NEXTSTEP SOLUTIONS[©] **Moving Behavioral Health Forward**

Navigating the Complete IBHRS Workflow Through NextStep Solutions January 13, 2023

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Housekeeping | Navigating the IBHRS Workflow Through NSS

- All attendees will be muted.
- Please enter your questions into the Questions box in the Go To Webinar control panel.









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Objectives

- Walk Through the Clinician IBHRS Workflow
- Configuring the Billing Engine to generate 837P file for submission
- Submitting clients into IBHRS website
- Creating and Submitting 837P file
- Access Resources on the Help Center





IBHRS Workflow in NextStep Solutions Let's Take a Look



Prerequisites

- You are a NextStep User familiar with basic software functionality
 - Face Sheet
 - Forms
 - Billable Forms/Notes
- Your administrators have enabled the IBHRS forms for any relevant clinical programs





Workflow Overview The basic workflow for IBHRS-eligible clients is:



Face Sheet

Admitting and Accepting a Client into IBHRS Track



Complete IBHRS Assessment Forms

Complete IBHRS Treatment Episode, Complete a POM, Open a Care Status



Provide a Service

Complete IBHRS Service Note



Complete IBHRS Unscheduled Forms

Complete IBHRS Special Initiative, Care Status, & Discharge Treatment Episode



Step 1: Complete the IBHRS Fields on the Facesheet

Required IBHRS Fields:

- County
- Gender at Birth
- Gender Identity
- Sexual Orientation
- Ethnicity
- Primary Race
- Secondary Race
- Client information will be reported to the State = Yes
- IBHRS Program & Admission
 Date
- Primary Practitioner



IENT INFORMATION				
First Name:	Dora		Middle:	Last: Tes
Birth Name:				Suffix:
Date of Birth:	06/29/1977		SSN:	
lomeless?				
Address:	123 Home St			
Address Line 2:				
City:	Jefferson		State: Iowa V Zip Code :	50129
County:	Greene	~		
Jountry.	(Home)		(Business) (Cell)	
Phone:				
Email:				
RS			Case Assignments	
der at Birth			Note: changing a program creates a "	
male		· ·	**The program date will be disabled	
der Identity			Primary Program:	
oman		· ·	Crisis	
ual Orientation			Primary Admission Date:	
aight/Heterosexual		© -	09/29/2022 03:11 PM 🐼 🛱	
nicity				
t of Hispanic or Latino	origin	· ·	Primary Practitioner:	
mary Race			NextStep Solutions	
nite		· ·		
ondary Race				
lect a value		•		
nt information will	be reported to the stat	te V	(es 🗸	

Path: Main Menu > Admissions > Facesheet



Step 2: Complete IBHRS Assessment Forms

Path: Main Menu > Clinical Forms > Assessment Forms > Misc.



- 1. **IBHRS Treatment Episode** Starting a Treatment Episode
- 2. **IBHRS- Performance Outcome Measures (POM)** Collects the bulk of the information about your client.
 - a. Allows you to do a deep dive on your client and their potential need for care.
- IBHRS Care Status This information is based on what you learned about your client in the POM. 3.

	Misc
FORM STATUS	:
Due on 10/13/20	22, Not Yet Started
Due on 10/14/20	22, Not Yet Started
Due on 10/14/20	22, Not Yet Started





IBHRS Treatment Episode

	IBHRS TREATMENT	EPISODE
• Date of Service mm/dd/yyyy		
Service Location NextStep		~)
First Contact Date Treatment Episode Open Date	mm/dd/yyyy	
Concerned person Select a value Referral source Select a value Allowed to contact client Select a value Scheduled Admission Date IV use in the past 30 days Select a value	 mm/dd/yyyy 	
Pregnant at first contact Select a value	• FORM UPDATES	
NextStep Solutions	Date 8/4/2021 10:17:53 AM	Form Started



IBHRS Performance Outcome Measures

IBHRS PERFORMANCE OUTCOME MEASURES

Date of Service		
mm/dd/yyyy		
		CLIENT
Pregnant?		
Select a value	•	
Pregnant Last 12 Months?		
Select a value	•	
Days Gambled in Past 30 Days? Days Substance Used Past 30 Days		
		PRESCR
# Days Gambling Last 12 Months # Days Binge Drinking Past 12 Months		
# Days Illicit or Prescription Drugs Last 12 Months Mental Health Concern Past 12 Months		
Select a value		
Tuberculosis Risk Code		
Select a value	•	
Suicide Risk Screening Code		
Select a value	•	
		SCREENING
Program Area Code 1		
Part of the second second	11	

ETAILS

ENING

RESULTS





IBHRS Care Status

IBHRS CARE S

* Date of Service		
mm/dd/yyyy		
* Service Location		
NextStep		
* Form Name status name for ease of linkin	g purposes	
* Treatment Episode Form		
Status Date		
Type of care status (Admission, Transfer, D	ischarge)	
Select a value		
Program type		
Select a value		
Recommended level of care		
Select a value	•	
Actual level of care		
Soloct a value		
Clinical Override		
Select a value	2. 	
Prior Substance Use?		
Select a value	•	
Prior Substance Use count?		

TATUS		
	•	





Step 3: Provide a Service

Path: Main Menu > Progress Notes > IBHRS Service Notes



ADD A NEW NOTE:	
Date of Service:	
10/05/2022	
Care Status Link	✓
Time	
Billing Data 1: (Flag this Billing	Data for deletion)
* Start Time:	10:00 am (Format: <u>hh:mm AM/PM</u>)
* Stop Time:	11:00 am (Format: <u>hh:mm AM/PM</u>)
Activity/Service Code:	(99397 - Preventive Care Services - Established Office Visit, 18 and Up)
Program:	Crisis 🗸
minutes:	60
Service Location:	NextStep 🖌
Rendering Provider:	Kim Gingras 🗸
Units:	
Auth Choice:	~







Step 4: Complete IBHRS Unscheduled Forms

Path: Main Menu > Clinical Forms > Unscheduled > Misc.

\wedge	
	CHOOSE FORM:
0	IBHRS Special Initiative
0	IBHRS Care Status
0	IBHRS Discharge Treatment Episode

- 1. **IBHRS Special Initiative-** This is the first unscheduled form that you will be filling out and it will need to be related to a Treatment Episode Form
- 2. **IBHRS Care Status-** Most common of the Unscheduled forms that you will be filling out.
- 3. IBHRS Discharge Treatment Episode- You will complete a Discharge Treatment Episode when you are ready to close the treatment episode.

	Misc
FOR	M STATUS:
N	lew
N	lew
N	lew





IBHRS Special Initiative

	IBHRS
* Date of Service	
mm/dd/yyyy	
Select a value	
Start Date How many children do you have age 17 or less (birth, adopted, stepchildren) whether they live with you or not?	mm/dd/yyyy
* Treatment Episode Form	



SPECIAL INITIATIVE





IBHRS Care Status

	IBHRS	CARES
Date of Service		
09/29/2022		
Service Location		
IBHRS Location		
* Form Name Form Name should be: Ca	e Status Admission to *X mm/dd/vv /	IBH
Contraction of the should be ca	e status Admission to Adminiou/393	A should be th
* Treatment Episode Form		
· ·		
Status Date		
mm/dd/yyyy	25770 0.25	
Type of care status (Admission, Transfe	r, Discharge)	
26i6ct 9 Agine		
Program type		
Program type Select a value	•	
Program type Select a value Recommended level of care	•	
Program type Select a value Recommended level of care Select a value	•	
Program type Select a value Recommended level of care Select a value Actual level of care	•	
Program type Select a value Recommended level of care Select a value Actual level of care Select a value	•	
Program type Select a value Recommended level of care Select a value Actual level of care Select a value Clinical Override	•	
Program type Select a value Recommended level of care Select a value Actual level of care Select a value Clinical Override Select a value	•	
Program type Select a value Recommended level of care Select a value Actual level of care Select a value Clinical Override Select a value Prior Substance Use?		

TATUS

INSTRUCTIONS

IRS CARE STATUS UPDATE

e Program Type, for example, SUD)





IBHRS Discharge Treatment Episode

• Date	e of Service	
	10/5/2022	
* Trea	atment Episode To Close:	







IBHRS Workflow in NextStep Solutions Billing Engine



Workflow Overview Billing Engine Setup and File Submission



Setting up the IBHRS payer in Nextstep Billing Engine 2

Setting up the Program to include the Contract Number for IBHRS





Log into the IBHRS website to obtain the information needed for the payer setup

200 121

Agency	Contract Edi Drofile	
> Agency List	Contract Edi Profile	
GBPA Discharge	Provider Agency	Interchange Sender ID
OFRA Discharge	Example Provider	5882PNXX
GPRA Follow-up		Application Sender's Code
GPRA Follow-up		5882PNXX
Overdose Revers		Submitter ETIN
> Facility List		5882PNXX
DIRECT Setup	Receiver Name	Interchange Receiver ID
Staff Members	IDPH	426004523
> Billing	Application Receiver's Code	
~ Contract Manage	426004523	
Contract List	Receiver ETIN	
Contract Servi_	The Receiver ETIN is sent in	Loop 10008 NM109 on the 837P.
Authorization	Payor Name	Payor ID
Fund Transfer	IDP11	420004323
Cross Contrac	Finish	
Contract EDI		

Obtain your agency specific credentials:

- Interchange Submitter ID
- Application Submitter ID
- Interchange Receiver ID
- Receiver ID/Name
- Payer ID/Name

*You will use this data to populate the billing engine



Page1 Page2 Page3 Insurance ID IBHRS Party Type 0 County Of Financial Responsibility Format Type 37 HIPAA 837 County Of Financial Responsibility Format Type 2 Format Type 2 Insurance Name IDPH Grant Address 123 Iowa Citly / State / Zip Des Moines IA 50047- Phone (800)218-9916 Fax () - Provider Number Medicare Medigap ID Category Modifier Payment Source Code Type 1900.5 IDPH Enrollment Required Enrollment Pending Enrollment Required Enrollment Pending Employment Auto Accident State Other Accident Same Day Procedure Code	NS		Maste	er Insuran	ce Form - (MSTINSL))),		>
Insurance ID IBHRS Image: Control of Financial Responsibility Party Type 0 County Of Financial Responsibility Format Type 37 HIPAA 837 County Of Financial Responsibility Format Type 2 Image: County Of Financial Responsibility Insurance Name IDPH Grant Address 123 Iowa City / State / Zip Des Moines Phone (800)218-9916 Fax () - Provider Number Medicare Medigap ID Category Image: County Of Financial Responsibility Payment Source Code Image: County Of Financial Responsibility Payment Required Enrollment Pending Enrollment Required Ending Patient's Condition Related To Ending Employment Auto Accident State Other Accident State Other Accident Same Day Procedure Code Image: Code Image: Code Prior Authorization Required Image: Code <t< th=""><th></th><th>Page1</th><th></th><th></th><th>Page2</th><th>C C</th><th>Page3</th><th></th></t<>		Page1			Page2	C C	Page3	
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Insurance List Proc Code Caps Override PIN by Prog Override by Act Code	Display Taxor Display Staff	nomy Code Initials and	in HCFA 1500 License in H	0 Box 24J CFA 1500 E	Box 24J		Prev Page	Next Page
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		F .414	0.1.4	-		> >	Control Date/	Time

Path: Maintenance and setup > Insurance > Insurance > Page 1

- Click Add
- Select Party Type 0
- Select Format Type 37
- Insurance Name IDPH Grant
- Enter in IDPH Address and contact information
- Select Type 1900.5 IDPH

NS	Maste	r Insuran	ce Form - (MSTINS	L)	_ - ×
Page1			Page2		Page3
Insurance ID / Name	IBHRS	IDPH (Grant		
Authorization Info		Sector .	Security Info		
Interchange Submitter ID Qualifier/ID/Name Application Submitter ID Interchange Receiver ID Qualifier Interchange Receiver ID Receiver ID/Name Payer ID/Name Elig Payer ID/Name	ZZ 5881 5881PNXX ZZ 426004523 426004523 426004523	PNXX	Application Receiver ID IDPH IDPH	426004523	
Claim Office No 837 Claim Filing Indicator Code Include Time In 837 Display Rendering Prov Display Billing Provider Do Not Display Billing P Display Billing Provider Display One SV1 segme Use Submitter Name in Display 2310D Loop on Separate Referring Phys Display Name/Address/ Use Staff NPI Display Name/Address/ Use Staff NPI	11 ider info on 83 info on 837 in rovider info on info on 837 in ent per one CL ISA06 on 837 837 sician First/Las NPI in 2010A4 ress	7 in 2310B 2000A loop 837 in 200 2010AA loo M segment st Name in 100 loops (Display Contract Num Contract Num DOA loop DOA loop ON 837	act Numbe ber Do Not Use Ag 837i Adn 0: N 1: W 2: Al Send one Send Acti	Display Pay-To (2010AB) pency Address As Pay-To (2010AB) (2010AB) nitting Dx Display Mode lever /ithin Admit Month ways a Day of Service per CLM
Address City / State / Zip NPI Insurance List	Proc Cod	e Caps	Override PIN by Pro	g Overria	Prev Page Next Page User Id de by Act Code Testing0 Control Date/Time

Path: Maintenance and setup > Insurance > Insurance > Page 2

- Enter the data obtained from the IBHRS Website:
- Interchange Submitter ID
 - Qualifier ZZ
 - ID Interchange Sender ID from Contract EDI Profile
 - Name Name field not required
- Application Submitter ID Application Sender's Code from Contract EDI Profile
- Interchange Receiver ID Qualifier ZZ
- Interchange Receiver ID Interchange Receiver ID from
 Contract EDI Profile
- Receiver ID/Name 426004523 / IDPH
- Payer ID/Name 426004523 / IDPH

22

NS	Maste	r Insuranc	e Form - (MSTINSI	.)		- • ×
Page1		+	Page2		Page3	
Insurance ID / Name Display Name/NPI/Taxor First/Middle/Last NPI Taxonomy Display Provider Info in 8 Include 2400 CN1 Loop Include Agency info in Loo Include Event ID in 2400	IBHRS homy in 2310 37 2300 NTE on 837 op 2310C on NTE Segmen	Bloop on 8	Srant			
Insurance List	Proc Cod	e Caps	Override PIN by Prog	Override I	Prev Page	Next Page User Id Testing0
Add Edit	Delete	Exit (Esc)	72 records	> >	Control Date/ 11/11/2022 0	Time)2:24:04 PM

Path: Maintenance and setup > Insurance > Insurance > Page 3

- Enable Include 2400 CN1 Loop on 837 box
- Enable Include Event ID in 2400 NTE Segment on 837

Setting up Program to include IBHRS Contract Number

fic track	ing nu	mbers	or
ent of Public	Health, IDPI	H Catchall	•
ective Date			
Authorized 💝	Status 🗸		
	Active	:	

Obtain your agency specific credentials:

• Note the tracking number for the correct funding source that will be entered in the **Billing Engine**

Setting up Program to include IBHRS Contract Number

NS		Program Form - (PRGRML)	_
Agency ID	1	✓ ABC Primary	
Program	14001	CLS-Residential	
Supervisor			
Client Type			
Program Element			
Program Sub-Elem	ent		
Contract Number DMH Program Short Name	123456TS		
Open Date	01/01/200	0 Close Date 01/01/9000	
Budget (services) Allow Bypass Progr Open Edit	am 🔤		
Display Name/NPI/	Taxonomy in 23	10B loop on 837	
First/Middle/Last			
NPI			
Taxonomy			
	User Id IBHRS	2 Control Date/Time 06/01/2022 04:15:43 PM	
Add	Edit Del	lete Exit (Esc) C records loaded Pro	ogram List

- Select the Programs you are using for your IBHRS clients and press **[OK]**
- **Contract Number -** enter the appropriate Tracking number for the correct funding source

Client Setup - Generating Client Export XML to submit to IBHRS

The first part of the client setup is submitting the client to the IBHRS website and obtaining an EUID via an exported XML file

- 1. On the Face Sheet, in the Client information will be reported to the state dropdown select Yes and Save.
 - This is the only way client information will be added to the export tool.

IBHRS SPECIFIC FIELDS		
* Gender at Birth Please choose th	e gender at birth for this client.	
Select a value	-	
Gender Identity Please choose who	at gender the client self identifies with.	
Select a value		
Sexual Orientation Please choose	what sexual orientation the client self identifies with.	SOLUTIONS NextStep Solutions (NextStep) - ONLY @ ADDS
Select a value		MAIN MENU
Ethnicity Please choose the ethnici	ty for this client.	REMINDERS 999
Select a value	-	MESSAGE CENTER 0
Primary Race Please choose the pr	imary race for this client.	CHANGE PASSWORD
Select a value	•	MAINTAIN USERS
Secondary Race Please choose the	secondary race for this client.	CHANGE LOCATION
Select a value	•	PRINT
		HELP CENTER
* Client information will be reporte	d to the state 🗸	LOGOUT

- 2. Reports > IBHRS
- 3. Select IBHRS Export > Select Provider Client
- 4. Select the client or clients you would like to load to **IBHRS** and
- 5. Click Export XML and save file locally

Client Setup - Submitting XML to IBHRS website

In order to add the client into the IBHRS system we need to upload the XML we just created to the IBHRS website.

	Shape	shot i E
Hello, Brandon		
Announcements You have no announcements		
Alert List	NeitStep X 0 IBHRS UAT X	le Iowa Behavioral H
Scheduler	Cirical React B. Eavy PDF SDK Known. B. PDF API Knowledge	Using Create-React.
Q Search Calendar + Edit/Add Schedule	T Upload Search Q	C Refresh
1/6/2023 C C Refresh		
V6/2023 C Refresh You have no appointments.	NAME SUBMITTER ServiceEventDataSet_202212 28_2000000	USER
Vou have no appointments.	NAME SUBMITTER ServiceEventDataSet_202212 28_2000000 ServiceEventDataSet_202212 28_1000000	USER
Vou have no appointments.	NAME SUBMITTER ServiceEventDataSet_202212 28_2000000 ServiceEventDataSet_202212 28_1000000 ServiceEventDataSet_202212 28_1000000	USER
Vou have no appointments.	NAME SUBMITTER ServiceEventDataSet_202212 28_2000000 ServiceEventDataSet_202212 28_1000000 ServiceEventDataSet_202212 28_1000000 ClientDataSet_20220928_25 903382	USER
etaSet_202_sml	NAME SUBMITTER ServiceEventDataSet_202212 28_2000000 ServiceEventDataSet_202212 28_1000000 ServiceEventDataSet_202212 28_1000000 ClientDataSet_20220928_25 903382 CR0SSR0ADS_KATIEANN12 24.21_submit6.20 TreatmentEpisodeDataSet_2	USER

5-alpha. 176+20221230.b5aea1	1		Submissi	on Reports 🕒	brandon.jacobs Logout
		×	ERRORS	WARNINGS	
		•	0	2	i
Dre	ap Files		0	2	:
	ų,		2	2	i
		Delete All	()	2	I
ne 0106_51684268.xml 0.0	SIZE Progress IO2 MB	0	())	0	I
/03/2022 12:12 PM	COMPLETE	207	19	42	i
5/03/2022 12:11 PM	COMPLETE	34	2	2	i
903/2022 12:07 PM	COMPLETE	0	1		

Client Setup - Adding IBHRS insurance record for client

Once a client has been uploaded to IBHRS they are assigned an EUID. For each client, an insurance record must be created with the E

as the subscriber number.

 In IBHRS \ 	website obtain EUID
Subscriber Number	
Each client has an Enterprise Unique find the EUID:	e Identifier (EUID). The EUID is used as the subscriber number (2010BA NM109). To
1. Open IBHRS Reporting by select	ing the icon.
IBHRS QA	Snapshot : Tim Carroll Administrative Agency, Administrative Unit
Home Page Home Page BHRS Reporting Agency Agency Circup List Circup List Cir	ne header (A) and Client Search (B) under Categories on the left. Enter your search criteria
and click View Report (C). 1	The EUID is the last column in the report (D).
Elowa Behavioral Health Reporti	ng System - UAT 2021.04.0-80-885.Phase-2.20210615.1 Administration Configuration Submission Reports Data Entry Extracts () B shelty.maloney Logest
Case - Reports	
View SSRS	
Client	Provider 2 M Last Name First Text View Report
Client Search B	Berth Date
Job Submission Performance	Medical Record Number EUID
Failed Records	identifier
Overall Job Performance Submission Summary	d < 1 of 1 > ▷ ◯ 100% → 🖼 → 🔂 Find Next
Submission Rollup	Client Search
Security	Last Name First Name Middle Birth Date Gender Provider SSN Source Record Medical Record Number Euld
Security	Client Test A 10/20/90 Female Demo Provider 2 000-00- 0000 4803-5-110- 0000 00-1/98/4662401-967e- 480.5-5-110- 000-00-1/98/4662401-967e-
and mountain property	Printed by shelby maloney Page 1 of 1 Data As 07, Run Date: 6/23/2021 2:09:45 PM

 Once insurance information is added to the Face Sheet in clinical that information automatically flows over to the billing engine

In NSS Clinical enter insurance infromation with EUID as subscriber number

- 1. Navigate to the Face Sheet in NextStep Clinical: Main Menu > Admissions Menu > Face Sheet.
- 2. Search for and select the client if not already selected.
- 3. Click the Edit button.
- 4. Scroll down to the Insurance (Billing) widget.
- 5. Click the Add button to add a new insurance record.

Insurance Expand Al	l.						+ a
Priority 1	Insurance	Subscriber Num	Group Number	Subscriber First Name	Subscriber Last Name	Subscriber Relation	Effective
				No Insurances			

6. Complete the Insurance Information section.

Insurance Inform	ation	×
Priority: *		
Insurance: *	Select	•
Subscriber Number:	Group Number:	

U	L
$\mathbf{}$	

Client Setup - Add Client Admission (in order to add the Program to a Service)

Path: Main Menu > Admissions > Face Sheet

		ADD A NE	W CLIENT	
CLIENT INFORMATIO	N			
First Name: Wesle Birth Name:	∋y	Middle:	Last: Suffix:	Kteam
Date of Birth: 08/30	0/1977	SSN: 523	- 32 - 2352	
Location: ABC P	rimary - Troy:	: ABC Primary Location, 123 Main Str	eet , Troy, Michigan 48307	~
Admit?	O Yes	O No O Pending		
Case Assignments Admit? Primary Program:	○ Yes	O No O Pending Secondary Program:	Third Program:	Fourth Program:
Select A Program	Ŧ	Select A Program	Select A Program 🔻	Select A Program 🔹
Primary Admission Da	ite:	Secondary Admission Date:	Third Admission Date:	Fourth Admission Date:
Fifth Program:		Sixth Program:	Seventh Program:	Eighth Program:
Select A Program	v	Select A Program	Select A Program 🔻	Select A Program
Fifth Admission Date:		Sixth Admission Date:	Seventh Admission Date:	Eighth Admission Date:
	Ť.			
Primary Therapist:		Supervisor:	Psychiatrist:	Intake Specialist:
None	v	None -	None •	None
Nutritionist:		Direct Care:	Medical Lead:	dfasdfasdfasdf:
None	v	No Available Users	None 🔻	None 🔻

- Add the Program you are using for your IBHRS to one of the Programs on the client Face Sheet and Save.
- When a service is sent to the billing engine for this client it can now be associated with the IBHRS Program

Create Claim File

NS		HIPAA 50	10 Transfer Fo	rm - ((HIP501	OF)			_ 0
Transaction Set	837 Profes	ssional 🗸	Format Type	15 HIF	PAA 837 M	edicaid 1	0/11		
Start Date	11		Stop Date	e //					
Billing Group		~				0	nly use [)iagnose:	s 🖂
Contact Employee	0159	🖌 , admi	n				UIII LIIIE	item	
Agency ID	ALL	✓ AI	L.						
Program ID		× 1							
Procedure Code		~							
Modifier									
Activity Code ID		~							
Site ID		~							
Case No.		# \$							
Staff		~							
Insurance ID		~							
Transaction Set Control #			Claim Frequenc	y Code		~			
Add Carriage Retu After Segments		Update B	illing Status Onl	y 🔽					
Secondary Clain	ns 🗌 Inv	voice Date C)verride //		Send As	Test Cla	im 🗌	Remove	"~" 🗌
Billing NPI (2010A	A) 🗌 📕								
Subscriber ID			Ca	se Nun	nber				
Client Name									
Site ID					Event Dat	te / Time			
Control Date / Tir	ne		E	Contra	ee / actor ID		Staff ID		
Staff Name									
File Progress:		0%	6			Start		Exit	

Path: Navigation Form > <u>837 Form Button</u>

- Create and Send Electronic Claim Files
- 2. Navigate to the HIPAA 5010 Transfer Form by following the path above.
- 3. Click the **Transaction Set** drop-down and select a **Transaction Set**. The default is set to 837 Professional.
- 4. From the **Format Type** drop-down, choose **Format Type** of **37** for this set of claims.
- 5. Enter a **Start Date** and **Stop Date** or leave the Date fields blank to retrieve all Line Items.
- Click the **Contact Employee** drop-down, and select a **Contact Employee**. 6.
- 7. Fill in any other fields applicable to your Agency's workflow or your specific filter criteria.
- Click the **Start** button. 8.

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- In the Save As window, Browse for and select the local file folder you would like 9. to save the IBHRS 837P
- In the File name field enter the name of the file then click Save.
- A window is displayed summarizing the file, review then click the OK button.
- 12. A window is displayed, "Would you like to transfer/SFTP the file now?", click the **No** button to transfer the file to the clearinghouse.
- A window is displayed, "Process Complete!", click the OK button. 13.
- 14. On the HIPAA 5010 Transfer form, select the **Update Billing Status Only** checkbox.
- Click the **Start** button. This will change the Print Status on the affected Line 15. Items to an N and prevent these Line Items from being sent on a later claim.
- Click OK to acknowledge the process is complete. 16.

Uploading 837P file to IBHRS website

1. Navigate to the H837P Management screen under Agency/Billing and select "Add H837" from the list header.

								4
企	Agency	H837 Ma	nagement					
Home Page	> Agency List		9					
21	Grant Manageme	File Name						
State Waitlist	GPRA Discharge							
圓	GPRA Follow-up	Upload Date	Stat	*	× Clear Search			
Agency	GPRA Follow-up	L						
Group List	Overdose Revers	H837 File	alist				+ Add H837	
	> Health Informatio	110071110	e List				T Page 1997	
Clinical Dashboard	> Facility List	Currently, then	re are no results to display	/ for this list.				
	Staff Members							
List	~ Billing							
ക	Claim Item List							
System	Claim Batch Li	2 16+4		of ully uploaded an	information mass	and is naturned at the t	an of the corean The I	
n	Encounter List	5. II U	cossing (Statu	s = "Oueued")	mormation mess	age is returned at the t	op of the screen. The f	lie is queu
Reports	EOB Transacti	pro	cessing (statu	s = Queueu J.				
G.	> Payment List	~		1				
Support Ticket	Billing Transa	Home Page	Agency	File Example_837P_202101	131.txt was uploaded successfully.			
	Client Balance	R	Srant Managama					
	Cost Center	I:= State Waitlist	GRPA Discharge	LIO27 Management				
	> Payor Plan List	I	GPRA Follow-up	H837 Management				
	Authorization	Agency	GPRA Follow-up	File Name				
	H837 Manage	路	Overdose Revers	Unload Data	Status			
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		Client List	~ Billing	FILE NAME 🗸		UPLOADED DATE	STATUS 😒	
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		D	Encounter List					
		Reports	EOB Transacti					
		G	> Payment List					
		Support Ticket	Billing Transa					
			Client Balance					
			Cost Center					
			> Payor Plan List					
			Authorization					

H837 Manage_

2. Click the "Choose File" button, select the file on your computer, and click the "Upload" button.

		gency	Upload H837			
Ho	me Page	Agency List				
	R	Grant Manageme	Contractor			
Sta	te Waitlist	GPRA Discharge	Iowa Dept. of Public Health			
	Ħ	GPRA Follow-up				
	Agency	GPRA Follow-up	Upload a new H837			
	~		Choose File Example_837P_20210131.txt	× Cancel	Upload	
G	roup List	Overdose Revers				
	, 2d	Health Informatio				
De	Clinical	Facility List				
	-	Staff Members				
	E lient List	Billing				
		Claim Item Liet				
for	VQ/					
X	£	The H837 File List	may be filtered based on file name, uplo	bad date, and status.		
Sup	f po Home	Agency Agency List	t may be filtered based on file name, uplo H837 Management	bad date, and status.		
Sup		Agency Agency List Grant Manageme	H837 Management	bad date, and status.		
Sup	po Home State V	Agency Agency Agency List Grant Manageme GPRA Discharge	H837 Management	bad date, and status.		
Sup	po Horne State V	Agency Pege Agency Agency List Grant Manageme GPRA Discharge GPRA Follow-up	H837 Management File Name Upload Date	× Clear Search		
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Accessing NSS Help Center

Kim Gingras (kgingras) @ IBHRS Location

Test, Dora

MAIN MENU

REMINDERS

0

MESSAGE CENTER

0

SCHEDULER

OPERANT SYSTEMS

CHANGE PASSWORD

MAINTAIN USERS

PRINT

HELP CENTER

LOGOUT

Admissions

Face Sheet

Client Locations

Transfer Forms-Discharge Forms

Case Assignments

Reports

Administrative Reports

Document Center

Reports

Export Form Data

IBHRS

Help Center Resources

Clinical:

- IBHRS User Workflow
- IBHRS Discharge Workflow for CDR **Episodes**
- IBHRS Q&A

Billing Engine:

- IBHRS Manage Billing Activity Codes
- Add Client Insurance Information
- Admissions Setup
- Create and Send Electronic Claim Files

Administrative:

- IBHRS Static Site Configuration
- IBHRS Billing Engine Configuration
- IBHRS Linker-Unlinker Tool for Care **Statuses**
- Certification:
- IBHRS Certification
- IDPH IBHRS Resources
- Future Webinars:
- On Demand Webinars

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The NextStep Way

NextStep has a simple, unwavering goal: to support financial success and deliver the best, most user-friendly, and most flexible EHR technology for behavioral healthcare.

