

ELECTRONIC BILLING SYSTEM PROVIDER MANUAL

STATE OF NEBRASKA – DHHS – DIVISION OF BEHAVIORAL HEALTH

Version 1.5

2024



ELECTRONIC BILLING SYSTEM INDEX FOR PROVIDER MANUAL

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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 screenshot shows the login interface for the NEBRASKA Behavioral Health - Electronic Billing System. The header includes the NEBRASKA logo and the text "Behavioral Health - Electronic Billing System" and "DEPT. OF HEALTH AND HUMAN SERVICES". The main heading is "Log in." followed by the instruction "Please Provide your BH EBS account credentials to log in." Below this are two input fields: "User name" and "Password", each with a red asterisk indicating a required field. A blue "Log in" button is positioned below the password field. A link "Help! I forgot my password." is located below the button. At the bottom, a disclaimer states: "THIS IS A GOVERNMENT COMPUTER SYSTEM. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7211(a), 7211A (the Taxpayer Browsing Protection Act), 7431 and Health Insurance Portability and Accountability Act of 1996. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. 42 CFR - Code of Federal Regulations Title 42 Part 2 - Confidentiality of Alcohol and Drug Abuse Patient Records. Stringent regulations designed to maintain confidentiality of alcohol and drug abuse consumer information. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. Additional information may be found at the DHHS System General Disclaimer."

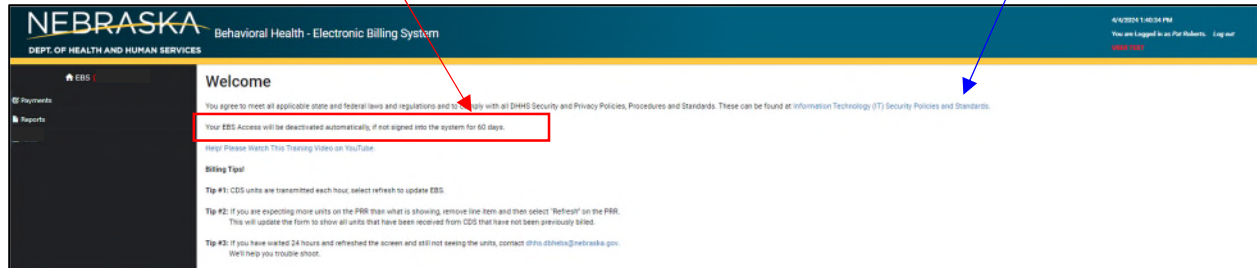
The Username and Id was provided via email.

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

The screenshot shows the main menu of the NEBRASKA Behavioral Health - Electronic Billing System. The header includes the NEBRASKA logo, the text "Behavioral Health - Electronic Billing System", and "DEPT. OF HEALTH AND HUMAN SERVICES". The top right corner displays the date and time "4/14/2024 1:36:38 PM" and the user information "You are Logged in as Per Roberts" with a "Log out" link. The left sidebar contains a main menu with icons and labels: "EBS", "Dashboard", "Admin", "Budget", "Payments", and "Reports". The main content area is titled "Welcome" and contains the following text: "You agree to meet all applicable state and federal laws and regulations and to comply with all DHHS Security and Privacy Policies, Procedures and Standards. These can be found at [Information Technology \(IT\) Security Policies and Standards](#). Your EBS Access will be deactivated automatically, if not signed into the system for 60 days. Help! Please Watch This Training Video on YouTube." Below this is a "Billing Tip!" section with three tips: "Tip #1: CDS units are transmitted each hour, select refresh to update EBS.", "Tip #2: If you are expecting more units on the PRR than what is showing, remove line item and then select 'Refresh' on the PRR. This will update the form to show all units that have been received from CDS that have not been previously billed.", and "Tip #3: If you have waited 24 hours and refreshed the screen and still not seeing the units, contact dhhs.dbebs@nebraska.gov. We'll help you trouble shoot."

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

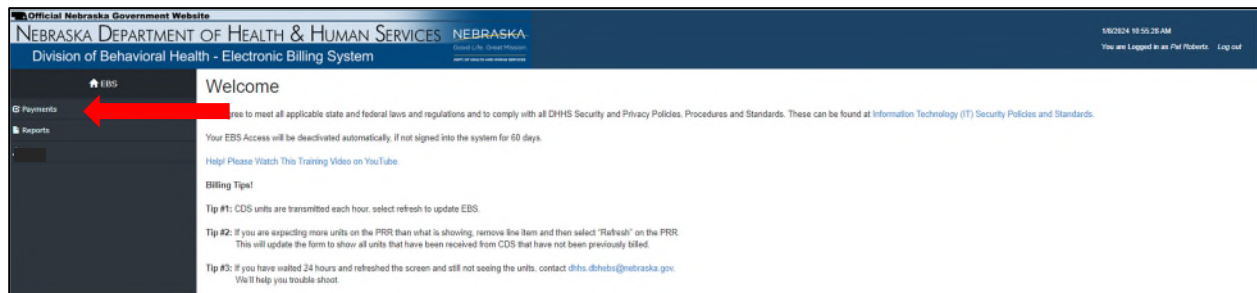
Your EBS Access will be deactivated if not signed into the system for 60 days. Recommendation is that you create a reminder on your calendar to sign in every 30 days. If access is lost you will need to go through the Region to apply for access again.



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

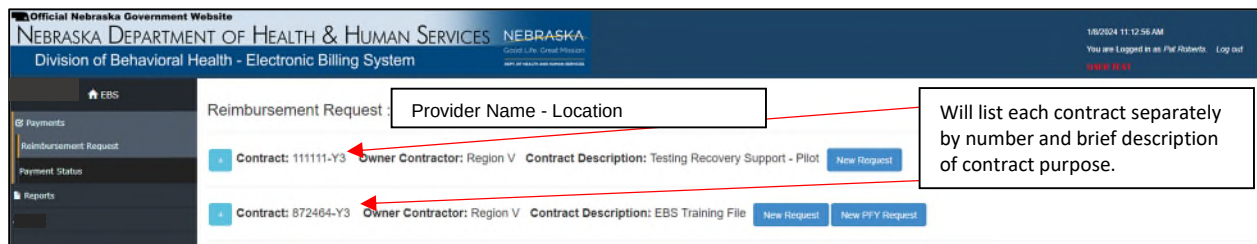
Select Payments and then from the drop down menu select Reimbursement Request:



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.

Official Nebraska Government Website
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

Reimbursement Request : AAA

Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot New Request

Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File New Request New PFTY 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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 1/8/2024 11:15:18 AM Contract Description: EBS Training File

Export to Excel Refresh

MH ReimbursementAmount : \$0.00 Add MH Service

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

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
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

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.

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

Contract: 56897-O4 Contract Description: Playground Provider: Douglas CMHC - 4102 Woolworth Ave., Omaha

MRR Date: PRR Date: 2/8/2017 11:36:20 AM Status: Pending Amount: \$1,915.82

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

[Export to Excel](#)

MH [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	BH Form Type	Reimbursed Units	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Reimbursement Type	
Medication Management - MH - A - Non Residential - 99213-FEP	1/2017	10	1	\$70.57		10	\$705.70	\$0.00	\$0.00	\$705.70	CDS	Remove
Crisis Response - MH - A - Emergency - S9485	1/2017	0			BH4a	0	\$100.00	\$0.00	\$0.00	\$100.00	BHForm	BH Form Remove
Outpatient Psychotherapy - MH - A - Non Residential - Group - 90853	1/2017	0			BH4a	0	\$32.89	\$0.00	\$0.00	\$32.89	BHForm	BH Form Remove
Team Meeting - MH - Y - Children - Prescriber -FEP	1/2017	1.5	1	\$150.00		1.5	\$225.00	\$0.00	\$0.00	\$225.00	EBS	Edit Remove
Team Meeting - MH - Y - Children - Clinician -FEP	1/2017	1	1	\$100.00		1	\$100.00	\$0.00	\$0.00	\$100.00	EBS	Edit Remove
Outpatient Psychotherapy - MH - A - Non Residential - Individual - 90834	1/2017	15			BH4a	15	\$0.00	\$0.00	\$0.00	\$0.00	BHForm	BH Form Remove

10 Items per page 1 - 6 of 6 items

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

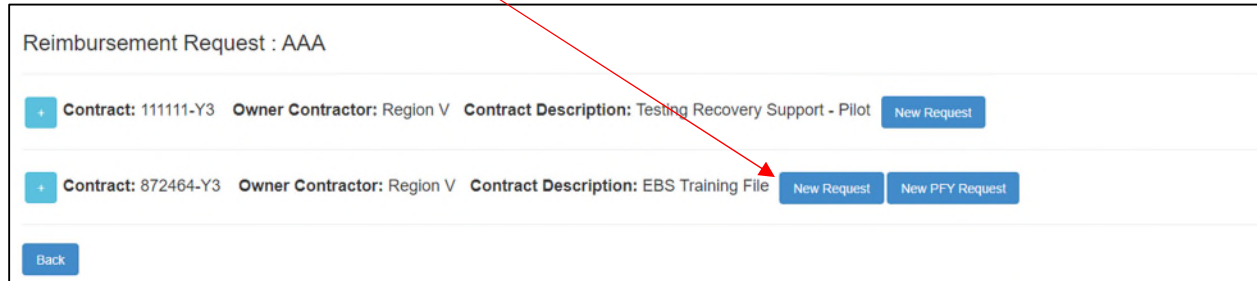
Reimbursement Type 'EBS' allows the units to be entered and calculated by the rate that is entered in EBS System. The units for EBS payment type is not tracked through the Centralized Data System.

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

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.



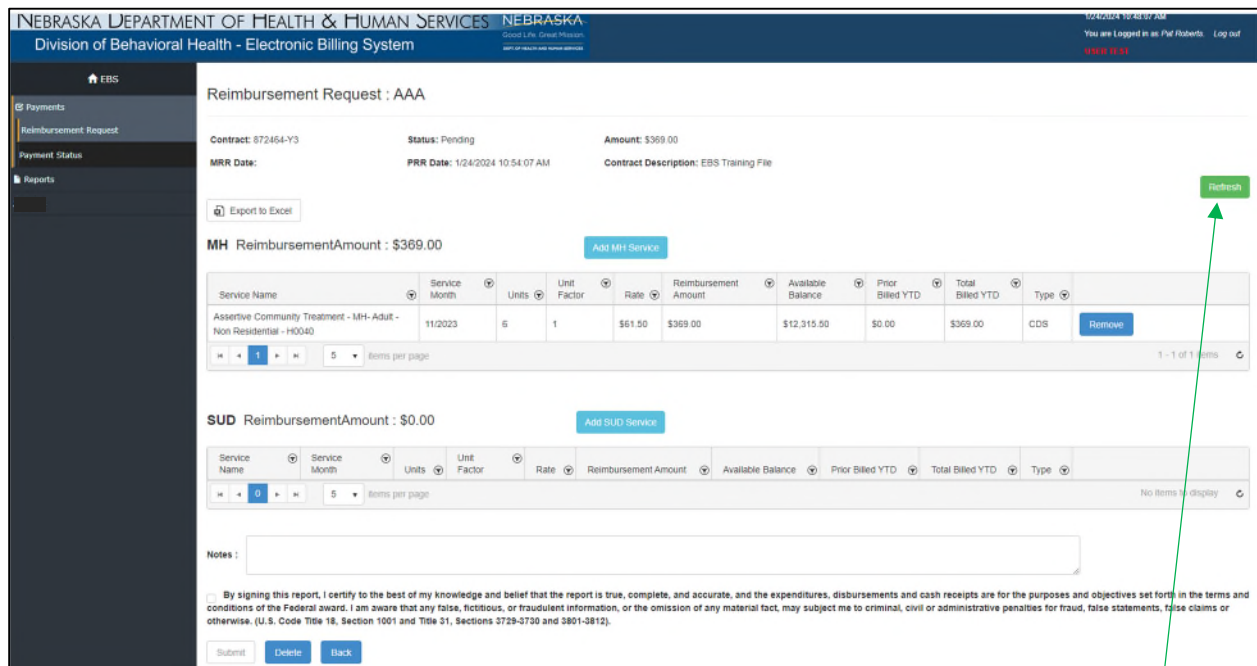
Reimbursement Request : AAA

Contract: 111111-Y3 **Owner Contractor:** Region V **Contract Description:** Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 **Owner Contractor:** Region V **Contract Description:** EBS Training File [New Request](#) [New PFY Request](#)

[Back](#)

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



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

10/26/2024 10:54:07 AM
You are Logged in as Phil Roberts Log out
View Profile

Reimbursement Request : AAA

Contract: 872464-Y3 **Status:** Pending **Amount:** \$369.00
MRR Date: **PRR Date:** 1/24/2024 10:54:07 AM **Contract Description:** EBS Training File

[Export to Excel](#)

MH ReimbursementAmount : \$369.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Assertive Community Treatment - MH-Adult - Non Residential - H0040	11/2023	6	1	\$61.50	\$369.00	\$12,315.50	\$0.00	\$369.00	CDS

1 - 1 of 1 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
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](#)

[Refresh](#)

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](#)

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

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$369.00
MRR Date: PRR Date: 1/24/2024 10:54:07 AM Contract Description: EBS Training File

Export to Excel

MH ReimbursementAmount : \$369.00 [Add MH Service](#)

Service Month: --Select--
--Select--
January, 2024
December, 2023
November, 2023
October, 2023
September, 2023
August, 2023
July, 2023

Notes :

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Submit Discard Back

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

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$369.00
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

Export to Excel

MH ReimbursementAmount : \$369.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Assertive Community Treatment - MH- Adult - Non Residential - H0040	11/2023	6	1	\$61.50	\$369.00	\$12,315.50	\$0.00	\$369.00	CDS

1 of 1 items

Service Month: November, 2023

Service Name	Service Type	Adult/Youth	Procedure Code	Funding Category	Qualifier	WSA	FEP	SEG	SOC	PFY	Service Modifier	Reimbursement Type
☐ Regional Administration	MH	Adult	99999	Coordination/Administration		☐	☐	☐	☐	☐		BHForm
☐ Region Initiative - OP - MH	MH	Adult	90834	Non Residential	OP - Individual	☐	☐	☐	☐	☐		EBS

1 of 1 items

Items per page: 5

Add Cancel

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

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

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

Add Service

Contract: 872464-Y3 Provider: AAA

Service Month: November, 2023

	Service Name	ServiceType	Adult/Youth	ProcedureCode	FundingCategory	Qualifier	WSA	FEP	SEG	SOC	PFY	ServiceModifier	Reimbursement Type
☐	Regional Administration	MH	Adult	99999	Coordination/Administration		☐	☐	☐	☐	☐		BHForm
☐	Region Initiative - OP - MH	MH	Adult	90834	Non Residential	OP - Individual	☐	☐	☐	☐	☐		EBS

1 - 2 of 2 items

Add Cancel

Select Add to create request for the month selected.

It will bring the services in that was selected.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$369.00

MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

Export to Excel Refresh

MH ReimbursementAmount : \$369.00 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 - Adult - Non Residential - OP - Individual - 90834	11/2023	1	1	\$147.73	\$0.00	\$3,556.78	\$295.46	\$295.46	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				\$0.00	\$9,800.00	\$10,200.00	\$10,200.00	BHForm	BH Form Remove

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
No items to display									

Notes :

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Submit Delete Back

Select BH Form for service

Reimbursement Request

BH4a - Expense Reimbursement Document

BH Form Reimbursement Report

Contract Number : 872464-Y3
Provider Name : AAA
Service Name : Regional Administration - MH - A - Coordination/Administration - 99999
ServiceMonth : 11/2023

Expense Category	Current Month Expenses Submitted	Total Prior Expenses Billed	Total Expenses	
Personnel Services	\$0.00	\$10,000.00	\$10,000.00	Edit
General Operations	\$0.00	\$1,000.00	\$1,000.00	Edit
Travel	\$0.00	\$200.00	\$200.00	Edit
Contractors	\$0.00	\$0.00	\$0.00	Edit
Indirect Administration	\$0.00	\$0.00	\$0.00	Edit
Equipment	\$0.00	\$0.00	\$0.00	Edit
Other Expenses	\$0.00	\$0.00	\$0.00	Edit
Medications	\$0.00	\$0.00	\$0.00	Edit
Supplies	\$0.00	\$0.00	\$0.00	Edit
Fringe Benefits	\$0.00	\$0.00	\$0.00	Edit
Total	\$0.00			
Revenue Received	\$0.00	-\$1,000.00	-\$1,000.00	Edit
Total	\$0.00			
Total Billing Submitted	\$0.00			

1 - 11 of 11 items

Save Cancel Delete

To add dollars select [Edit](#) 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.

Reimbursement Request

BH4a - Expense Reimbursement Document

BH Form Reimbursement Report

Contract Number : 872464-Y3
 Provider Name : AAA
 Service Name : Regional Administration - MH - A - Coordination/Administration - 99999
 ServiceMonth : 11/2023

Expense Category	Current Month Expenses Submitted	Total Prior Expenses Billed	Total Expenses	
Personnel Services	\$100.00	\$10,000.00	\$10,100.00	Edit
General Operations	\$50.00	\$1,000.00	\$1,050.00	Edit
Travel	\$100.00	\$200.00	\$300.00	Edit
Contractors	\$25.00	\$0.00	\$25.00	Edit
Indirect Administration	\$0.00	\$0.00	\$0.00	Edit
Equipment	\$0.00	\$0.00	\$0.00	Edit
Other Expenses	\$0.00	\$0.00	\$0.00	Edit
Medications	\$0.00	\$0.00	\$0.00	Edit
Supplies	\$0.00	\$0.00	\$0.00	Edit
Fringe Benefits	\$0.00	\$0.00	\$0.00	Edit
Total	\$275.00			
Revenue Received	60.00	-\$1,000.00	-\$1,000.00	Update Cancel
Total	\$0.00			
Total Billing Submitted	\$275.00			

1 - 11 of 11 items

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

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

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

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

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

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

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

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

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type	
Outpatient Psychotherapy - MH-Adult - Non Residential - Individual - 90834	11/2023	0	1	\$152.16	\$0.00	\$9,896.64	\$606.64	\$606.64	CDS	Remove
Region Initiative - OP - MH - MH-Adult - Non Residential - OP - Individual - 90834	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

1 - 4 of 4 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
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](#)

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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type	
Outpatient Psychotherapy - MH-Adult - Non Residential - Individual - 90834	11/2023	0	1	\$152.16	\$0.00	\$9,896.64	\$606.64	\$606.64	CDS	Remove
Region Initiative - OP - MH - MH-Adult - Non Residential - OP - Individual - 90834	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

1 - 4 of 4 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
No items to display									

Notes :

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

Select 'Delete'

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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 - 90634	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,889.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

Items per page: 5 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
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](#)

The service selected to be removed has now been deleted.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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 - 90634	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,889.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

Items per page: 5 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
No items to display									

Notes :

Nov 23 - If other expenses is listed in the BH Form then there should be an explanation in this note section, providing the details of the expenses. If there is income noted from other sources also should be noted in the note section. Any other pertinent information should be included in this section.

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](#)

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 : AAA

Contract: 872464-V3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	EBS	Edit Remove
Assertive Community Treatment - MH-Adult - Non Residential - H9940	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				\$215.00	\$9,009.00	\$18,209.90	\$19,415.00	BHForm	BH Form Remove

Items per page: 5 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
No items to display									

Notes : Row 23 - If other expenses is listed in the BH Form then there should be an explanation in this note section, providing the details of the expenses. If there is income noted from other sources also should be noted in the note section. Any other pertinent information should be included in this section.

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

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

Select [Submit](#) to submit completed request for approval.

Select [Delete](#) to remove all entries you have made.

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

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

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

[Contract: 56789-O4](#) [Owner Contractor: Region 6](#) [Contract Description: New Request](#)

[Contract: 56897-O4](#) [Owner Contractor: Region 6](#) [Contract Description: Playground](#) [New Request](#)

PRR Create Date	MRR Create Date	Amount Billed	Status	MRR Status	Amount Paid	
02/05/2017 10:32:07 AM		\$1,450.98	Pending			View Edit

Items per page: 5 1 - 1 of 1 items

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

Reimbursement Request : AAA

Contract: 872464-V3

Status: Pending

Amount: \$731.73

MRR Date:

PRR Date: 1/24/2024 11:06:31 AM

Contract Description: EBS Training File

Export to Excel

Refresh

MH ReimbursementAmount : \$731.73
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 - 90534	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,806.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

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
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No items to display

Notes :

Nov 23 - If other expenses are listed in the BH Form then there should be an explanation in this note section, providing the details of the expenses. If there is income noted from other sources also should be noted in the note section. Any other pertinent information should be included in this section.

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Submit
Delete
Back

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.

Contract: 61108-Y3 Provider: Center for Psychological Services, P.C.

Service Month: April, 2022

	Service Name	ServiceType	Adult/Youth	ProcedureCode	FundingCategory	Qualifier	WSA	FEP	SEG	SOC	PFY	ServiceModifier	Reimbursement Type
☒	Contingency Management	MH	Adult	CONT	Non Residential		☐	☐	☐	☐	☐		BHForm
☐	Contingency Management	MH	Youth	CONT	Non Residential		☐	☐	☐	☐	☐		BHForm
☐	Coordinated Specialty Care	MH	Youth	T1024	Non Residential		☐	☒	☐	☐	☐		BHForm
☐	Flex Funds	MH	Youth		Children		☐	☒	☐	☐	☐		BHForm
☐	Flex Funds	MH	Adult		Non Residential		☐	☒	☐	☐	☐		BHForm

1 - 5 of 9 items

Add **Cancel**

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.

Export to Excel

MH ReimbursementAmount : \$0.00 **Add MH Service**

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Contingency Management - MH- Adult - Non Residential - CONT	4/2022				\$0.00	-\$11,060.99	\$11,060.99	\$11,060.99	BHForm

1 - 1 of 1 items

SUD ReimbursementAmount : \$0.00 **Add SUD Service**

Notes:

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Submit **Delete** **Back**

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

Select , the following window will populate.

Reimbursement Request

BH - Encounter

Contract Number : 61108-Y3
Provider Name : Center for Psychological Services, P.C.
Service Name : Contingency Management - MH - A - Non Residential - CONT
ServiceMonth : 04/2022




Encounter ID	Service Name	Amount	
 Encounter required		0.00	 
		\$0.00	



1



10 items per page

1 - 1 of 1 items




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

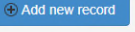
Service Name Field - is required and can be selected from the drop down menu that must match the service for the encounter number. The list of services available is listed below.

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 . The reimbursement request will be add to the service line in the PRR.

BH - Encounter

Contract Number : 61108-Y3
Provider Name : Center for Psychological Services, P.C.
Service Name : Contingency Management - MH - A - Non Residential - CONT
ServiceMonth : 03/2022




Encounter ID	Service Name	Amount	
999999	Community Support - MH- Adult - Non Residential - H2015-HE	\$10,000.00	 
333333	Day Rehabilitation - MH- Adult - Non Residential - H2017	\$1,060.99	 
		\$11,060.99	



1



10 items per page

1 - 2 of 2 items

MH ReimbursementAmount : \$25.00									
Add MH Service									
Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Contingency Management - MH- Adult - Non Residential - CONT	4/2022				\$25.00	-\$11,060.99	\$11,060.99	\$11,065.99	BHForm
1 5 Items per page 1 - 1 of 1 items									

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

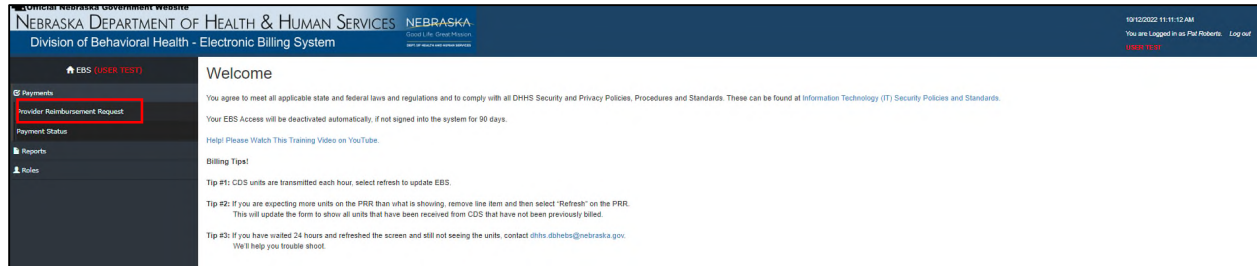
Service Detail - Contingency Management - MH - Youth - Non Residential
Medication Management - MH- Youth - Children - 99213
Multisystemic Therapy - MH- Youth - Children - H2033
Outpatient Psychotherapy - MH- Youth - Children - Family - 90847
Outpatient Psychotherapy - MH- Youth - Children - Group - 90853
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**

Reimbursement Request Parent : OneWorld		
Child Contractor Name	Contractor Type	Child Provider Reimbursement Request
OneWorld - 2529 S 130th Ave, Omaha NE	SC	View Reimbursement Request
OneWorld - 2207 Georgia Ave., Bellevue	SC	View Reimbursement Request
OneWorld - 409 Main St., Plattsmouth	SC	View Reimbursement Request
OneWorld - 4101 S 120th St., Omaha	SC	View Reimbursement Request
OneWorld - 4229 N 90th St., Omaha	SC	View Reimbursement Request
OneWorld - 4920 S 30th St., Omaha	SC	View Reimbursement Request
OneWorld - 4930 S 30th St., Omaha	SC	View Reimbursement Request
OneWorld Community Health Center - 4310 South 24th St., Omaha	SC	View Reimbursement Request
OneWorld Community Health Center - 4930 South 30th St., Omaha	SC	View Reimbursement Request

Select Provider Location, select View Reimbursement Request.

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

+ Contract: 76783-Y3	Owner Contractor: Region 6	Contract Description: SOR III	New Request
+ Contract: 67641-Y3	Owner Contractor: Region 6	Contract Description: FY23 Mental Health and Substance Abuse Services	New Request New PFY Request
+ Contract: 67018-Y3	Owner Contractor: Region 6	Contract Description: Region 6 Supp & ARPA	New Request
+ Contract: 61185-Y3	Owner Contractor: Region 6	Contract Description: FY22 Mental Health and Substance Abuse Services	New Request New PFY Request
+ Contract: 55277-Y3	Owner Contractor: Region 6	Contract Description: FY21 Mental Health and Substance Abuse Services	New Request New PFY Request
+ Contract: 55370-Y3	Owner Contractor: Region 6	Contract Description: SAMSHA Emergency Grant (SEG)	New Request
+ Contract: 51541-Y3	Owner Contractor: Region 6	Contract Description: FY20 SOR Opioid Project	New Request
+ Contract: 48942-Y3	Owner Contractor: Region 6	Contract Description: FY20 Mental Health and Substance Abuse Services	New Request
+ Contract: 42490-Y3	Owner Contractor: Region 6	Contract Description: FY19 Mental Health and Substance Abuse Services	New Request
+ Contract: 42738-Y3	Owner Contractor: Region 6	Contract Description: FY19 - STR Opioid Project	New Request
+ Contract: 37147-Y3	Owner Contractor: Region 6	Contract Description: FY18 Mental Health and Substance Abuse Services	New Request

Select appropriate contract, select

New Request

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

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
No items to display									

Notes :

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

Select

Add SUD Service

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
No Items to display									

SUD [Add Service](#)

Contract: 76783-Y3 Provider: OneWorld - 4920 S 30th St., Omaha

Service Month:

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

Notes :

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

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

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
No Items to display									

SUD [Add Service](#)

Contract: 76783-Y3 Provider: OneWorld - 4920 S 30th St., Omaha

Service Month:

[Add](#) [Cancel](#) [October, 2022](#)

Notes :

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

Select the appropriate month.

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

SUD [Add SUD Service](#)

Contract: 76783-Y3 Provider: OneWorld - 4920 S 30th St., Omaha

Service Month: October, 2022

Service Name	ServiceType	Adult/Youth	ProcedureCode	FundingCategory	Qualifier	WSA	FEP	SEG	SOC	PFY	ServiceModifier	Reimbursement Type
☒ Medication Management	SUD	Adult	99213	Non Residential	Opioid							BHForm
☒ Opioid Lab & MedTreatment	SUD	Adult		Non Residential								BHForm
☒ Medication Management	SUD	Adult	99213	Non Residential	Opioid - SOR							BHForm

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

1 - 3 of 3 items

Select the box to the left of the service and then select [Add](#), the services will auto-populate.

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

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	
Opioid Lab & MedTreatment - SUD- Adult - Non Residential	10/2022				\$0.00	\$100,000.00	\$0.00	\$0.00	BHForm	BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - SOR - 99213	10/2022				\$0.00	\$50,000.00	\$0.00	\$0.00	BHForm	BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - 99213	10/2022				\$0.00	\$50,000.00	\$0.00	\$0.00	BHForm	BH Form Remove

1 - 3 of 3 items

Notes :

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

Select BH Form

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

Export to Excel Refresh

MH Reimbursement Amount: \$0.00

Reimbursement Request

Service Name: BH - Encounter

Contract Number : 76783-Y3
Provider Name : OneWorld - 4920 S 30th St., Omaha
Service Name : Opioid Lab & MedTreatment - SUD - A - Non Residential
ServiceMonth : 10/2022

Encounter ID Service Name Rate Quantity Amount

0.00 \$0.00

10 items per page

Delete Close

Notes :

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Submit Delete Back

The BH – Encounter form will auto populate. Select **Add new record**.

Reimbursement Request

BH - Encounter

Contract Number : 76783-Y3
Provider Name : OneWorld - 4920 S 30th St., Omaha
Service Name : Opioid Lab & MedTreatment - SUD - A - Non Residential
ServiceMonth : 10/2022

Add new record Excel

Encounter ID	Service Name	Rate	Quantity	Amount
Encounter is required		0.00	0.00	\$0.00
				\$0.00

10 items per page 1 - 1 of 1 items

Delete Close

Update Cancel

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.

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

Export to Excel

MH Reimbursement Amount: \$0.00

Reimbursement Request

Service Name: BH - Encounter

Contract Number: 76783-Y3
Provider Name: OneWorld - 4920 S 30th St., Omaha
Service Name: Opioid Lab & MedTreatment - SUD - A - Non Residential
ServiceMonth: 10/2022

Service Name: Add new record

Encounter ID	Service Name	Rate	Quantity	Amount
12123	Lab - 00080053 - Comprehensive Metabolic Panel	0.00	0.00	\$0.00
	Lab - 00080053 - QW - Comprehensive Metabolic Panel			
	Lab - 00085025 - Blood Count, Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT) and Automated Differential WBC Count			\$0.00
	Lab - 00085025 - QW - Blood Count, Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT) and Automated			

Update Cancel

1 - 1 of 1 Items

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

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

Export to Excel

MH Reimbursement Amount: \$0.00

Reimbursement Request

Service Name: BH - Encounter

Contract Number: 76783-Y3
Provider Name: OneWorld - 4920 S 30th St., Omaha
Service Name: Opioid Lab & MedTreatment - SUD - A - Non Residential
ServiceMonth: 10/2022

Service Name: Add new record

Encounter ID	Service Name	Rate	Quantity	Amount
12123	Lab - 00085025 - QW - Blood Count, Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT) and Automated Differential WBC Count	7.77	0.00	\$0.00
				\$0.00

Update Cancel

1 - 1 of 1 Items

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

Submit Delete Back

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

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

Reimbursement Request

BH - Encounter

Contract Number : 76783-Y3
 Provider Name : OneWorld - 4920 S 30th St., Omaha
 Service Name : Opioid Lab & MedTreatment - SUD - A - Non Residential
 ServiceMonth : 10/2022

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

Encounter ID	Service Name	Rate	Quantity	Amount	
12123	Lab - 00085025 - QW - Blood Count, Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT) and Automated Differential WBC Count	\$7.77	4	\$31.08	Edit Delete
				\$31.08	

10 items per page 1 - 1 of 1 items

[Delete](#) [Close](#)

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

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$31.08
 MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

SUD ReimbursementAmount : \$31.08 [Add SUD Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Opioid Lab & MedTreatment - SUD- Adult - Non Residential	10/2022				\$31.08	\$100,000.00	\$0.00	\$31.08	BHForm BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - SOR - 99213	10/2022				\$0.00	\$50,000.00	\$0.00	\$0.00	BHForm BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - 99213	10/2022				\$0.00	\$50,000.00	\$0.00	\$0.00	BHForm BH Form Remove

5 items per page 1 - 3 of 3 items

Notes :

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

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.

Reimbursement Request : OneWorld - 4920 S 30th St., Omaha

Contract: 76783-Y3 Status: Pending Amount: \$103.12
MRR Date: PRR Date: 10/12/2022 11:24:07 AM Contract Description: SOR III

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

SUD ReimbursementAmount : \$103.12 [Add SUD Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Opioid Lab & MedTreatment - SUD- Adult - Non Residential	10/2022				\$31.08	\$100,000.00	\$0.00	\$31.08	BHForm BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - SOR - 99213	10/2022				\$48.16	\$50,000.00	\$0.00	\$48.16	BHForm BH Form Remove
Medication Management - SUD- Adult - Non Residential - Opioid - 99213	10/2022				\$23.88	\$50,000.00	\$0.00	\$23.88	BHForm BH Form Remove

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](#)

Consolidated by Service Detail Report

Contract Consolidated Payment Details by Service Details

Select Owner Contractor: [Region 6](#) Select Fiscal Year: [FY23](#)
Select Contract Number: [76783-Y3 - Region 6 - SOR III](#) Select Provider: [Select All](#)
Expand All: ☐ Show ☒ Hide

Contract Consolidated Payment Details by Service Details

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

Service Type	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	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

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
Opioid Lab & MedTreatment - SUD- Adult - Non Residential				\$ 31.08	\$ 31.08	\$ 0.00	\$ 31.08	\$ 0.00	\$ 0.00
III				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
OneWorld - 4920 S 30th St., Omaha				\$ 31.08	\$ 31.08	\$ 0.00	\$ 31.08	\$ 0.00	\$ 0.00

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				\$ 31.08	\$ 31.08	\$ 0.00	\$ 31.08	\$ 0.00	October 2022	10/12/2022

Consolidated by Provider Detail Report

Contract Consolidated Payment Details by Providers

Select Owner/Contractor

Region 6

Select Fiscal Year

FY 23

Select Contract Number

76763-12-Region 6-SOR III

Select Provider

Select All

Expand All

True

False

1

of 1

Page 1

Print

Next

4

5

100.000

Contract Consolidated Payment Details by Providers

Contract Number	: 76763-12	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

CrewWorld - 4820 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
II 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
II Medication Management - SUD- Adult - Non Residential - Opioid - 99213	\$ 60,000.00				\$ 23.88	\$ 23.88	\$ 0.00	\$ 23.88	\$ 0.00	\$ 49,976.12	0.05 %	\$ 0.00
II 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
II Opioid Lab & MedTreatment - SUD- Adult - Non Residential - 99213	\$ 100,000.00				\$ 31.08	\$ 31.08	\$ 0.00	\$ 31.08	\$ 0.00	\$ 99,969.92	0.03 %	\$ 0.00
II Opioid Lab & MedTreatment - SUD- Adult - Non Residential - 99213					\$ 31.00	\$ 31.00	\$ 0.00	\$ 31.00	\$ 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
II Substance Abuse Disorder	\$ 0.00				\$ 0.00	\$ 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	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 PLATELET COUNT) and Automated Differential WBC Count							
00085027	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC AND PLATELET COUNT)							
00085053	Comprehensive Metabolic Panel							
00086053	QW Comprehensive Metabolic Panel							
00050475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING							
00050475	QW HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING							
00086708	HEPATITIS A ANTIBODY (HAA8), TOTAL							
00086704	HEPATITIS B CORE ANTIBODY (HBcAb), TOTAL							
00086803	HEPATITIS C ANTIBODY; PART OF 80059							
00086803	QW HEPATITIS C ANTIBODY; PART OF 80059							
00086804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)							
000G0480	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHOD ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BTWN STRUCTURAL ISOMERS...PER DAY 1-7 DRUG							
000G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BTWN... DRUG TEST DEF 8-14 CLAS							
000G0482	DRUG TEST(S) DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS BTWN STRUCTURAL ISOMERS... 15-21 DRUG CLASSE(S)							

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 (Reaxitor) - 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.

Reimbursement Request : Region 6 Behavioral Healthcare

+ **Contract:** 76783-Y3 **Owner Contractor:** Region 6 **Contract Description:** SOR III **New Request**

+ **Contract:** 36985-Y3 **Owner Contractor:** Region 6 **Contract Description:** Testing of new services 06/21/23 **New Request**

Reimbursement Request : Region 6 Behavioral Healthcare

Contract: 36985-Y3 Status: Pending Amount: \$0.00
MRR Date: PRR Date: 6/23/2023 12:11:23 PM Contract Description: Testing of new services 06/21/23

Export to Excel Refresh

MH ReimbursementAmount : \$0.00 **Add MH Service**

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

5 items per page

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
No items to display									

5 items per page

Notes :

I, 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).

Select **Add MH Service** to select service month.

Reimbursement Request : Region 6 Behavioral Healthcare

Contract: 36985-Y3 Status: Pending Amount: \$0.00
 MRR Date: PRR Date: 6/23/2023 12:11:23 PM Contract Description: Testing of new services 06/21/23

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

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

Add Service

Contract: 36985-Y3 Provider: Region 6 Behavioral Healthcare

Service Month: --Select--

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

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](#)

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

Add Service

Contract: 36985-Y3 Provider: Region 6 Behavioral Healthcare

Service Month: January, 2023

Service Name	Service Type	Adult/Youth	Procedure Code	Funding Category	Qualifier	WSA	FEP	SEG	SOC	PFY	Service Modifier	Reimbursement Type
☐ Flex Funds	MH	Adult	99999	Non Residential		☐	☐	☐	☐	☐		BHForm

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

1 - 1 of 1 items

Select indicator and [Add](#), system will populate service line to be completed.

Reimbursement Request : Region 6 Behavioral Healthcare

Contract: 36985-Y3 Status: Pending Amount: \$0.00
 MRR Date: PRR Date: 6/23/2023 12:11:23 PM Contract Description: Testing of new services 06/21/23

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

MH ReimbursementAmount : \$0.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type
Flex Funds - MH- Adult - Non Residential - 99999	1/2023				\$0.00	\$13,703.00	\$2,022.00	\$2,022.00	BHForm

[BH Form](#) [Remove](#)

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
No items to display									

Notes :

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

Select [BH Form](#) to open reimbursement request to complete for each encounter/consumer.

Reimbursement Request

BH - Encounter

Contract Number : 36985-Y3
 Provider Name : Region 6 Behavioral Healthcare
 Service Name : Flex Funds - MH - A - Non Residential - 99999
 ServiceMonth : 01/2023

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

Encounter ID	Consumer ID	Admit Status	Expense Name	Amount
				\$0.00

10 items per page No items to display

[Delete](#) [Close](#)

Select [Add new record](#)

Reimbursement Request

BH - Encounter

Contract Number : 36985-Y3
 Provider Name : Region 6 Behavioral Healthcare
 Service Name : Flex Funds - MH - A - Non Residential - 99999
 ServiceMonth : 01/2023

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

Encounter ID	Consumer ID	Admit Status	Expense Name	Amount	
ⓘ Encounter is required		Pre Admitted		0.00	Update Cancel
				\$0.00	

10 items per page 1 - 1 of 1 items

[Delete](#) [Close](#)

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 [Update](#)

Reimbursement Request

BH - Encounter

Contract Number : 36985-Y3
 Provider Name : Region 6 Behavioral Healthcare
 Service Name : Flex Funds - MH - A - Non Residential - 99999
 ServiceMonth : 01/2023

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

Encounter ID	Consumer ID	Admit Status	Expense Name	Amount	
HARKF06032000	HARKF06032000	Pre Admitted	Laboratory work related to MH/SUD medications	\$25.00	Edit Delete
1213456	1231215	Admitted	Food	\$100.00	Edit Delete
986879	85989	Pre Admitted	Clothing needs	\$50.00	Edit Delete
				\$175.00	

1 - 3 of 3 items

[Delete](#) [Close](#)

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.

Reimbursement Request : Region 6 Behavioral Healthcare

Contract: 36985-Y3 Status: Pending Amount: \$175.00
 MRR Date: PRR Date: 6/23/2023 12:11:23 PM Contract Description: Testing of new services 06/21/23

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

MH ReimbursementAmount : \$175.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type	
Flex Funds - MH- Adult - Non Residential - 99999	1/2023				\$175.00	\$13,703.00	\$2,022.00	\$2,197.00	BHForm	BH Form Remove

1 - 1 of 1 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
No items to display									

Notes :

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

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](#) 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 Contract Number

26985-12--Region 6--Testing of new services 06/21/23

Expand All

☐ True ☒ False

Select Fiscal Year

FY 23

Select Provider

Select All

1 of 1

Find | Next

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
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				\$ 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.

Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

+ Contract: 74015-Y3 Owner Contractor: Region 6 Contract Description: FY24 Mental Health and Substance Abuse Services New Request New PFY Request

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.

Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

+ Contract: 74015-Y3 Owner Contractor: Region 6 Contract Description: FY24 Mental Health and Substance Abuse Services New Request New PFY Request

Select New PFY Request

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

+ Add new record Excel

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount
1					

20 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

Select + Add new record

Once + Add new record 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.

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

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

1 - 1 of 1 items

Notes :

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

The fields that are required will be highlighted.

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

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

1 - 1 of 1 items

Notes :

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

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

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

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

ⓘ Encounter ID req ⓘ Please select a service month from the dropdown ⓘ Please select ⓘ Please enter valid Units groupopen

Notes :

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

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Assessment - SUD- Adult - Non Residential - PFY - H0001		0.00	0.00	\$0.00	Update Cancel

ⓘ Please select ⓘ Please enter valid Units groupopen

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](#)

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.

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90834		0.00	0.00	\$0.00	Update Cancel

ⓘ Please select ⓘ Please enter valid Units groupopen

Notes :

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

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

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90834	03/2023	-1.00	0.00	\$0.00	Update Cancel

1 - 1 of 1 items

Notes :

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

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

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Pending Reimbursement Amount: \$0.00
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90834	03/2023	-1.00	147.73	\$0.00	Update Cancel

1 - 1 of 1 items

Notes :

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

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

[Contract Consolidated Payment Details by Providers Report](#) - Contract Consolidated Payment Details by Providers

[Contract Consolidated Payment Details by Service Details Report](#) - Contract Consolidated Payment Details by Service Details

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.

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Submitted Reimbursement Amount: \$-184.67
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90634	03/2023	-1	\$147.73	-\$147.73	Edit Delete
96969	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90634	06/2023	1	\$147.73	\$147.73	Edit Delete
8489489	Outpatient Psychotherapy - SUD- Adult - Non Residential - Family - PFY - 90647	02/2023	-1	\$147.73	-\$147.73	Edit Delete
9151654	Outpatient Psychotherapy - SUD- Adult - Non Residential - Group - PFY - 90653	06/2023	-1	\$36.94	-\$36.94	Edit Delete

1 - 4 of 4 items

Notes :

[Back](#)

PFY Reimbursement Request : ARCH - 1502 N. 58th Street, Omaha

Contract: 74015-Y3 Status: Rejected Reimbursement Amount: \$-184.67
MRR Date: PRR Date: 1/25/2024 8:57:55 AM Contract Description: FY24 Mental Health and Substance Abuse Services

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

Encounter ID	Service Name	Service Month	Units	Rate	Reimbursement Amount	
1212121	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90634	03/2023	-1	\$147.73	-\$147.73	Edit Delete
96969	Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90634	06/2023	1	\$147.73	\$147.73	Edit Delete
8489489	Outpatient Psychotherapy - SUD- Adult - Non Residential - Family - PFY - 90647	02/2023	-1	\$147.73	-\$147.73	Edit Delete
9151654	Outpatient Psychotherapy - SUD- Adult - Non Residential - Group - PFY - 90653	06/2023	-1	\$36.94	-\$36.94	Edit Delete

1 - 4 of 4 items

Notes :

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

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

Master Reimbursement Request : Region 6

Contract Number: 74015-Y3 Status: Pending Amount: (\$184.67)
MRR Date: 1/25/2024 1:10:20 PM Contract Description: FY24 Mental Health and Substance Abuse Services

[Refresh](#)

[Excel](#)

Provider	PRR Date	Payment Requested	PRR Status	PRR Last Changed	
ARCH - 1502 N. 58th Street, Omaha	01/25/2024 08:57:55 AM	-\$184.67	Accepted	01/25/2024 01:10:20 PM	PFY View PFY Remove

1 - 1 of 1 items

Notes :

[Funding Category Summary](#) [Delete](#) [Back](#)
[Submit To State](#)

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

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

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

Outpatient Psychotherapy - SUD- Adult - Non Residential						Budget : \$316,949.28	Payments : \$0.00	Available : \$316,949.28	P	BC
Business Unit	Description	Fund Type	Fund Purpose	Service Spend Priority	Service Budget Amount	Payments	Available Balance			
25910167	Region SA	GF	TX-Adult	Normal	\$246,636.94	\$0.00	\$246,636.94	Increase Budget		
25910064	SA COMM BASD LB1011 FY24	CF	TX-Adult	Normal	\$70,312.34	\$0.00	\$70,312.34	Increase Budget		
Total					\$316,949.28	\$0.00	\$316,949.28			

Outpatient Psychotherapy - SUD- Adult - Non Residential						Budget : \$316,949.28	Payments : (\$184.67)	Available : \$317,133.95	P	BC
Business Unit	Description	Fund Type	Fund Purpose	Service Spend Priority	Service Budget Amount	Payments	Available Balance			
25910167	Region SA	GF	TX-Adult	Normal	\$246,636.94	-\$184.67	\$246,821.61	Increase Budget		
25910064	SA COMM BASD LB1011 FY24	CF	TX-Adult	Normal	\$70,312.34	\$0.00	\$70,312.34	Increase Budget		
Total					\$316,949.28	-\$184.67	\$317,133.95			

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
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					Units	Std Units	Rate	Reduce Units	Reimbursed Units	Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha					-1	1	\$147.73		-1	-\$147.73
◀ 1 ▶ 5 Items per page					1 - 1 of 1 Items					
▲ Outpatient Psychotherapy - SUD- Adult - Non Residential - Group - PFY - 90853					-1	0	-1	-\$36.94		
Provider Name					Units	Std Units	Rate	Reduce Units	Reimbursed Units	Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha					-1	1	\$36.94		-1	-\$36.94
◀ 1 ▶ 5 Items per page					1 - 1 of 1 Items					
▲ Outpatient Psychotherapy - SUD- Adult - Non Residential - Individual - PFY - 90834					0	0	0	\$0.00		
Provider Name					Units	Std Units	Rate	Reduce Units	Reimbursed Units	Reimbursement Amount
ARCH - 1502 N. 58th Street, Omaha					-1	1	\$147.73		-1	-\$147.73
ARCH - 1502 N. 58th Street, Omaha					1	1	\$147.73		1	\$147.73
◀ 1 ▶ 6 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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

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
No items to display									

Notes :

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

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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	EBS	Edit Remove
Assarive Community Treatment - MH- Adult - Non Residential - H0040	11/2023					\$12,315.50	\$0.00	\$369.00	CDS	Remove
Regional Administration - MH- Adult - Coordination/Administration - 99999	11/2023					\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

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
No items to display									

Notes :

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

Confirm
Are you sure you want to Delete ?

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

Select 'Delete'

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$362.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$362.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	EBS	Edit Remove
Regional Administration - MH- Adult - Coordination/Administration - 99999	11/2023				\$215.00	\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

1 - 2 of 2 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
No items to display									

Notes :

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

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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$731.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$731.73 [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 - Adult - Non Residential - OP - Individual - 90834	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$215.00	\$9,800.00	\$10,200.00	\$10,415.00	BHForm	BH Form Remove

1 - 3 of 3 items

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.

Official Nebraska Government Website

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

1/26/2024 11:11:27 AM
You are Logged in as Pat Roberts Log out

Welcome [Select Payments](#)

You agree to meet all applicable state and federal laws and regulations and to comply with all DHHS Security and Privacy Policies, Procedures and Standards. These can be found at [Information Technology \(IT\) Security Policies and Standards](#).

Your EBS Access will be deactivated automatically, if not signed into the system for 60 days.

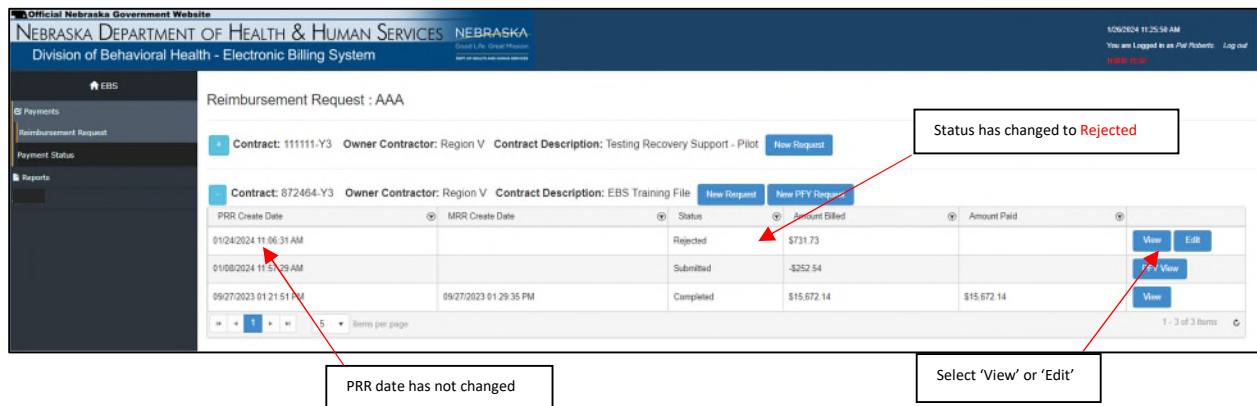
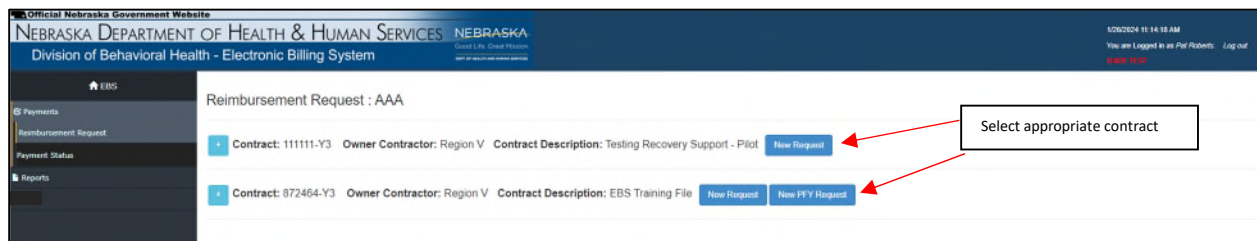
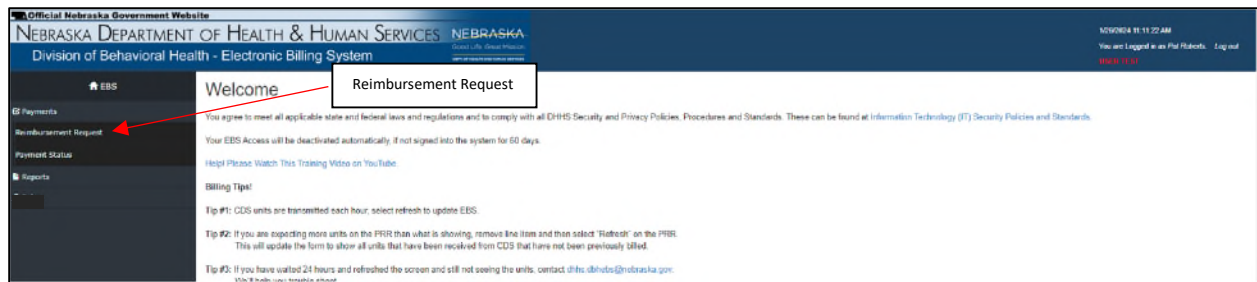
[Help! Please Watch This Training Video on YouTube](#)

Billing Tip!

Tip #1: CDS units are transmitted each hour, select refresh to update EBS.

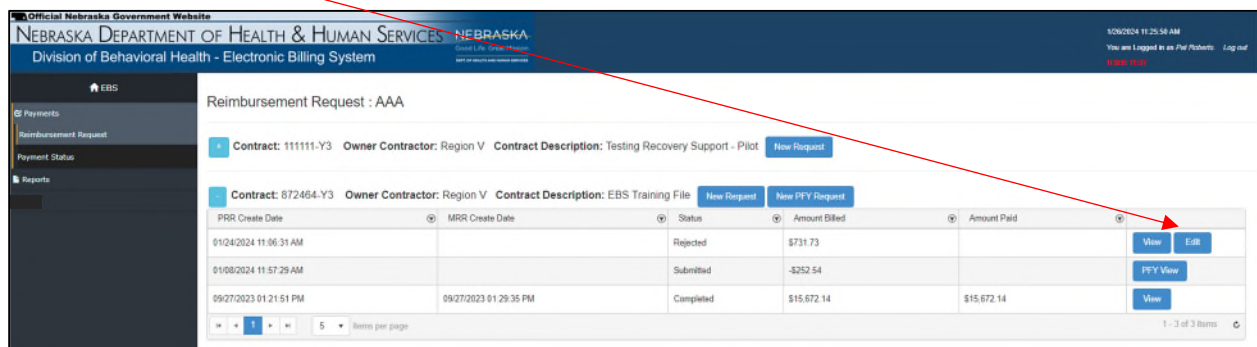
Tip #2: If you are expecting more units on the PRR than what is showing, remove line item and then select "Refresh" on the PRR. This will update the form to show all units that have been received from CDS that have not been previously billed.

Tip #3: If you have waited 24 hours and refreshed the screen and still not seeing the units, contact dhhs.dhhs@nebraska.gov. We'll help you trouble shoot.



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

Selecting [Edit](#) will allow the User to make any necessary changes to the PRR.



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.

Reimbursement Request : AAA

Contract: 072464-Y3 Status: Rejected Amount: \$516.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$516.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$413.18	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				\$0.00	\$0.000.00	\$10,200.00	\$10,200.00	BHForm	BH Form Remove

1 - 3 of 3 items

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](#).

Reimbursement Request

BH4a - Expense Reimbursement Document

Contract Number : 072464-Y3
Provider Name : AAA
Service Name : Regional Administration MH - A Coordination/Administration 99999
Service Month : 11/2023

[BH Form Reimbursement Report](#)

Expense Category	Current Month Expenses Submitted	Total Prior Expenses Billed	Total Expenses	
Personnel Services	\$100.00	\$10,000.00	\$10,100.00	Update Cancel
General Operations	\$20.00	\$1,000.00	\$1,020.00	Edit
Travel	\$100.00	\$200.00	\$300.00	Edit
Contractors	\$25.00	\$0.00	\$25.00	Edit
Indirect/Administration	\$0.00	\$0.00	\$0.00	Edit
Equipment	\$0.00	\$0.00	\$0.00	Edit
Other Expenses	\$0.00	\$0.00	\$0.00	Edit
Medications	\$0.00	\$0.00	\$0.00	Edit
Supplies	\$0.00	\$0.00	\$0.00	Edit
Private Benefits	\$0.00	\$0.00	\$0.00	Edit
Total	\$225.00			
Revenue Received	\$20.00	-\$1,000.00	-\$980.00	Edit
Total	\$90.00			
Total Billing Submitted	\$215.00			

1 - 11 of 11 items

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

Select [Save](#) to close the BH Form.

The following changes were made on the example below:

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Rejected Amount: \$716.73
MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$716.73 [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	1	1	\$147.73	\$147.73	\$3,556.78	\$295.46	\$443.19	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				\$200.00	\$9,800.00	\$10,200.00	\$10,400.00	BH Form	BH Form Remove

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
--------------	---------------	-------	-------------	------	----------------------	-------------------	------------------	------------------	------

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](#)

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.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Rejected Amount: \$716.73
 MRR Date: PRR Date: 1/24/2024 11:06:31 AM Contract Description: EBS Training File

Export to Excel Refresh

MH ReimbursementAmount : \$716.73 Add MH Service

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Prior Billed YTD	Total Billed YTD	Type		
Region Initiative - OP - MH - MH-Adult - Non Residential - OP - Individual - 90834	11/2023	1	1	\$147.73	\$147.73	\$3,556.78	\$296.46	\$443.19	EBS	Edit Remove
Assertive Community Treatment - MH-Adult - Non Residential - H0046	11/2023					\$12,315.50	\$0.00	\$369.00	CDS	Remove
Regional Administration - MH-Adult - Coordination/Administration - 99999	11/2023				\$9,800.00	\$10,200.00	\$10,400.00		BH Form	Remove

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
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

The system will return you to the summary page.

Reimbursement Request : AAA

+ Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot New Request

- Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File New Request New PFY Request

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 2 of 2 Items

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 Request : AAA

+ Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot New Request

- Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File New Request New PFY Request

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 2 of 2 Items

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

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$369.00
MRR Date: PRR Date: 1/26/2024 12:15:43 PM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$369.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type	
Outpatient Psychotherapy - MH- Adult - Non Residential - Individual - 90834	11/2023	0	1	\$152.16	\$0.00	\$9,896.64	\$608.64	\$608.64	CDS	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

1 - 2 of 2 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	
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](#)

If the units are not displaying PRR select [Refresh](#). The units are brought back into the PRR.

Reimbursement Request : AAA

Contract: 872464-Y3 Status: Pending Amount: \$369.00
MRR Date: PRR Date: 1/26/2024 12:15:43 PM Contract Description: EBS Training File

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

MH ReimbursementAmount : \$369.00 [Add MH Service](#)

Service Name	Service Month	Units	Unit Factor	Rate	Reimbursement Amount	Available Balance	Prior Billed YTD	Total Billed YTD	Type	
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

1 - 1 of 1 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	
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](#)

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

Export to Excel

Refresh

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 - 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 - 95999	11/2023				\$305.00	\$9,800.00	\$10,200.00	\$10,505.00	BHForm	BH Form Remove

1

5

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	
										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

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

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

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

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
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](#)

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.

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

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

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				\$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

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
No items to display									

Notes :

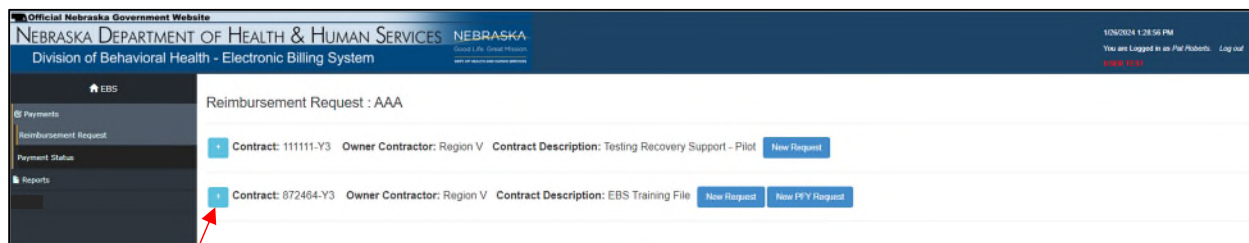
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, 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](#)

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.

Reimbursement Request : AAA

Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot [New Request](#)

Contract: 872484-Y3 Owner Contractor: Region V Contract Description: EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/26/2024 12:15:43 PM		Pending	\$969.45		View Edit
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

Items per page: 5 1 - 3 of 3 items

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.

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid
01/26/2024 12:15:43 PM		Pending	\$969.46	
01/06/2024 11:57:29 AM		Submitted	\$252.54	
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14

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

Official Nebraska Government Website
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

10/26/2024 11:25:58 AM
You are Logged in as Phil Roberts Log out
UNHS 11.21

Reimbursement Request : AAA

Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/24/2024 11:06:31 AM		Rejected	\$731.73		View Edit
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 3 of 3 Items

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

Official Nebraska Government Website
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Behavioral Health - Electronic Billing System

10/26/2024 11:25:58 AM
You are Logged in as Phil Roberts Log out
UNHS 11.21

Reimbursement Request : AAA

Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/24/2024 11:06:31 AM		Rejected	\$731.73		View Edit
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 3 of 3 Items

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.

Reimbursement Request : AAA

Contract: 111111-Y3 Owner Contractor: Region V Contract Description: Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 Owner Contractor: Region V Contract Description: EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/08/2024 11:57:29 AM		Submitted	-\$252.54		PFY View
01/26/2024 12:15:43 PM		Submitted	\$969.46		View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 3 of 3 Items

[Back](#)

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

Reimbursement Request : AAA

Contract: 111111-Y3 **Owner Contractor:** Region V **Contract Description:** Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 **Owner Contractor:** Region V **Contract Description:** EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/08/2024 11:57:29 AM	01/26/2024 01:48:13 PM	With BH	-\$252.54		PFY View
01/26/2024 12:15:43 PM	01/26/2024 01:48:13 PM	With BH	\$969.46		View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 3 of 3 Items

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

Reimbursement Request : AAA

Contract: 111111-Y3 **Owner Contractor:** Region V **Contract Description:** Testing Recovery Support - Pilot [New Request](#)

Contract: 872464-Y3 **Owner Contractor:** Region V **Contract Description:** EBS Training File [New Request](#) [New PFY Request](#)

PRR Create Date	MRR Create Date	Status	Amount Billed	Amount Paid	
01/08/2024 11:57:29 AM	01/26/2024 02:16:16 PM	Completed	-\$252.54	-\$252.54	PFY View
01/26/2024 12:15:43 PM	01/26/2024 02:16:16 PM	Completed	\$969.46	\$969.46	View
09/27/2023 01:21:51 PM	09/27/2023 01:29:35 PM	Completed	\$15,672.14	\$15,672.14	View

1 - 3 of 3 Items

[Back](#)

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

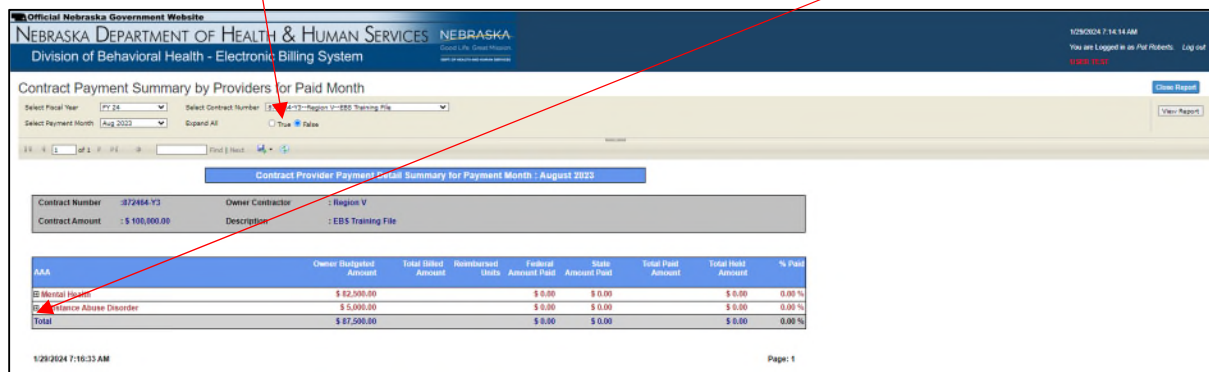
There are three components to the Report section:

- 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.



Contract Payment Summary by Providers for Paid Month

Select Fiscal Year: FY 24 Select Contract Number: J72464-Y3-Region V-BBS Training File

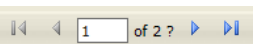
Select Payment Month: Aug 2022 Expand All ☐ True ☒ False

Contract Number: J72464-Y3 Owner Contractor: Region V

Contract Amount: \$ 100,000.00 Description: BBS Training File

AAA	Owner Budgeted Amount	Total Billed Amount	Reimbursed Units	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	% Paid
02 Mental Health	\$ 52,500.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %
03 Substance Abuse Disorder	\$ 5,000.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %
Total	\$ 57,500.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %

1/29/2024 7:16:33 AM Page: 1

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

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

To export select file icon from the header.



Contract Payment Summary by Providers for Paid Month

Select Fiscal Year: FY 24 Select Contract Number: J72464-Y3-Region V-BBS Training File

Select Payment Month: Aug 2022 Expand All ☐ True ☒ False

Contract Number: J72464-Y3 Owner Contractor: Region V

Contract Amount: \$ 100,000.00 Description: BBS Training File

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



Contract Payment Summary by Providers for Paid Month

Select Fiscal Year: FY 24 Select Contract Number: J72464-Y3-Region V-BBS Training File

Select Payment Month: Aug 2022 Expand All ☐ True ☒ False

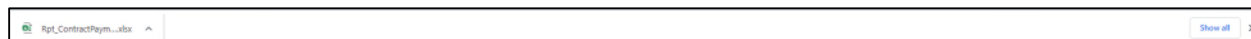
Contract Number: J72464-Y3 Owner Contractor: Region V

Contract Amount: \$ 100,000.00 Description: BBS Training File

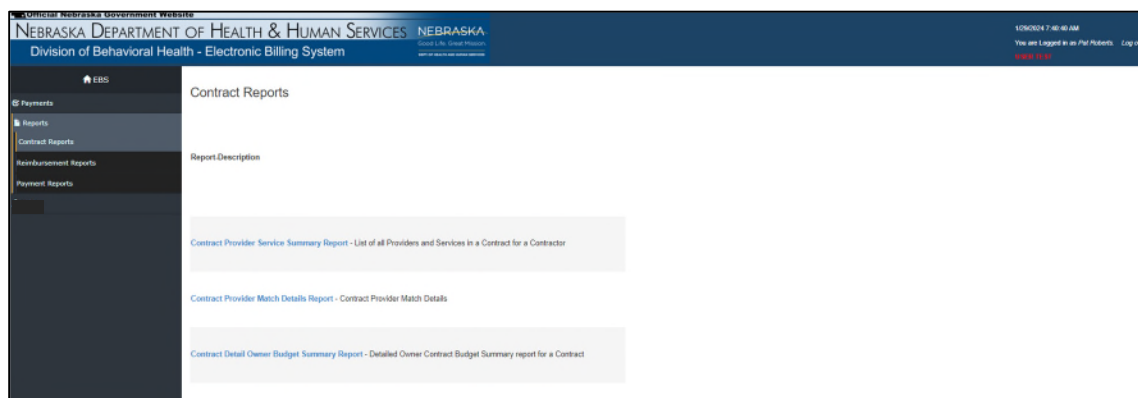
AAA	Owner Budgeted Amount	Total Billed Amount	Reimbursed Units	Federal Amount Paid	State Amount Paid	Total Paid Amount	Total Held Amount	% Paid
02 Mental Health	\$ 52,500.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %
03 Substance Abuse Disorder	\$ 5,000.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %
Total	\$ 57,500.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00 %

1/29/2024 7:16:33 AM Page: 1

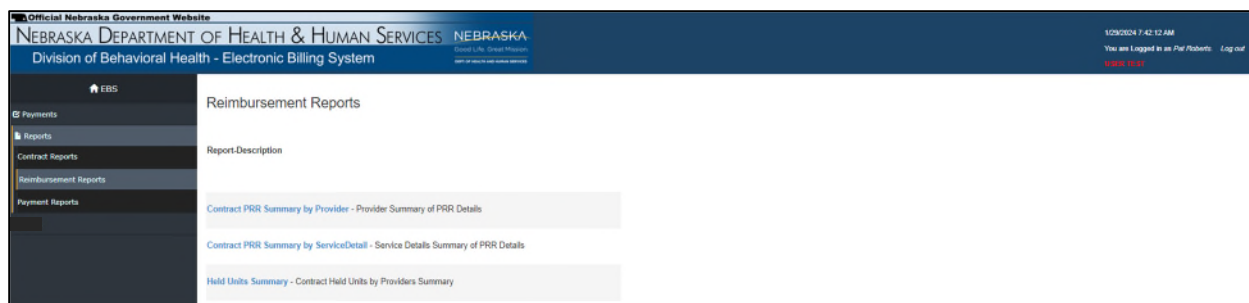
Once selected the program that you want to download to the system will populate a box at the bottom of the screen to populate the report.



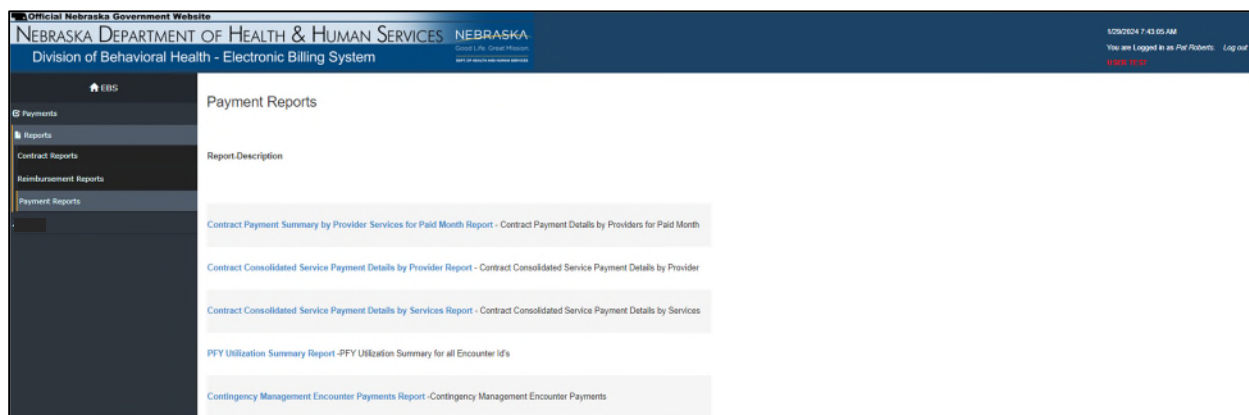
Reports available under Contract Reports:



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**

Contract Consolidated Service Payment Details by Services

Select Fiscal Year: FY 24

Select Contract Number: 872454-Y3-Region V-EBS Training File

Expand All

☐ True ☒ False

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Services assigned to Provider?

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

Official Nebraska Government Website

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Electronic Billing System

1/29/2024 8:02:15 AM

You are Logged in as Pat Roberts

1/29/2024

Contract Consolidated Service Payment Details by Services

Select Fiscal Year: FY24

Select Contract Number: 74077-23-Region V-FY24 Mental Health and Substance Abuse Services

Expand All

True

False

Contract Consolidated Payment Details by Service Details

Contract Number	74077-23	Owner Contractor	Region V
Contract Amount	\$ 26,420,400.00	Description	FY24 Mental Health and Substance Abuse Services

Service Type	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
Mental Health	\$ 2,836,126.00				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,836,126.00	0.00 %	\$ 0.00

Parent Service Name	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
Assessment - MH- Adult - Non Residential	\$ 246,753.00				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 246,753.00	0.00 %	\$ 0.00	
Assessment - MH- Youth - Children	\$ 189,792.00				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 189,792.00	0.00 %	\$ 0.00	
Community Support - MH- Adult - Non Residential	\$ 258,547.00				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 258,547.00	0.00 %	\$ 0.00	

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
Community Support - MH- Adult - Non Residential - H2015-46				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Lutheran Family Services - 2301 O Street Lincoln				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Lutheran Family Services - Harvest Project - 1800 O St Lincoln				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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

Official Nebraska Government Website
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
 Division of Behavioral Health - Electronic Billing System

1/29/2024 8:01:04 AM
 You are Logged in as Pat Roberts Log out
 1/29/2024 11:37

Contract Provider Service Summary

Select Contract Number: 74077-23-Region V-FY24 Mental Health and Substance Abuse Services Expand All ☐ True ☒ False

Contract Number: 74077-23 Owner Contractor: Region V

Contract Description: FY24 Mental Health and Substance Abuse Services

Detail Summary of Contract Providers and Provider Services

Owner Contractor	Contract Manager	Contract Amount	Finalized	Approved	Start Date	End Date
Region V		\$ 28,426,408.00	Unfinalized	UnApproved	07/01/2023	06/30/2024
Provider Name	Parent Provider Name				Provider Eligibility Start Date	Provider Eligibility End Date
Lutheran Family Service-Blue Stem - 1509 S 48th St 412	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Service-Blue Stem - 3100 N 14th St 5201	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Service-Blue Stem 2222 S 18th St	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Service-Blue Stem-2301 O St 52	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Service-Blue Stem-1824 N 27th St	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Service-Mourning Hope - 1211 S Folsom St	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Services - 2301 O Street Lincoln	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Services - Harvest Project - 1800 O St Lincoln	Lutheran Family Services - Omaha				7/1/2023	6/30/2024
Lutheran Family Services - Omaha	Lutheran Family Services - Omaha				7/1/2023	6/30/2024

1/29/2024 8:01:00 AM Page: 1

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:

The screenshot shows the 'Contract Reports' page in the Nebraska Department of Health & Human Services Electronic Billing System. The left sidebar contains a navigation menu with 'EBS' at the top, followed by 'Payments', 'Reports' (which is expanded to show 'Contract Reports', 'Reimbursement Reports', and 'Payment Reports'), and 'Roles'. The main content area is titled 'Contract Reports' and includes a 'Report-Description' section. Three report options are listed: 'Contract Provider Service Summary Report - List of all Providers and Services in a Contract for a Contractor', 'Contract Provider Match Details Report - Contract Provider Match Details', and 'Contract Detail Owner Budget Summary Report - Detailed Owner Contract Budget Summary report for a Contract'.

Reimbursement (payments requested that have not been processed)

The screenshot shows the 'Reimbursement Reports' page in the Nebraska Department of Health & Human Services Electronic Billing System. The left sidebar is identical to the previous screenshot. The main content area is titled 'Reimbursement Reports' and includes a 'Report-Description' section. Three report options are listed: 'Contract FRR Summary by Provider - Provider Summary of FRR Details', 'Contract FRR Summary by ServiceDetail - Service Details Summary of FRR Details', and 'Held Units Summary - Contract Held Units by Providers Summary'.

Payment (reports after payment has been processed)

The screenshot shows the 'Payment Reports' page in the Nebraska Department of Health & Human Services Electronic Billing System. The left sidebar is identical to the previous screenshots. The main content area is titled 'Payment Reports' and includes a 'Report-Description' section. Five report options are listed: 'Contract Payment Summary by Provider Services for Paid Month Report - Contract Payment Details by Providers for Paid Month', 'Contract Consolidated Service Payment Details by Provider Report - Contract Consolidated Service Payment Details by Provider', 'Contract Consolidated Service Payment Details by Services Report - Contract Consolidated Service Payment Details by Services', 'PFY Utilization Summary Report -PFY Utilization Summary for all Encounter Ids', and 'Contingency Management Encounter Payments Report -Contingency Management Encounter Payments'.

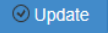
EBS REPORT GLOSSARY OF TERMS

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://www.dasis.samhsa.gov/dasis2/manuals/isats_guidelines.pdf .
Budget Parent	Is a method to create one budget line for multiple service details.
Budget Reallocation	Moving money between services and/or providers. Must be approved prior to any transactions being made.
Budget Shift	Moving money between business units.
Business Unit	A unique number assigned to track specific type of funds.

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

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

Parent Provider Name	Name of corporate headquarters.
Payment Month	Month that the payment occurred.
Payments 	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.

Recovery Support - MH- Adult - Non Residential - H0038-HE	5/2024	140	140	\$58,826.79	\$240,062.97	\$298,889.76	BHForm	BH Form
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DO NOT CREATE ADDITIONAL LINE

Emergency Community Support - MH- Adult - Emergency - Direct - H2016-ET	5/2024			\$7,265.87	\$75,227.21	\$82,493.08	BHForm	BH Form Remove
Emergency Community Support - MH- Adult - Emergency - Direct - H2016-ET	5/2024	256	256	\$0.00	\$75,227.21	\$75,227.21	BHForm	BH Form Remove

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**