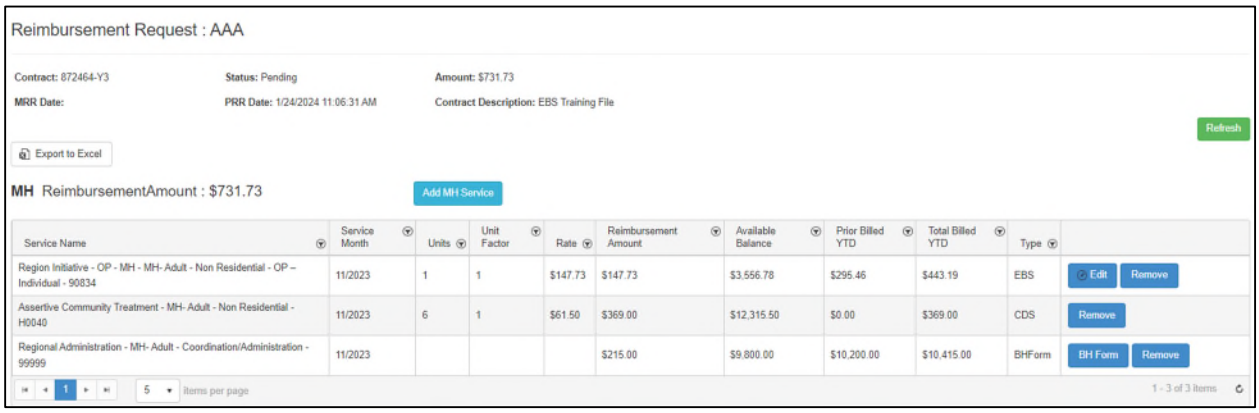
Example by selecting Remove Assertive Community Treatment it remove that service from this specific PRR. A confirmation message will populate confirming the service is to be removed.





The service selected to be removed has been deleted from the PRR.

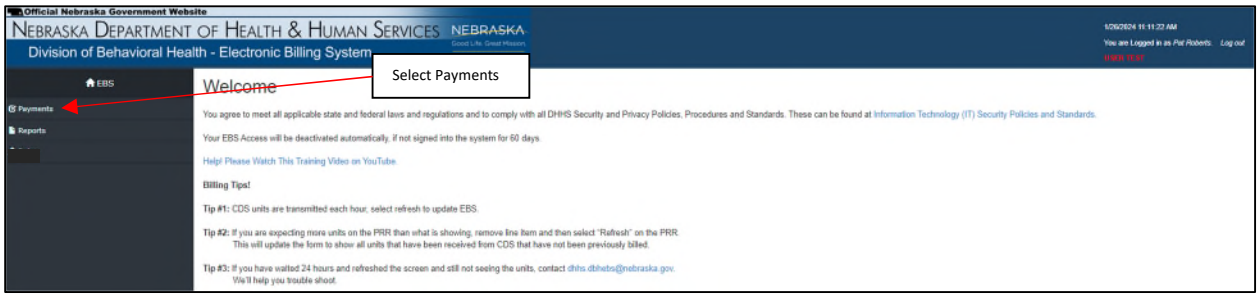
Note: Any units can be added back into this PRR by selecting Refresh. The system will populate to display the service line and the number of units.

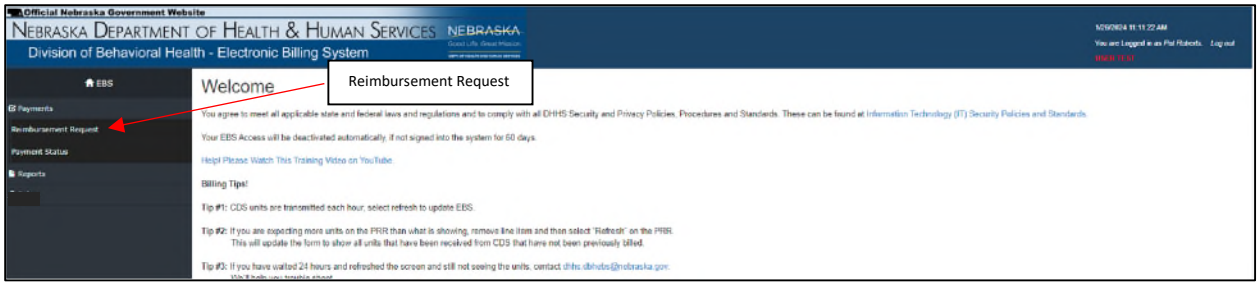


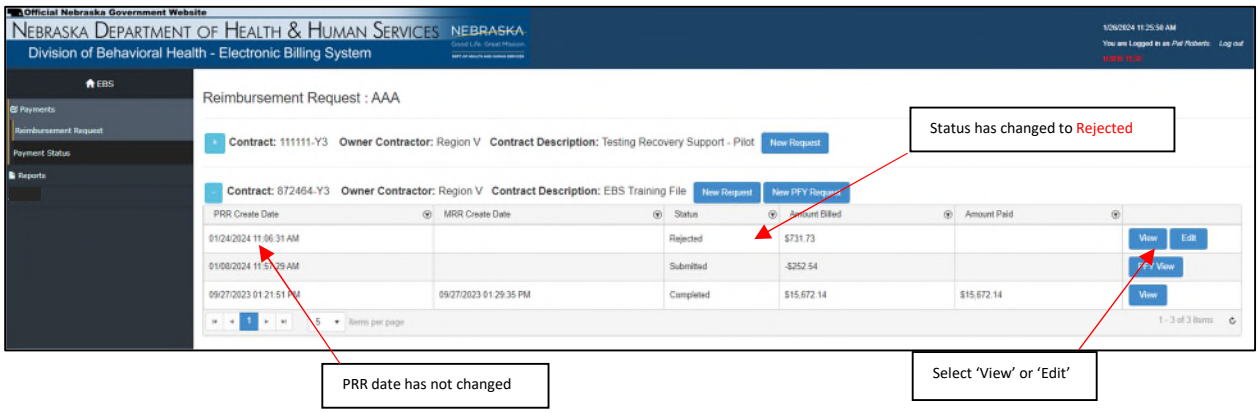
DELETING PROVIDER REIMBURSEMENT REQUEST

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

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

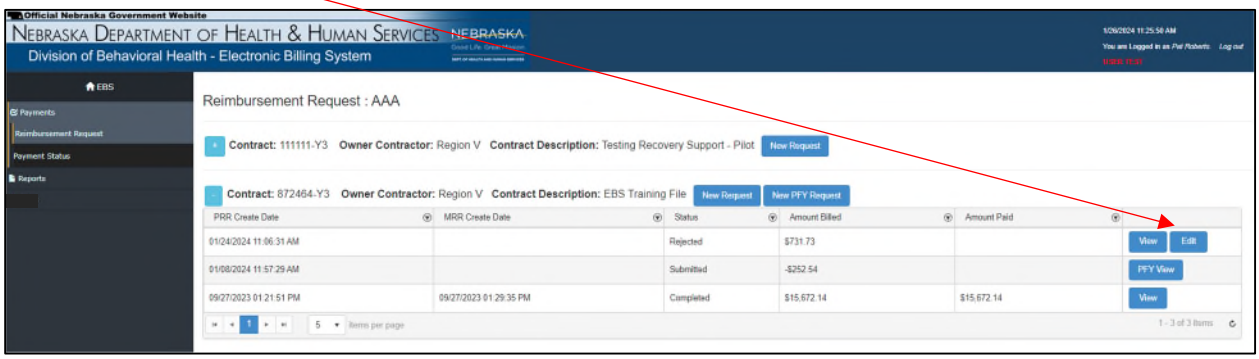






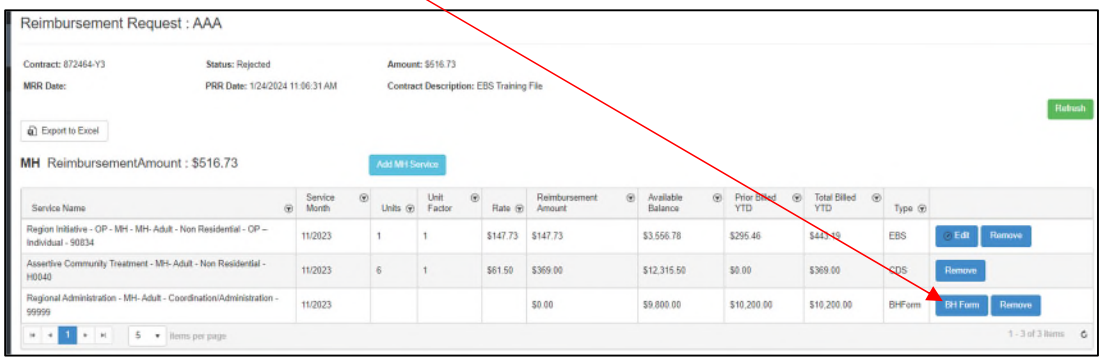
At this time the Region\Owner Contractor will advise via email if any changes are needed. Automatic notifications are still in the developmental stages.

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

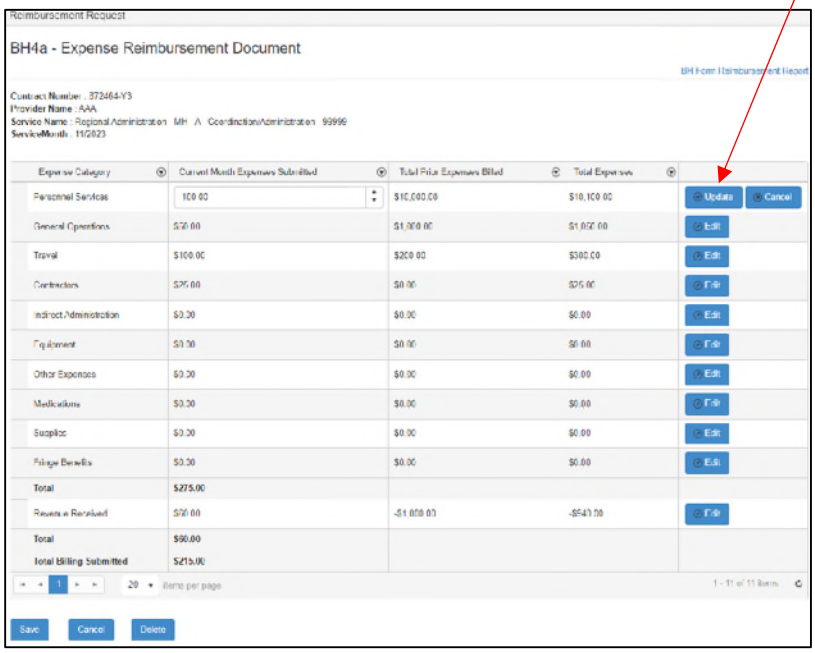


If additional units from CDS need to be included into the PRR select Refresh, the system will populate any units that have been entered into CDS from the time the PRR was created.

To edit BH Form select BH Form next to the appropriate service.

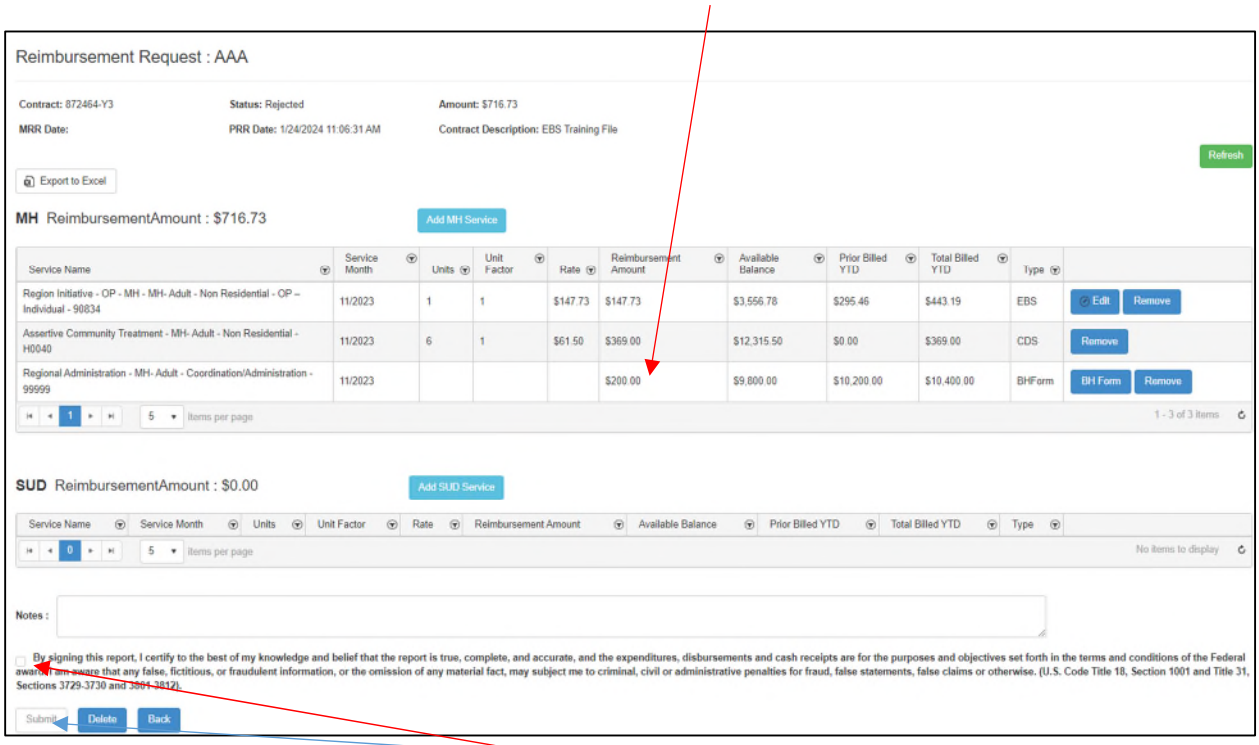


The system will populate the BH Form to allow the changes that are needed, select Edit to complete changes. Once corrections are completed select Update.



Select Save to close the BH Form.

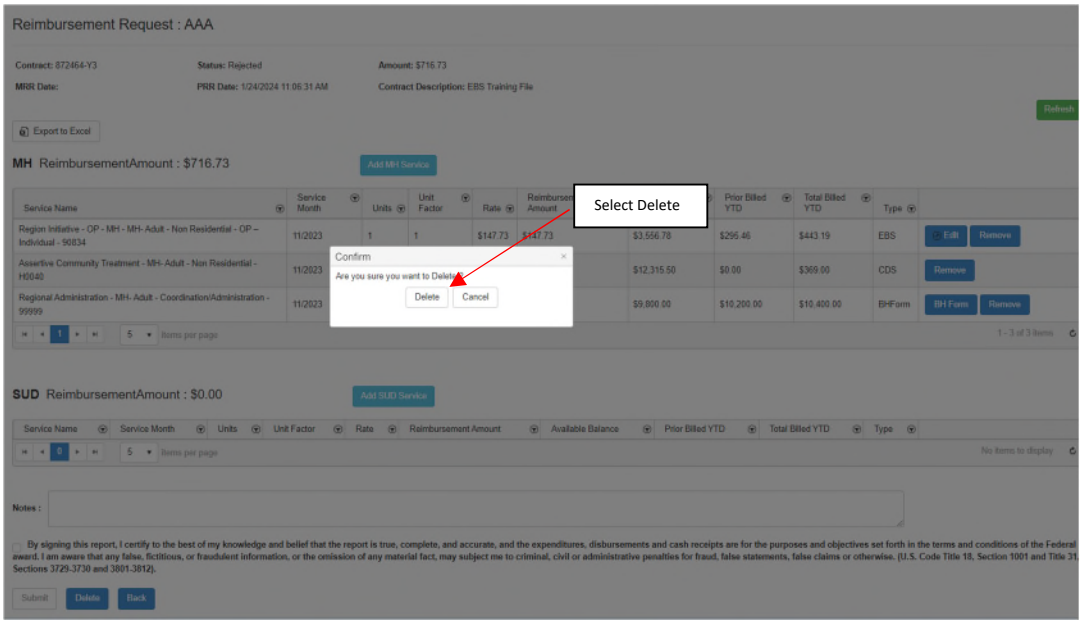
The following changes were made on the example below:



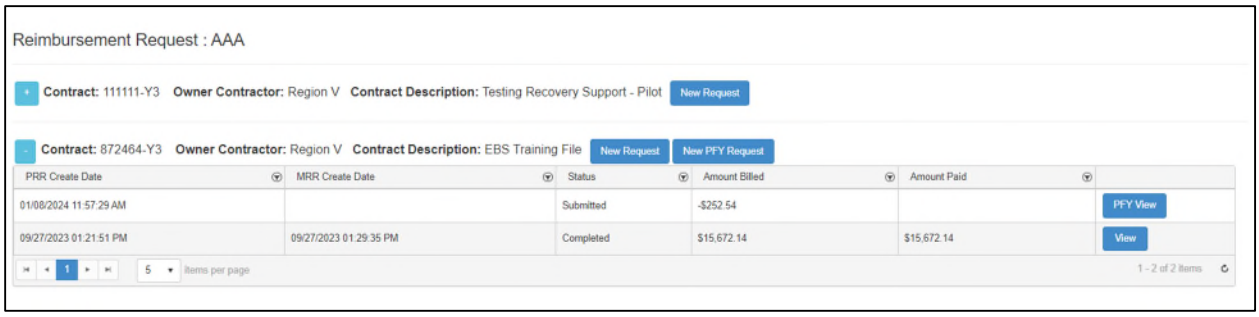
To resubmit to the Region\Owner Contractor select attestation box and select Submit.

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

Selecting Delete will remove the entire PRR. Deleting the PRR does not affect CDS units availability in the system, once a new PRR is created then the units will populate automatically.

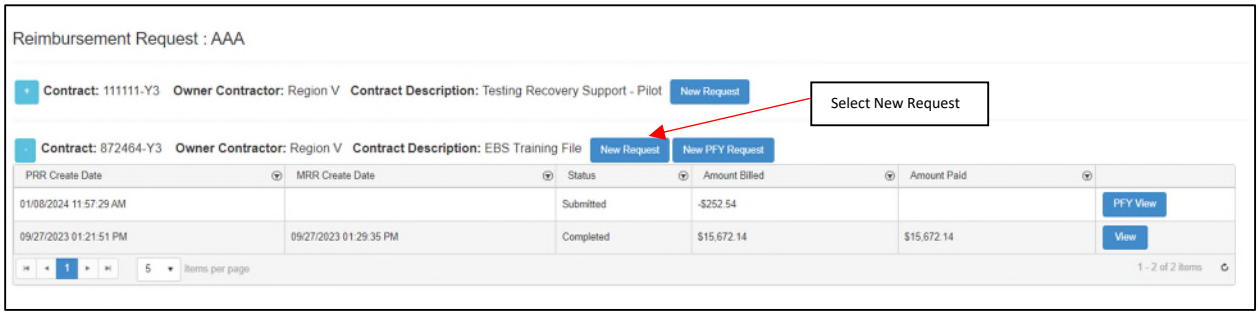


The system will return you to the summary page.

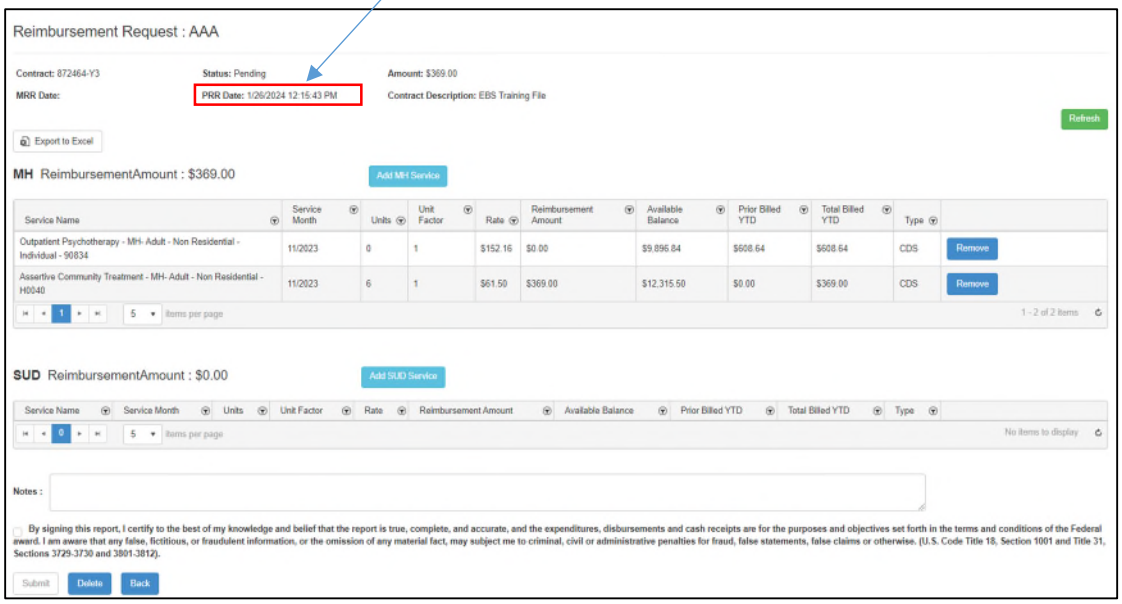


The request is no longer displayed.

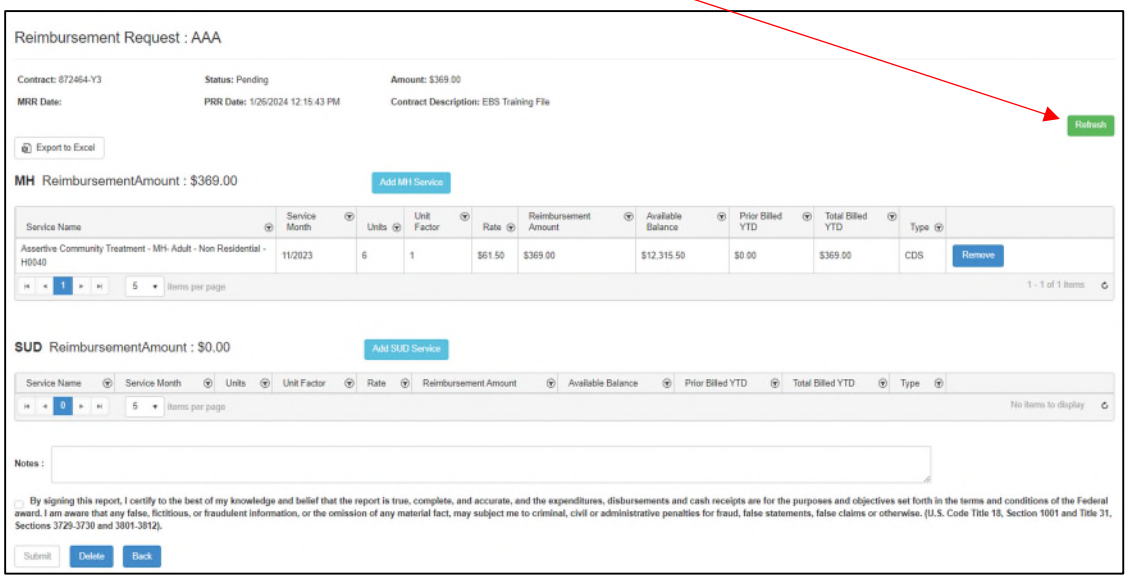
If you wanted to bill for the CDS Units you would begin the process of creating a new Provider Reimbursement Request. To demonstrate how the CDS units are retained within the system.



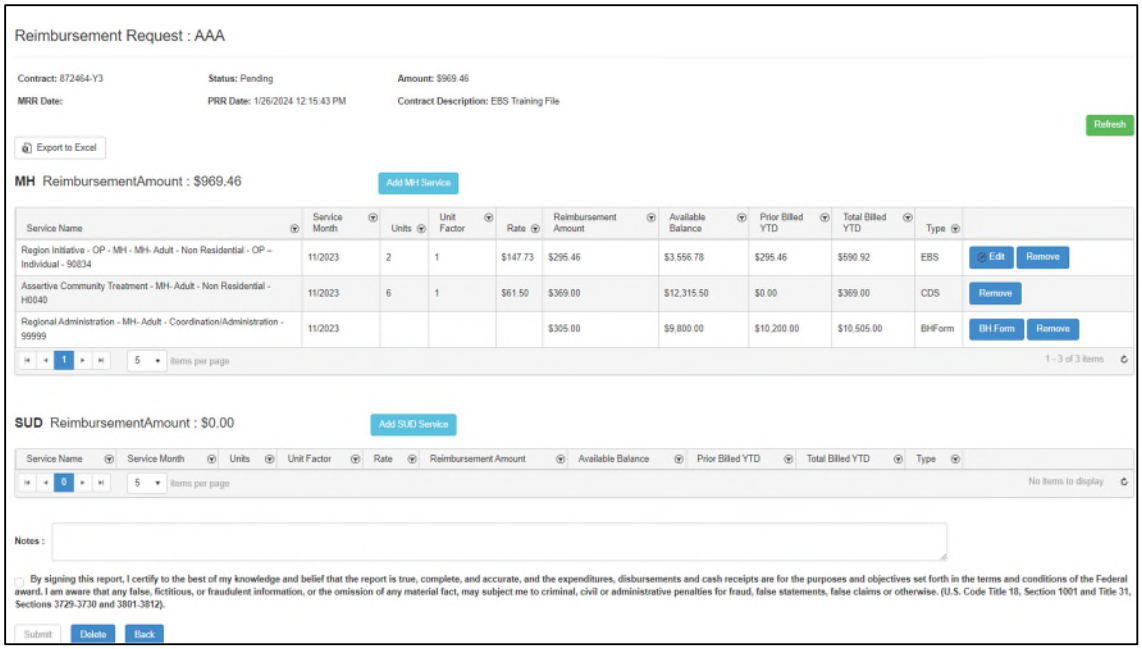
A new PRR is created with a date and time stamp.



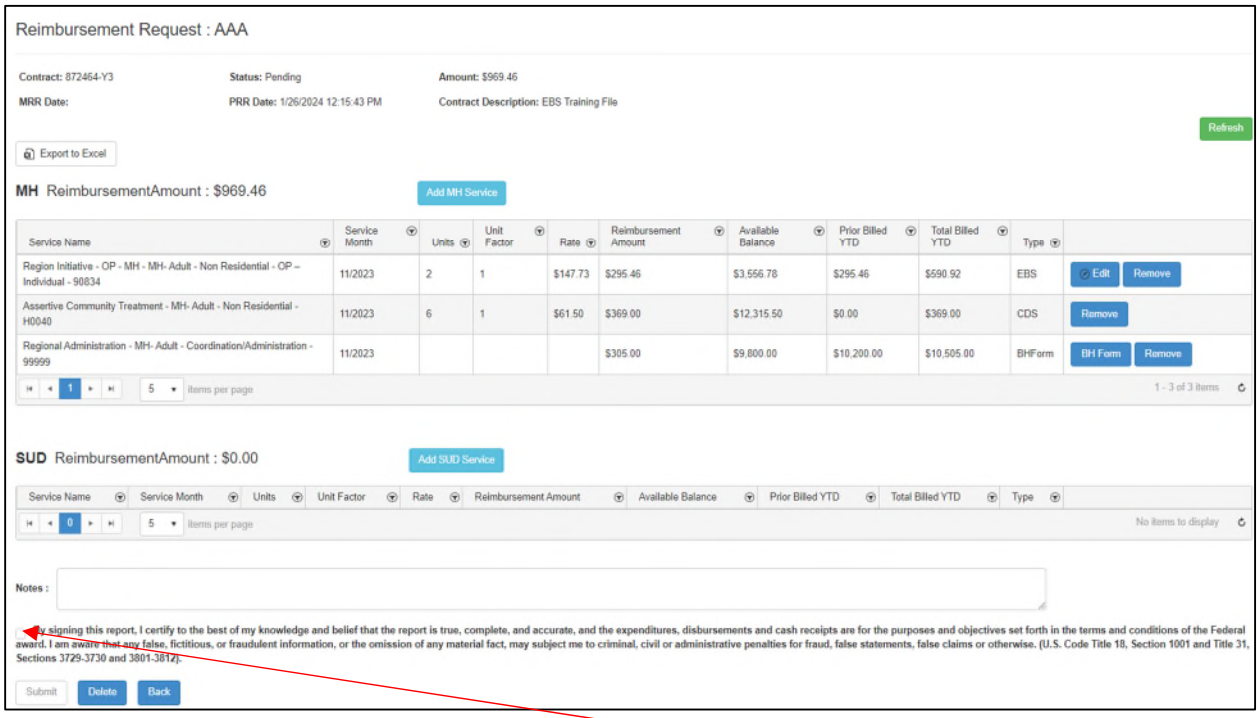
If the units are not displaying PRR select Refresh. The units are brought back into the PRR.



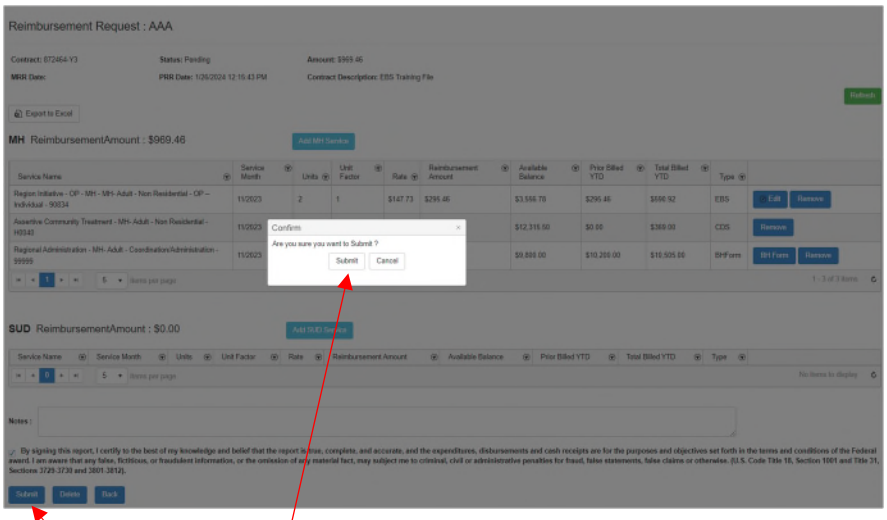
The expense based services will need to be re-created by selecting Add MH Service and/or Add SUD Service.


Reimbursement Request : AAA
Contract: 872464-Y3
Status: Pending
Amount: $969.46
MRR Date:
PRR Date: 1/26/2024 12:15:43 PM
Contract Description: EBS Training File
Refresh
Export to Excel
MH ReimbursementAmount : $969.46
Add MH Service
Service Name
Service Month
Units
Unit Factor
Rate
Reimbursement Amount
Available Balance
Prior Billed YTD
Total Billed YTD
Type
Region Initiative - OP - MH - MH- Adult - Non Residential - OP – Individual - 90834
11/2023
2
1
$147.73
$295.46
$3,556.78
$295.46
$590.92
EBS
Edit
Remove
Assertive Community Treatment - MH- Adult - Non Residential - H0040
11/2023
6
1
$61.50
$369.00
$12,315.50
$0.00
$369.00
CDS
Remove
Regional Administration - MH- Adult - Coordination/Administration - 99999
11/2023
$305.00
$9,800.00
$10,200.00
$10,505.00
BHForm
BH Form
Remove
items per page
1 - 3 of 3 items
SUD ReimbursementAmount : $0.00
Add SUD Service
Service Name
Service Month
Units
Unit Factor
Rate
Reimbursement Amount
Available Balance
Prior Billed YTD
Total Billed YTD
Type
items per page
No items to display
Notes :
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
Submit
Delete
Back

SUBMITTING PROVIDER PAYMENT REQUEST



After all entries are completed and have been verified, select 'Attestation Box'. Once the attestation box has been checked the submit button Submit will turn blue Submit. Select the blue submit button to submit the PRR to the Region\Owner Contractor for review.

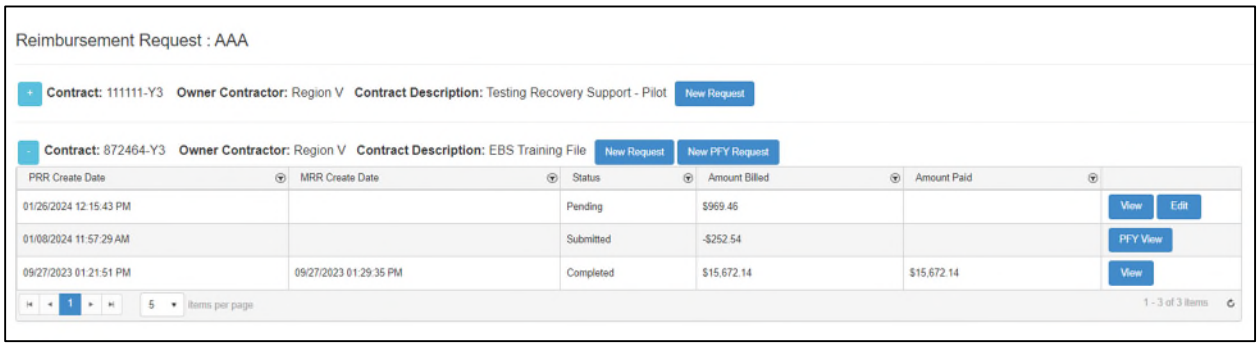


A confirmation message will appear for confirmation that the PRR is ready to be submitted for payment.

Select 'Submit'.

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

Select expansion button to display the PRR history.



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

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

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

REVIEWING PAYMENT STATUS

There are the following status:

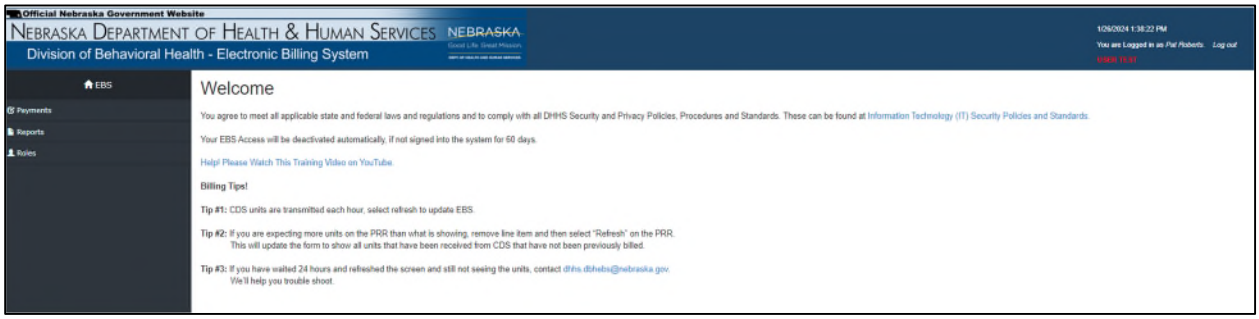
Pending – PRR is still being completed by provider.

Submitted – Provider has submitted PRR to Region/Owner Contractor.

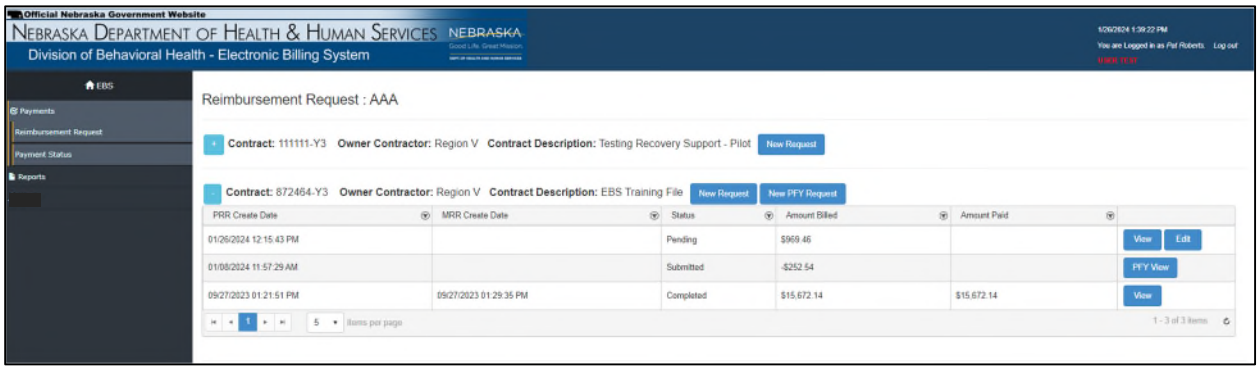
Rejected – Region/Owner Contractor has rejected the PRR back to the provider for correction.

With BH – PRR/MRR is with the State of Nebraska for review and approval.

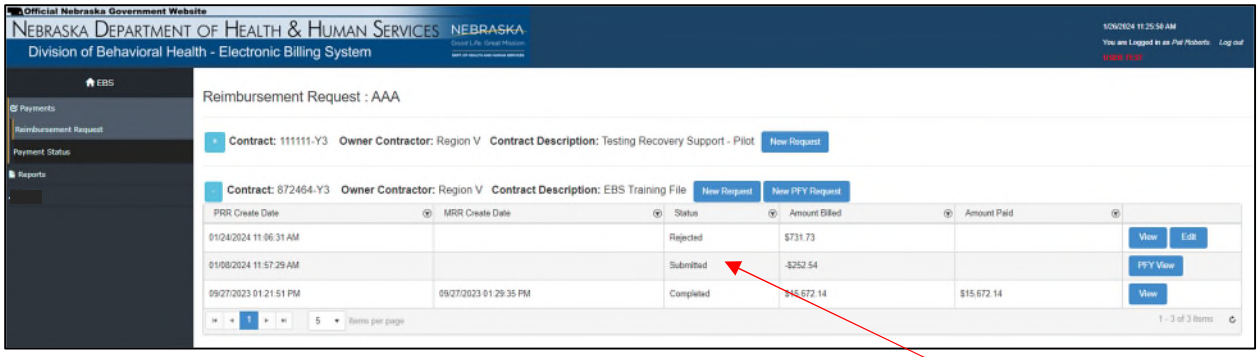
Completed – PRR/MRR has been reviewed and completed in EBS only, the date reflected is not the date the payment will be made.



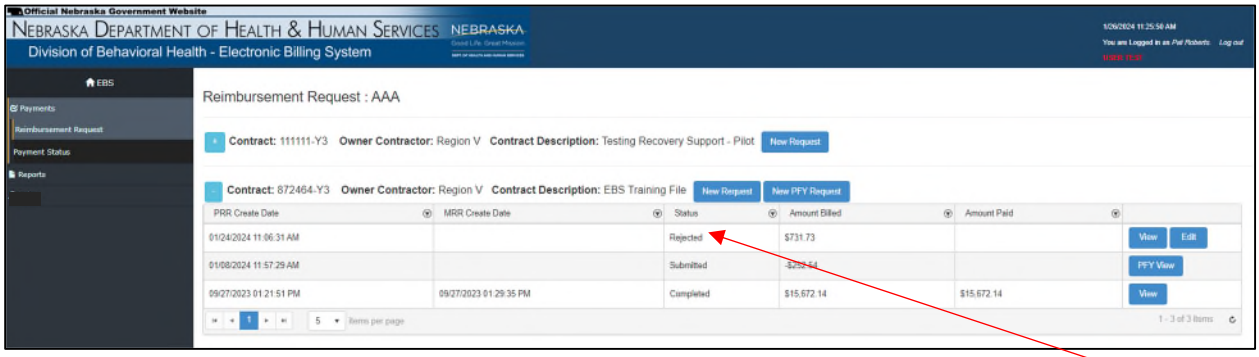
The drop down menu will appear with Reimbursement Request and Payment Status. To view any payments that have been submitted (not yet paid) or pending select Reimbursement Request.



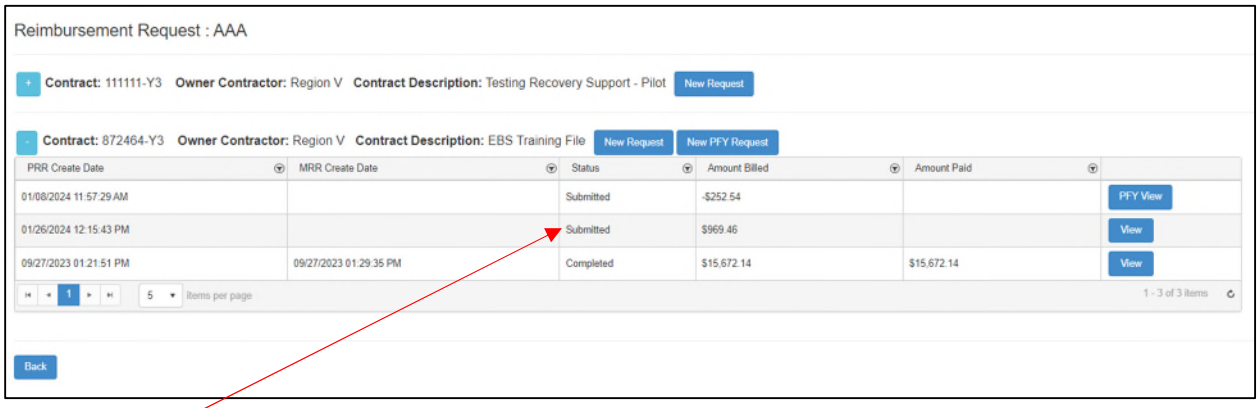
The payment for 1/26/24 is pending, it has not been sent to Region/Owner Contractor.



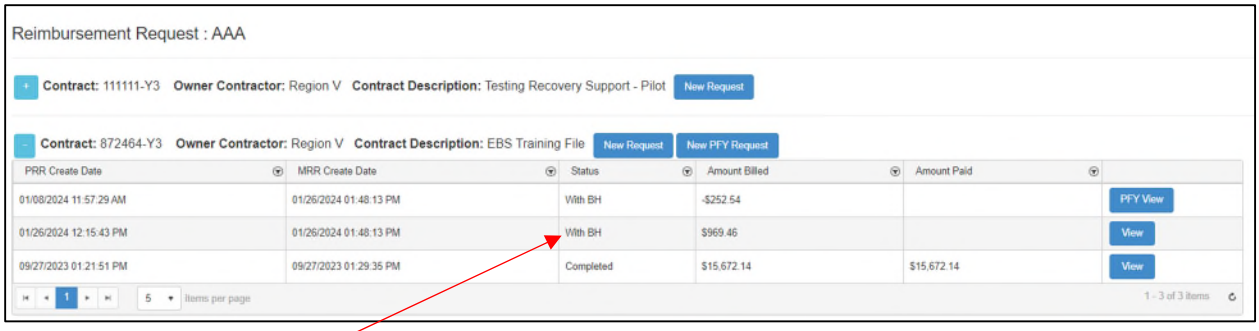
Once it has been sent to the Region/Owner Contractor the status will be ‘Submitted’.



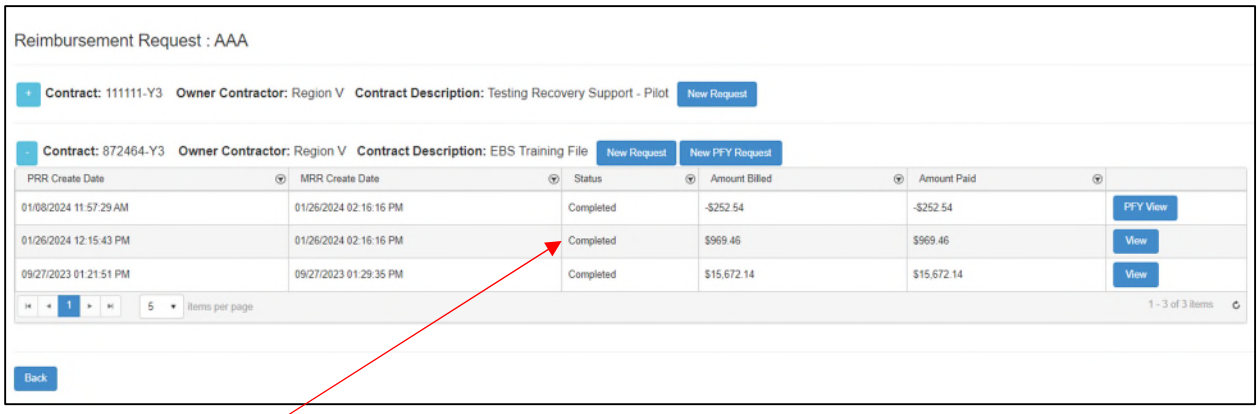
If the PRR has been rejected back from Region/Owner Contractor the status will state ‘Rejected’ and will received communication of what should be corrected before re-submitting.



When the PRR has been sent to the Region/Owner Contractor the status will be displayed as ‘Submitted’.



When the Region/Owner has reviewed and submitted to the State to process the status will change to 'With BH'.



The payment for 1/26/2024 has been reviewed and processed at the State level the status will be 'Completed'.

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 Report Manual

There are three components to the Report section:

1) Contract Reports – this contains any data that pertain to the specific segments of a contract.

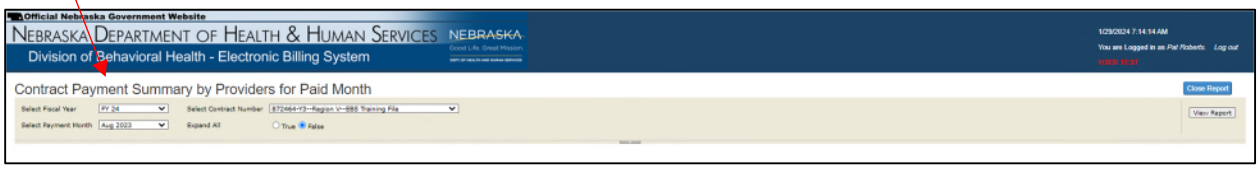
2) Reimbursement Reports – the data pertains to reimbursement request.

3) Payment Reports – information and data that pertains to anything that has been processed for payment through EBS.

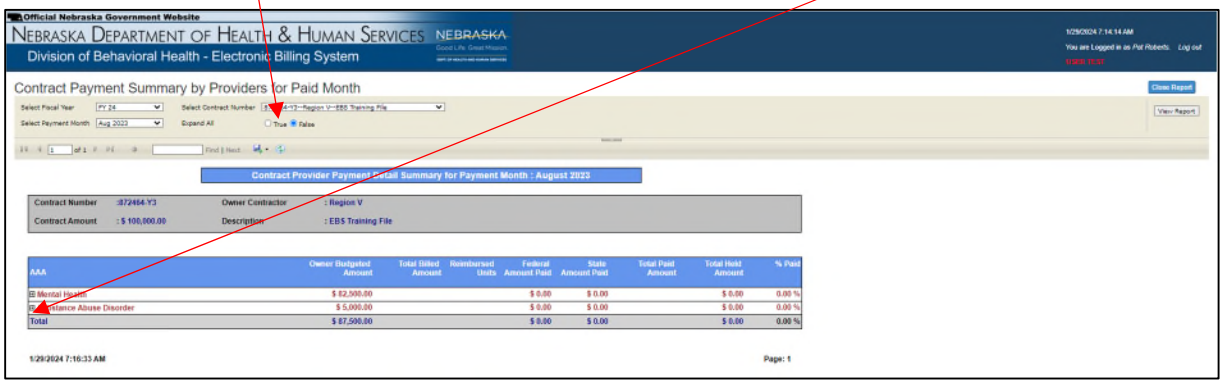
    a. When reports states fiscal year it is reflecting the payment processed during State Fiscal year that runs from July 1 through June 30.

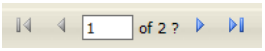
After selecting a report from the menu the system populates a screen to select criteria for that specific report (which has been preset). Select from the drop down menu the fields that applicable to the specific report: owner contractor/region, contract manager, contract number, provider, payment/service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

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



From the drop down menu select Fiscal year, contract number and payment month that want to view. If select Expand All the report will automatically display all lines, if select False then the report will only display the summary. To view additional information select ⊞ to the left of each line that you want to view.



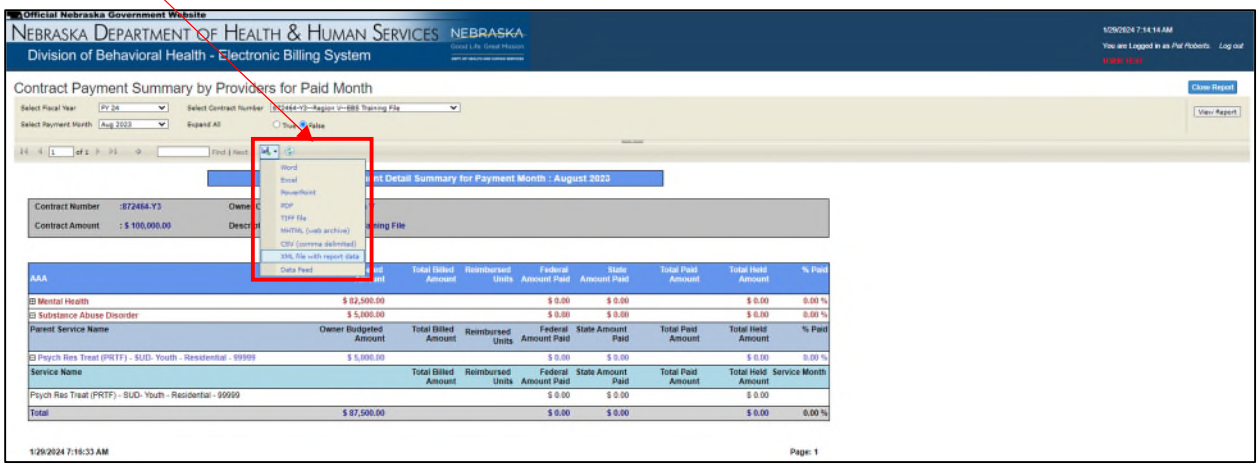
When there are multiple pages to a report the page will have 1 of 2 ? 

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

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

To export select file icon from the header.

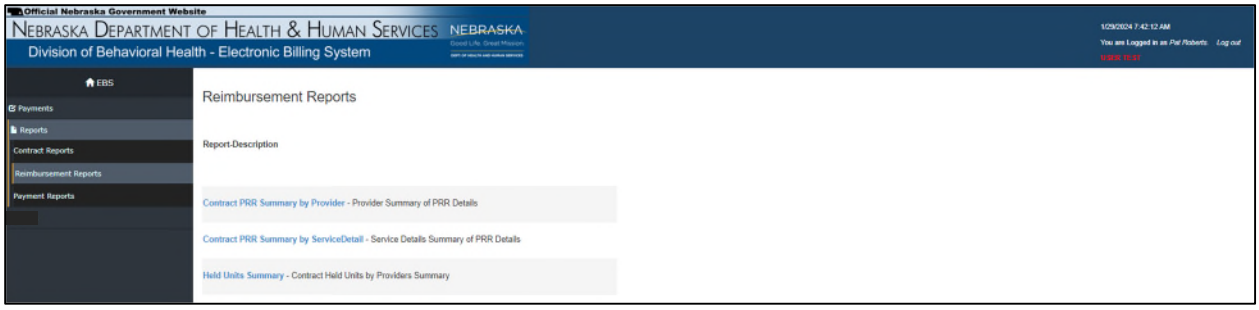
Dropdown menu of the different software programs are displayed to select.



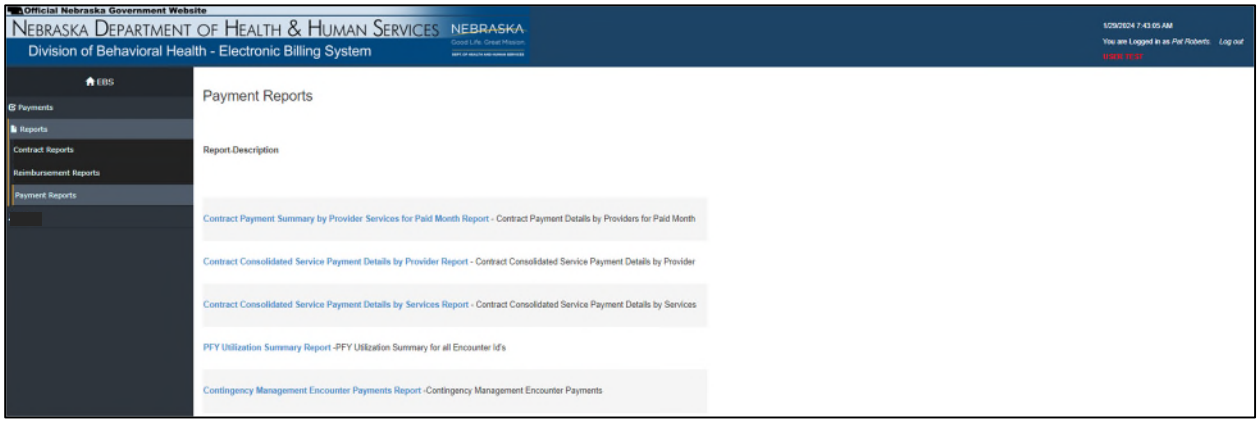
Once selected the program that you want to download to the system will populate a box at the bottom of the screen to populate the report.

Reports available under Contract Reports:

Reports available under Reimbursement Reports:



Reports available under Payment Reports:



EBS REPORTS – WHERE DO I FIND?

Reports can be obtained from the Report Segment or can be exported from the screen from the upper right hand corner on the various screens.

COLOR CODING

PROVIDER

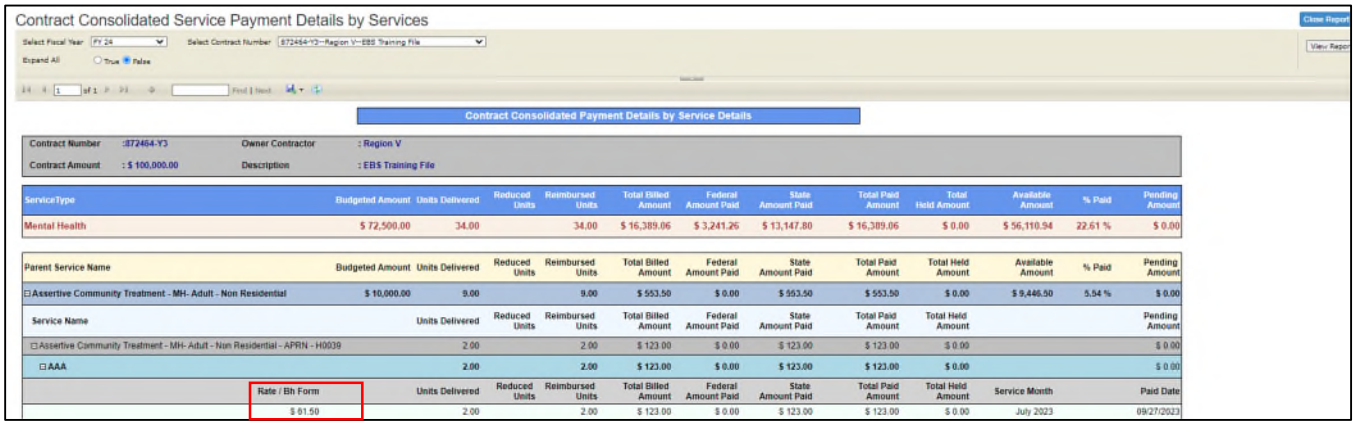
SERVICES

Services available within specific contract?

- Contract Reports/Contract Provider Service Summary Report

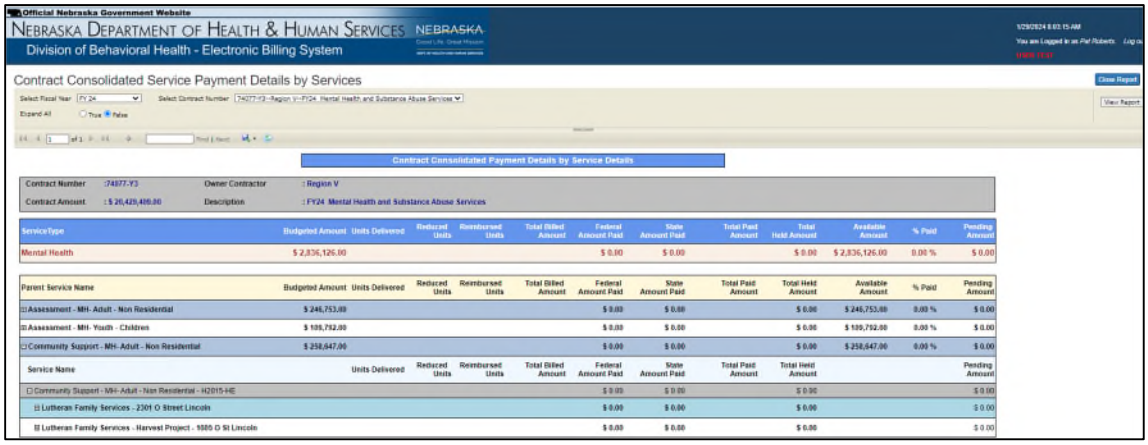
Rates for a service?

- Payment Reports/Contract Consolidated Payment Details by Provider Report
- Payment Reports/Contract Consolidated Payment Details by Service Report

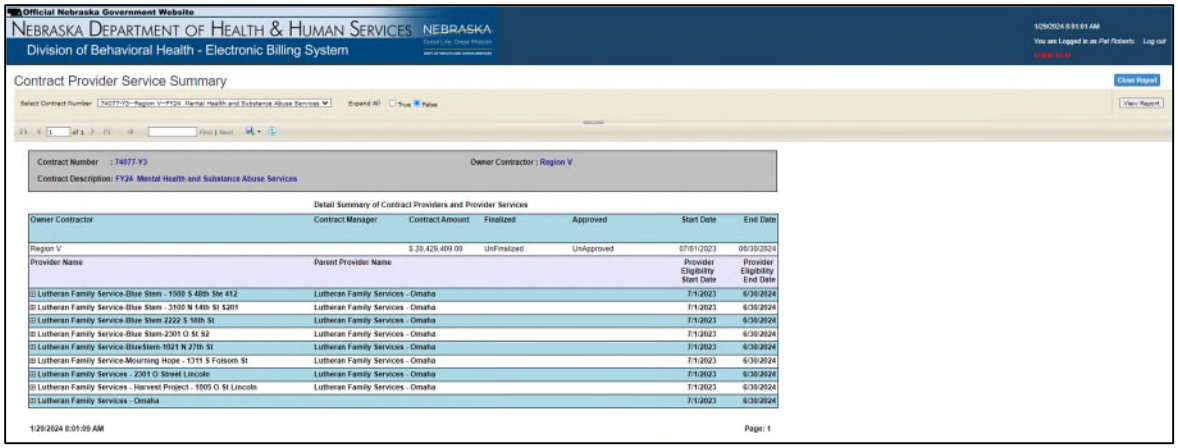


Services assigned to Provider?

- Payment Reports/Contract Consolidated Payment Details by Provider Report



- Contract Reports/Contract Provider Service Summary Report (Location)



Beginning and end dates for service?

- Contract Reports/Provider Service Summary by Regions

MLTC TAXONOMY and NPI NUMBERS

- Request from State

PARENT NAMES

- Contract Reports/Contract Provider Service Summary Report

BUDGET

What is the available balance?

- Contract Reports/Contract Detail Owner Budget Summary

UNITS FROM CDS

- **Reimbursement Reports/Contract PRR Summary by Provider**
- **Reimbursement Reports/Held Units Summary**
- **Payment Reports/Contract Consolidated Payment Details by Providers Report**
- **Payment Reports/Contract Consolidated payment Details by Service Details Report**

PROVIDER REIMBURSEMENT REQUESTS

- Reimbursement Reports/Contract PRR Summary by Provider
- Reimbursement Reports/Contract PRR Summary by Service Detail

MATCH REPORTED

- Contract Reports/Contract provider Match Detail Report

PAYMENTS

- Payment Reports/Contract Payment Summary by Provider for Paid Month
  - Sorted by Payment Month and then Provider
- **Payment Reports/Contract Consolidated Service Payment Details by Provider Report**
- **Payment Reports/Contract Consolidated Service Payment Details by Services Report**
- **Payment Reports/PFY Utilization Summary Report**
- **Payment Reports/Contingency Management Encounter Payment Reports**

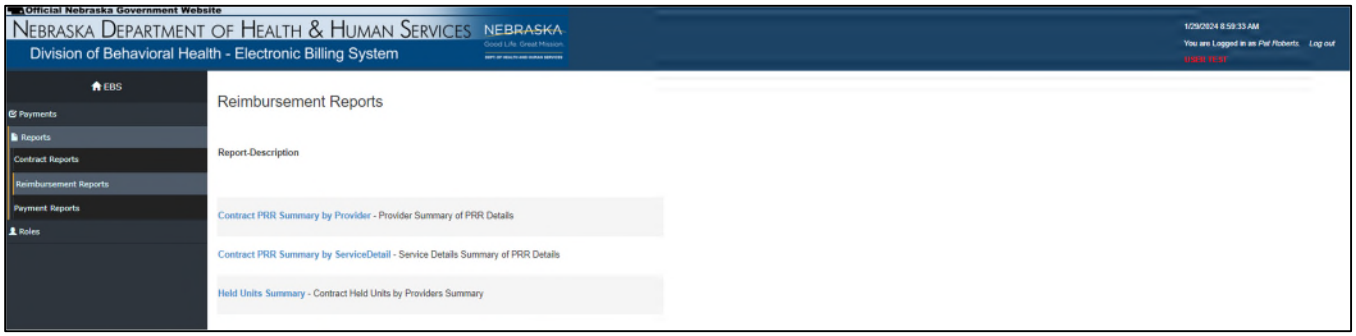
PAYMENT PROCESSING

- Reimbursement Reports/Contract PRR Summary by Provider
- Reimbursement Reports/Contract PRR Summary
- Reimbursement Reports/Held Units Summary

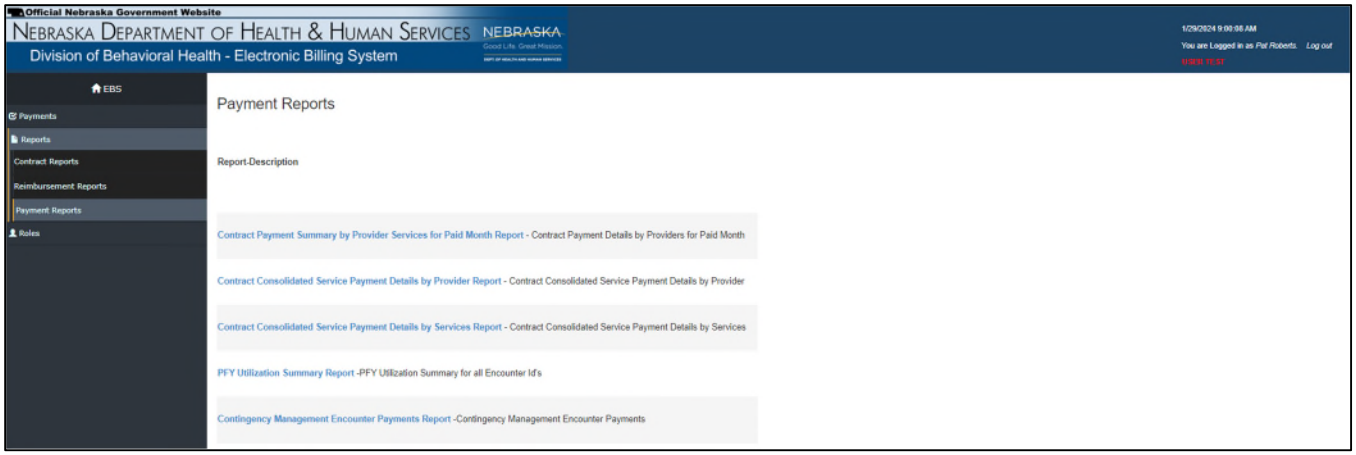
BY PROVIDER:

Contract:

Reimbursement (payments requested that have not been processed)

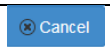
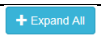


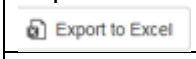
Payment (reports after payment has been processed)

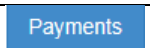


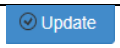
EBS REPORT GLOSSARY OF TERMS

Add 	To include or create.
Add MH Service 	Select to open window of services that are expense reimbursements allowed under Mental Health. To add a MH Service to current PRR, select 'Add MH Service'. A drop down menu will populate to select the services that are assigned.
Add SUD Service 	Select to open window of services that are expense reimbursements allowed under Substance Abuse. To add a SUD Service to current PRR, select 'Add SUD Service'. A drop down menu will populate to select the services that are assigned.
Address Book Number	Unique number assigned to contractor through Enterprise One for payment processing through State Accounting.
Address Line 1	Address where contractor is located.
Address Line 2	Additional field for address.
Adult or Youth	Adult – over 19 years of age Youth – under 19 years of age
Approved	➢ Approved – contract budget is reconciled and can process payments ➢ Unapproved – contract will not allow any payments to be processed. ➢ Blank – contract has never been finalized
Available Balance	Total dollars allowed to be spent.
Back 	Go back one screen.
BH Form	Expense reimbursement request form completed by the provider or Region.
BHSIS Number	An electronic national inventory of behavioral health facilities that is maintained by the Substance Abuse and mental Health Services Administration (SAMHSA) in cooperation with the States. I-BHS contains basic information about each facility such as name, physical location, mailing address, telephone number, director name and general services offered. The I-BHS guidelines document is available on the BHSIS web site at https://wwwdasis.samhsa.gov/dasis2/manuals/isats_guidelines.pdf.
Budget Parent	Is a method to create one budget line for multiple service details.
Budget Reallocation	Moving money between services and/or providers. Must be approved prior to any transactions being made.
Budget Shift	Moving money between business units.
Business Unit	A unique number assigned to track specific type of funds.

Cancel 	Will delete any information you have entered in.
CDS	Centralized Data System –Compiles demographic and diagnosis of consumers receiving services funded by the Division of Behavioral Health – Community Base Services. The system is a web-based, cloud solution that offers reporting and analysis capabilities.
City	City the provider located.
Collapse All icon 	To fall or shrink information displayed.
Contract Amount	Total amount of the contract.
Contract Budgeted Amount	The amount that is budgeted for that specific business unit for the sub award/contract.
Contract BU Budgeted Amount	The amount that has been budgeted within the sub award/contract, this is the total from each of the services the business unit has been assigned to.
Contract Manager	Person assigned to manage the contract.
Contract Number	Unique number assigned for each contract.
Contractor Name	Name of contractor
Contractor Address	Street address of contractor
Contractor Address 2	Additional line for address information
Contractor Type	There are four types of contractors; ➢ SC- Sub Contractor – entities that do not contract directly with the state. ➢ BC – Both Contractor and Sub Contractor – can have a contract with different payor source and can have a direct contract with the state. ➢ OC – Owner Contractor – has contract with the state and sub contracts ➢ OS – Owner Service Contractor – has contract with the state and they also provide services directly
Data	The quantities, characters, or symbols on which operations are performed by a computer, being stored and transmitted in the form of electrical signals and recorded on magnetic, optical, or mechanical recording media
Delete	To eliminate, erase or cut out.
Description	Statement providing additional details to a field.
Detail Budget	Total amount of contract broken out by one or multiple services.
EBS Only	Contract, provider or service is only used in the Electronic Billing System
Edit 	To alter.
Email	Email address of contact person.
End Date	Date the service/provider should no longer be used or available to bill.
End Date of Contract	Last date the contract is in effect.
Expand all icon 	Expand to display all information.

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

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

Save 	Preserve from destruction or loss.
Service	Name of service providing refer to 206 Regulations
Service Budget Amount	Amount budgeted for specific service and business unit.
Service Classification	There are three types of classifications that can be assigned to a service. ➢ Basics ➢ Network Support ➢ Supplemental
Service Detail	Information providing unique variables of a service
Service ID	Each service detail is given a specific ID number
Service Level	Identifier that describes level of care that a consumer was seen at.
Service Modifier	Identifier that makes payment processing unique from like services.
Service Month	Month which service occurred in.
Service Name	Name of service
Service Type	Mental Health (MH) or Substance Use Disorder (SUD)
SOC (System of Care)	Service detail designated as SOC.
Spending Priority	There are three types; Spend First, Normal and Blocked. Refer to Legislative Authority procedures in EBS Manual.
Start Date	Date the service/provider is to begin.
Start Date of Contract	Date the contract is in effect.
State Code	State is the provider located.
Status of Report	➢ Finalized – contract providers and services are completed and transmitted to the Centralized Data System if applicable. ➢ Un-Finalized – contract is available to add additional information. ➢ Blank – contract has not ever been finalized
Submit	To send.
SUD Service	Substance use disorder.
TADs	Turn Around Document from CDS; reports on units of services entered.
Telephone Number	Telephone number of the entity.
Total Billed YTD	Combined amount(s) that have been submitted since beginning of contract.
Total Paid YTD	Total amount that has been paid since the beginning of contract.
Unallocated Available	Funds that have not been assigned to a specific service, these funds can be moved by Owner Contractor/Region.
Unallocated Locked	Funds that have not been allocated to a service that only can be moved by an EBS Administrator.
Unit of Service	Specific length of time as designated in the service definition.
Update 	Edit
Utilization	Documentation of service performed.

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

HELP

Signing In

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

EBS Support
Phone: 531-530-7398
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

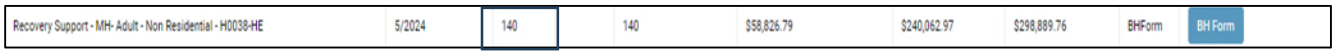
QUICK REFERENCE FOR PAYMENT REIMBURSEMENT – PROVIDER

CDS – Is all the units entered and been transferred to EBS?

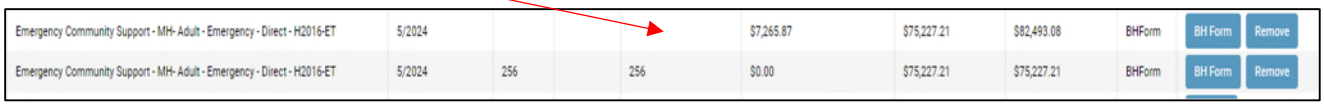
- If not select the Refresh in EBS – Provider Reimbursement Request.

Creating Payment Reimbursement Request (PRR)

1. On the menu to the left of the page – select Payments Payments.
2. Select Provider Reimbursement Request.
3. Select View Reimbursement Request for location.
4. Select New Request for contract.
5. Add any mental health or substance use disorder services by selecting Add MH Service and Add SUD Service.
   - Complete BH Form (Expense)
6. Verify units that came over from CDS.
   a. If service is paid by expense make sure to complete the BH Form on the line that the units are listed.



DO NOT CREATE ADDITIONAL LINE



7. If additional CDS entries have been entered select Refresh located on the upper right hand of screen. Make sure you have all units included before you submit to the Region. **Units can be entered through out the month.**
8. Review and select attestation box ☐ then select Submit.
9. Submit