



NEXTSTEP **SOLUTIONS**®

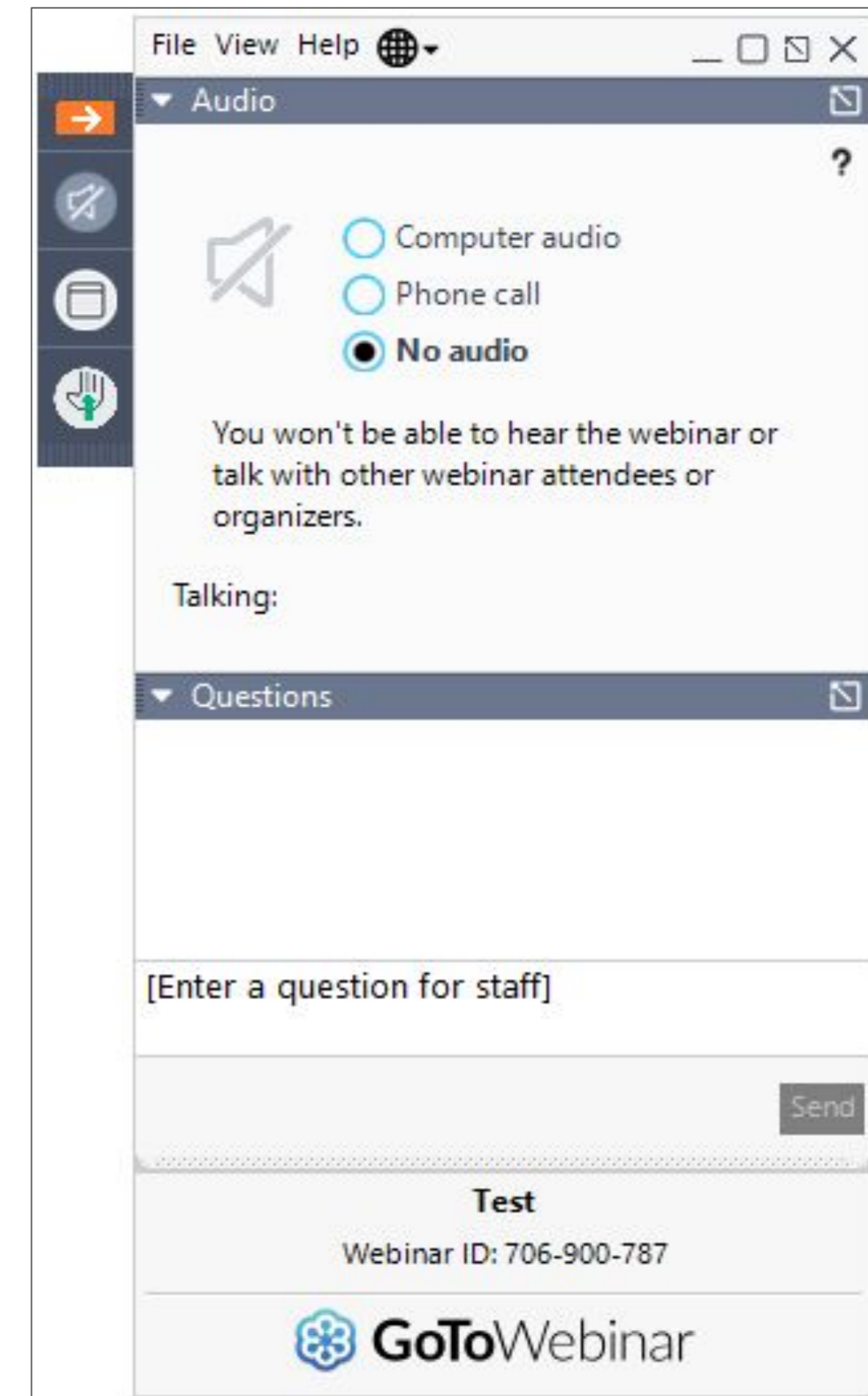
Moving Behavioral Health Forward

Navigating the Complete IBHRS Workflow Through NextStep Solutions

January 13 , 2023

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.



Presenters

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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:

1

Face Sheet

Admitting and Accepting a Client into IBHRS Track

2

Complete IBHRS Assessment Forms

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

3

Provide a Service

Complete IBHRS Service Note

4

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

The screenshot shows a 'CLIENT INFORMATION' form. The 'IBHRS' section is highlighted with a red box and contains the following fields:

- Homeless?
- Address: 123 Home St
- Address Line 2:
- City: Jefferson
- County: Greene (highlighted with a red box)
- Country:
- Phone: (Home)
- Email:

The 'Case Assignments' section includes:

- Note: changing a program creates a *
- **The program date will be disabled i
- Primary Program: Crisis
- Primary Admission Date: 09/29/2022 03:11 PM
- Primary Practitioner: NextStep Solutions

Other fields in the form include: First Name: Dora, Middle: , Last: Test, Birth Name: , Date of Birth: 06/29/1977, SSN: , State: Iowa, Zip Code: 50129, and Client information will be reported to the state: Yes.

Path: Main Menu > Admissions > Facesheet

Step 2: Complete IBHRS Assessment Forms

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

CHOOSE FORM:		FORM STATUS:
<input type="radio"/>	1. IBHRS Treatment Episode	Due on 10/13/2022, Not Yet Started
<input type="radio"/>	2. IBHRS Performance Outcome Measures	Due on 10/14/2022, Not Yet Started
<input type="radio"/>	3. IBHRS Care Status	Due on 10/14/2022, Not Yet Started

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.
3. **IBHRS Care Status** - This information is based on what you learned about your client in the POM.

IBHRS Treatment Episode

IBHRS TREATMENT EPISODE

*** Date of Service**

*** Service Location**

First Contact Date

Treatment Episode Open Date

Concerned person

Referral source

Allowed to contact client

Scheduled Admission Date

IV use in the past 30 days

Pregnant at first contact

FORM UPDATES

Name	Date	Action
NextStep Solutions	8/4/2021 10:17:53 AM	Form Started

IBHRS Performance Outcome Measures

IBHRS PERFORMANCE OUTCOME MEASURES	
Date of Service	
<input type="text" value="mm/dd/yyyy"/>	
CLIENT DETAILS	
Pregnant?	<input type="text" value="Select a value"/>
Pregnant Last 12 Months?	<input type="text" value="Select a value"/>
Days Gambled in Past 30 Days?	<input type="text"/>
Days Substance Used Past 30 Days	<input type="text"/>
PRESCREENING	
# Days Gambling Last 12 Months	<input type="text"/>
# Days Binge Drinking Past 12 Months	<input type="text"/>
# Days Illicit or Prescription Drugs Last 12 Months	<input type="text"/>
Mental Health Concern Past 12 Months	<input type="text" value="Select a value"/>
Tuberculosis Risk Code	<input type="text" value="Select a value"/>
Suicide Risk Screening Code	<input type="text" value="Select a value"/>
SCREENING RESULTS	
Program Area Code 1	<input type="text"/>

IBHRS Care Status

IBHRS CARE STATUS

* Date of Service

mm/dd/yyyy

* Service Location

NextStep

* Form Name status name for ease of linking purposes

* Treatment Episode Form

Status Date

mm/dd/yyyy

Type of care status (Admission, Transfer, Discharge)

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

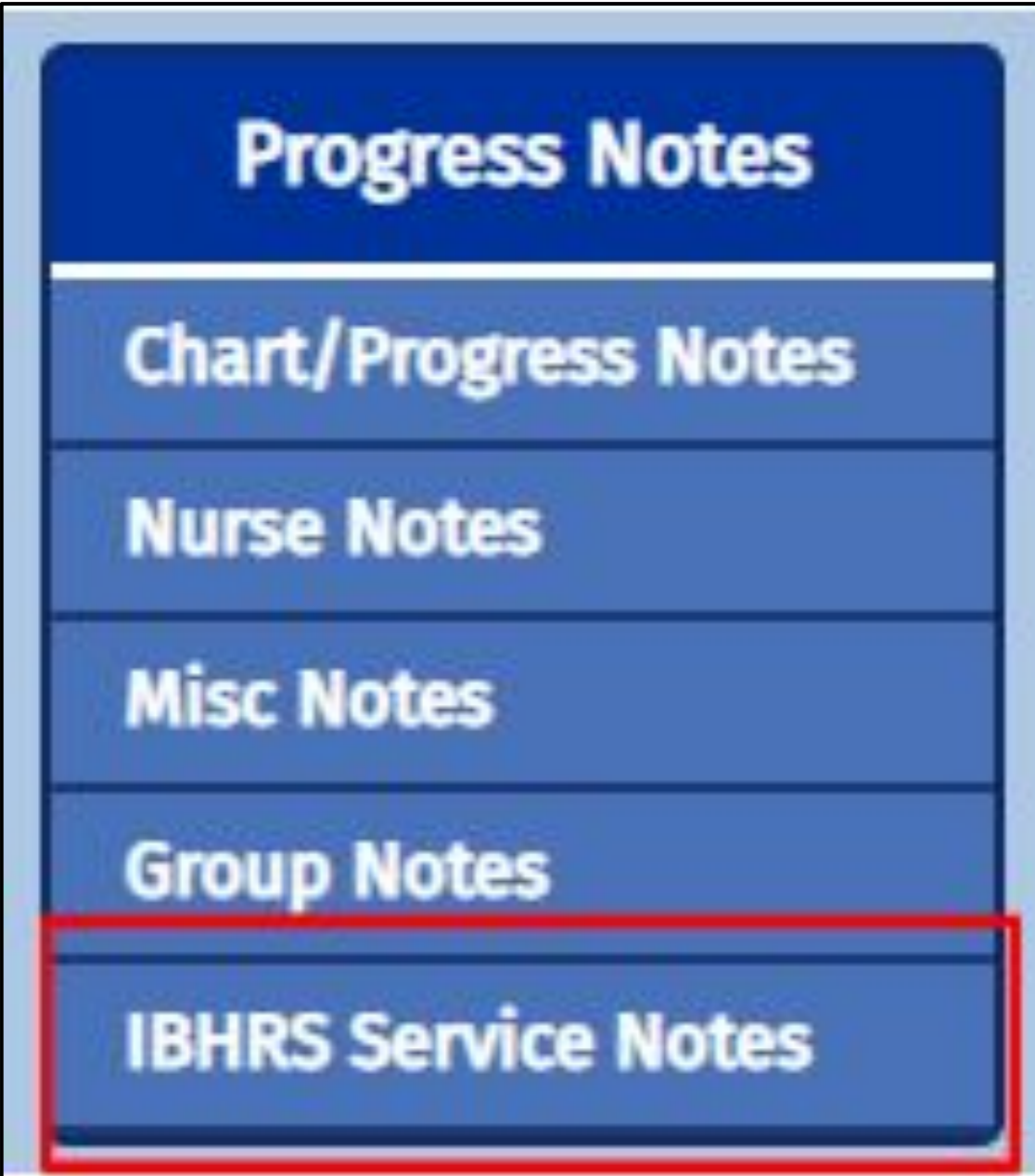
Prior Substance Use?

Select a value

Prior Substance Use count?

Step 3: Provide a Service

Path: Main Menu > Progress Notes > IBHRS Service Notes



A screenshot of a web form titled 'ADD A NEW NOTE:'. The form contains several fields: 'Date of Service:' with the value '10/05/2022'; 'Care Status Link' with a dropdown menu; 'Time' with a dropdown menu; 'Billing Data 1: (Flag this Billing Data for deletion)' with a checkbox; '* Start Time:' with '10:00 am' and '(Format: hh:mm AM/PM)'; '* Stop Time:' with '11:00 am' and '(Format: hh:mm AM/PM)'; 'Activity/Service Code:' with '(99397 - Preventive Care Services - Established Office Visit, 18 and Up)'; 'Program:' with a dropdown menu showing 'Crisis'; 'minutes:' with '60'; 'Service Location:' with a dropdown menu showing 'NextStep'; 'Rendering Provider:' with a dropdown menu showing 'Kim Gingras'; 'Units:' with an empty text field; and 'Auth Choice:' with a dropdown menu.

Step 4: Complete IBHRS Unscheduled Forms

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

^		Misc
CHOOSE FORM:	FORM STATUS:	
<input type="radio"/> IBHRS Special Initiative	New	
<input type="radio"/> IBHRS Care Status	New	
<input type="radio"/> IBHRS Discharge Treatment Episode	New	

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.

IBHRS Special Initiative

IBHRS SPECIAL INITIATIVE

* Date of Service

mm/dd/yyyy

Special Initiative

Select a value

Start Date

mm/dd/yyyy

How many children do you have age 17 or less (birth, adopted, stepchildren) whether they live with you or not?

* Treatment Episode Form

IBHRS Care Status

IBHRS CARE STATUS

*** Date of Service**

*** Service Location**

INSTRUCTIONS
IBHRS CARE STATUS UPDATE

*** Form Name** Form Name should be: Care Status Admission to *X mm/dd/yy (*X should be the Program Type, for example, SUD)

*** Treatment Episode Form**

Status Date

Type of care status (Admission, Transfer, Discharge)

Program type

Recommended level of care

Actual level of care

Clinical Override

Prior Substance Use?

Prior Substance Use count?

IBHRS Discharge Treatment Episode

* Date of Service	<input type="text" value="10/5/2022"/>
+ INSTRUCTIONS	
IBHRS TREATMENT EPISODE DISCHARGE	
* Treatment Episode To Close:	<input type="text"/>
* Treatment Episode End Date	<input type="text" value="mm/dd/yyyy"/>

IBHRS Workflow in NextStep Solutions Billing Engine

Workflow Overview

Billing Engine Setup and File Submission

1

Setting up the
IBHRS payer in
Nextstep Billing
Engine

2

Setting up the
Program to include
the Contract Number
for IBHRS

3

Client
setup

4

Creating and
Submitting
Claim File

IBHRS Payer Setup in Nextstep Billing Engine

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

Sender, Receiver, and Payor Names/IDs

Navigate to the Contract EDI screen under Agency/Contract Management to view contract-specific sender, receiver, and payor names/IDs for your provider agency. Hover-text displays the appropriate loop/segment as shown below:

Contract Edi Profile

Provider Agency	Interchange Sender ID
Example Provider	5882PNXX
	Application Sender's Code
	5882PNXX
	Submitter ETIN
	5882PNXX
	Interchange Receiver ID
	426004523
Receiver Name	
IDPH	
Application Receiver's Code	
426004523	
Receiver ETIN	
426004523	
Payor Name	Payor ID
IDPH	426004523

Finish

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*

IBHRS Payer Setup in Nextstep Billing Engine

Master Insurance Form - (MSTINSL)

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:

Insurance Name: IDPH Grant

Address: 123 Iowa

City / 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 Effective Dates Beginning Ending

Patient's Condition Related To Employment Auto Accident State Other Accident

Same Day Procedure Code Exclude All Others

Adjustment Note

Prior Authorization Required

Don't Kickdown IDPH Amount/Unit Calculation

Display Reference ID Qualifier in HCFA 1500 Box 24I

Display Taxonomy Code in HCFA 1500 Box 24J

Display Staff Initials and License in HCFA 1500 Box 24J

Prev Page Next Page

Insurance List Proc Code Caps Override PIN by Prog Override by Act Code User Id Testing0

Add Edit Delete Exit (Esc) 72 records loaded Control Date/Time 11/11/2022 02:24:04 PM

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

IBHRS Payer Setup in Nextstep Billing Engine

Master Insurance Form - (MSTINSL)

Page1 Page2 Page3

Insurance ID / Name IBHRS IDPH Grant

Authorization Info Security Info

Interchange Submitter ID Qualifier/ID/Name ZZ 5881PNXX

Application Submitter ID 5881PNXX

Interchange Receiver ID Qualifier ZZ

Interchange Receiver ID 426004523 Application Receiver ID 426004523

Receiver ID/Name 426004523 IDPH

Payer ID/Name 426004523 IDPH

Elig Payer ID/Name

Claim Office No

837 Claim Filing Indicator Code 11

Display Contract Number in 2300 loop on 837

Contract Number

Do Not Display Pay-To(2010AB)

Use Agency Address As Pay-To (2010AB)

837i Admitting Dx Display Mode 1

0: Never

1: Within Admit Month

2: Always

Send one Day of Service per CLM

Send Activity Code as Rate Code

Display Rendering Provider info on 837 in 2310B loop

Display Billing Provider info on 837 in 2000A loop

Do Not Display Billing Provider info on 837 in 2000A loop

Display Billing Provider info on 837 in 2010AA loop / segment REF

Display one SV1 segment per one CLM segment on 837

Use Submitter Name in ISA06 on 837

Display 2310D Loop on 837

Separate Referring Physician First/Last Name in 2310A Loop on 837

Display Name/Address/NPI in 2010AA loop on 837

Use Staff Name/Address

Ust Staff NPI

Display Name Only in 2010AA and 2310D loops on 837

Name

Address

City / State / Zip

NPI

Prev Page Next Page

Insurance List Proc Code Caps Override PIN by Prog Override by Act Code User Id Testing0

Add Edit Delete Exit (Esc)

Control Date/Time 11/11/2022 02:24:04 PM

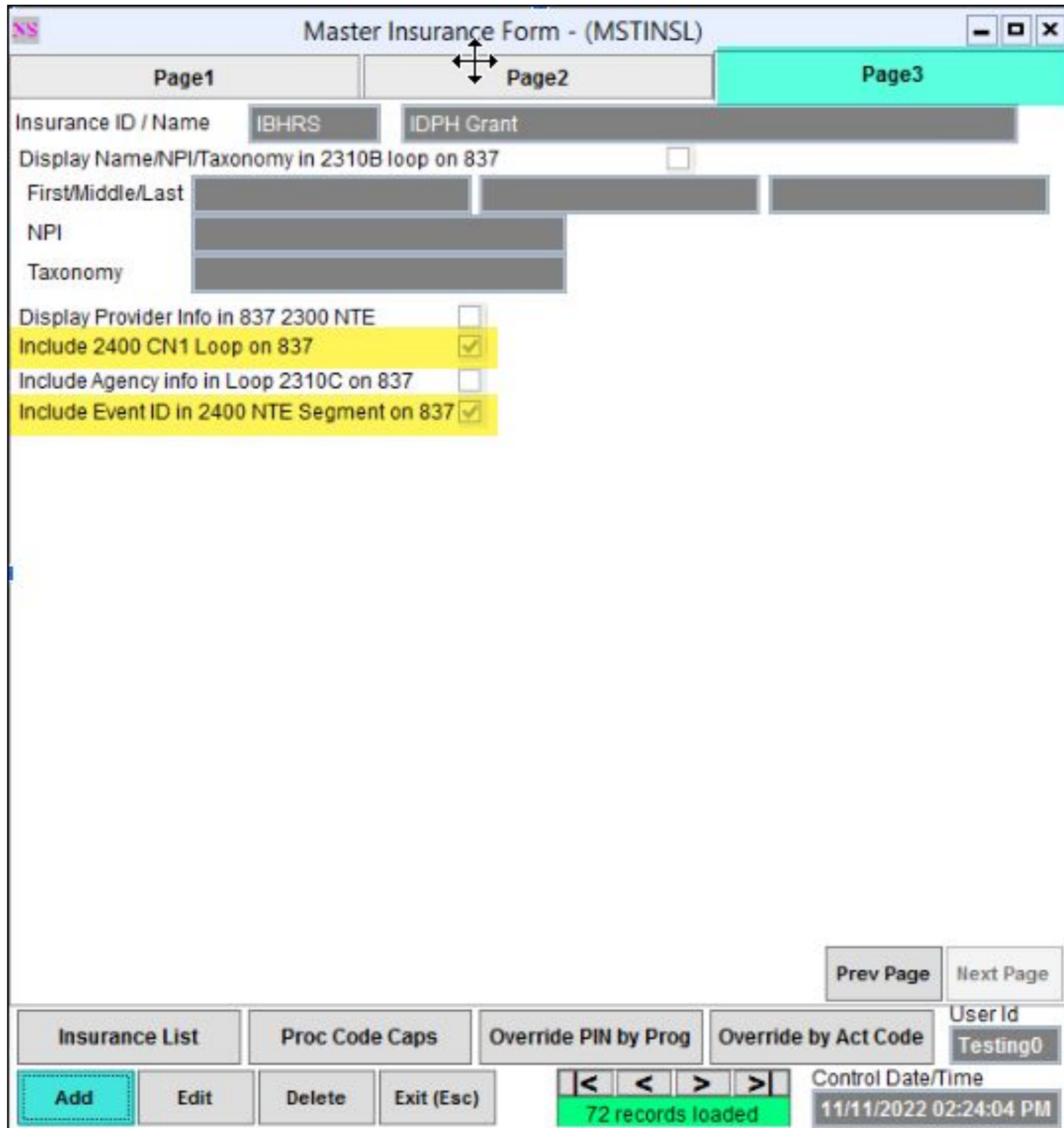
72 records loaded

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

IBHRS Payer Setup in Nextstep Billing Engine



Master Insurance Form - (MSTINSL)

Page1 Page2 Page3

Insurance ID / Name IBHRS IDPH Grant

Display Name/NPI/Taxonomy in 2310B loop on 837

First/Middle/Last

NPI

Taxonomy

Display Provider Info in 837 2300 NTE

Include 2400 CN1 Loop on 837

Include Agency info in Loop 2310C on 837

Include Event ID in 2400 NTE Segment on 837

Prev Page Next Page

Insurance List Proc Code Caps Override PIN by Prog Override by Act Code User Id Testing0

Add Edit Delete Exit (Esc) Control Date/Time 11/11/2022 02:24:04 PM

72 records loaded

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

Client Funding Source

Navigate to the Contract List screen under Agency/Contract Management to view contract-specific tracking numbers or each contract tier (CN104)

IBHRS UAT 21.1.0 Snapshot TC Tim Carroll Iowa Department of Public Health, IDPH Catchall

Contract Tier Management for Contract # 5881PN20

Hide Context Information

Contract	Provider	Total Authorized	Effective Date
Example Provider Contract	Ex ProvContract	\$926,888.00	07/01/2020
End Date	Claim Filing Cutoff		
06/30/2021	08/15/2021		

Tier for Authorization Period SFY2021

+ Add New Tier Export

Tier #	Plan-Group	Tracking #	ASAM	Authorized Amount	Spent Amount	Authorization Authorized Amount	Status
47	IPN-Methadone	5881PN20-SUDM		\$150,000.00	\$0.00	\$0.00	Active
45	IPN-PG Outpatient Treatment	5881PN20-PGOP		\$125,000.00	\$0.00	\$0.00	Active
46	IPN-SUD Treatment	5881PN20-SUDTX		\$200,000.00	\$0.00	\$0.00	Active
44	IPN-Women and Children	5881PN20-WC		\$451,888.00	\$0.00	\$0.00	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-Element

Contract Number 123456TS

DMH Program

Short Name

Open Date 01/01/2000 Close Date 01/01/9000

Budget (services) 0

Allow Bypass Program Open Edit

Display Name/NPI/Taxonomy in 2310B loop on 837

First/Middle/Last

NPI

Taxonomy

User Id IBHRS2 Control Date/Time 06/01/2022 04:15:43 PM

Add Edit Delete Exit (Esc) 2 records loaded Program List

Path: Maintenance and setup > Programs

- 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.
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

IBHRS SPECIFIC FIELDS

* **Gender at Birth** Please choose the gender at birth for this client.
Select a value

Gender Identity Please choose what gender the client self identifies with.
Select a value

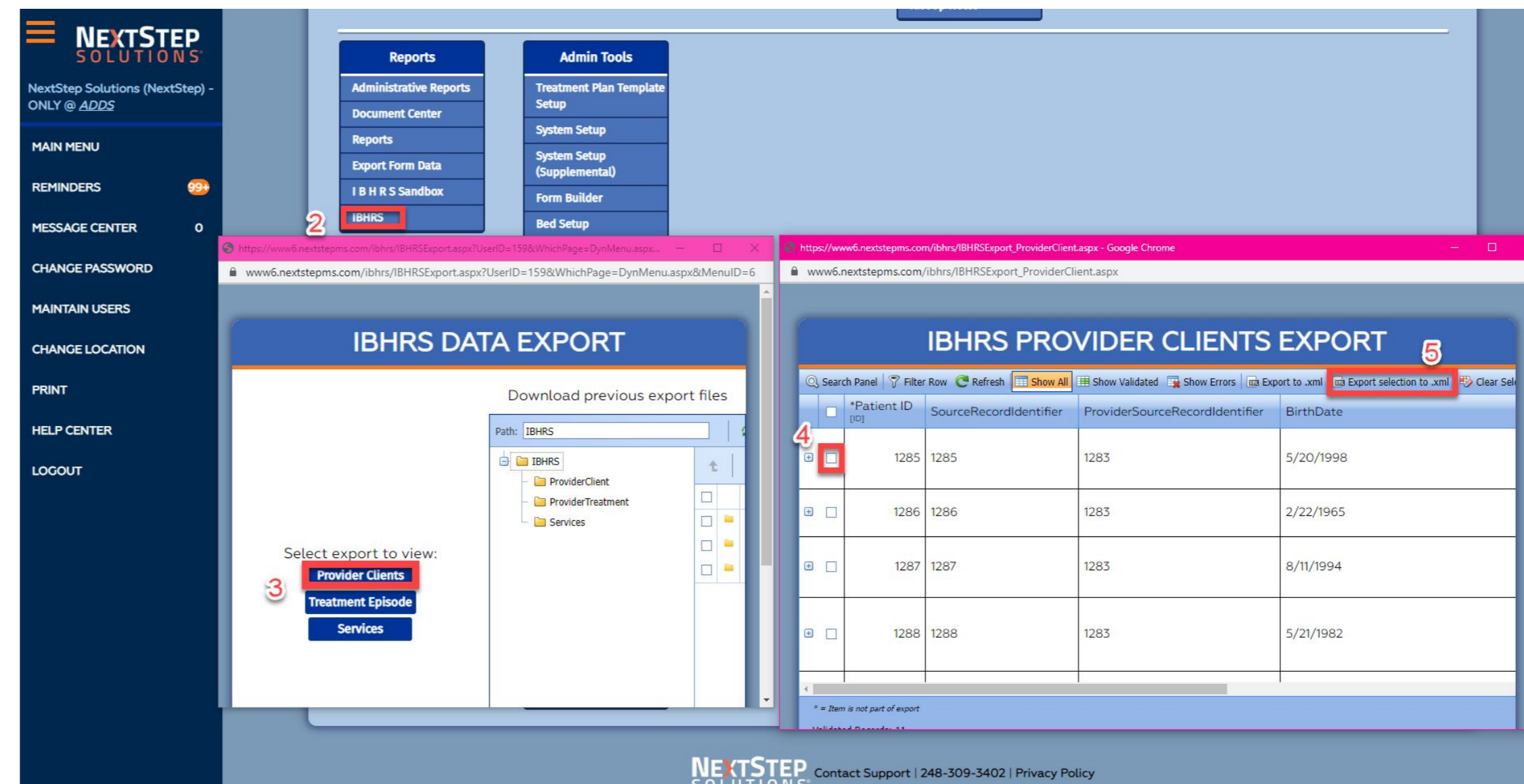
Sexual Orientation Please choose what sexual orientation the client self identifies with.
Select a value

Ethnicity Please choose the ethnicity for this client.
Select a value

Primary Race Please choose the primary race for this client.
Select a value

Secondary Race Please choose the secondary race for this client.
Select a value

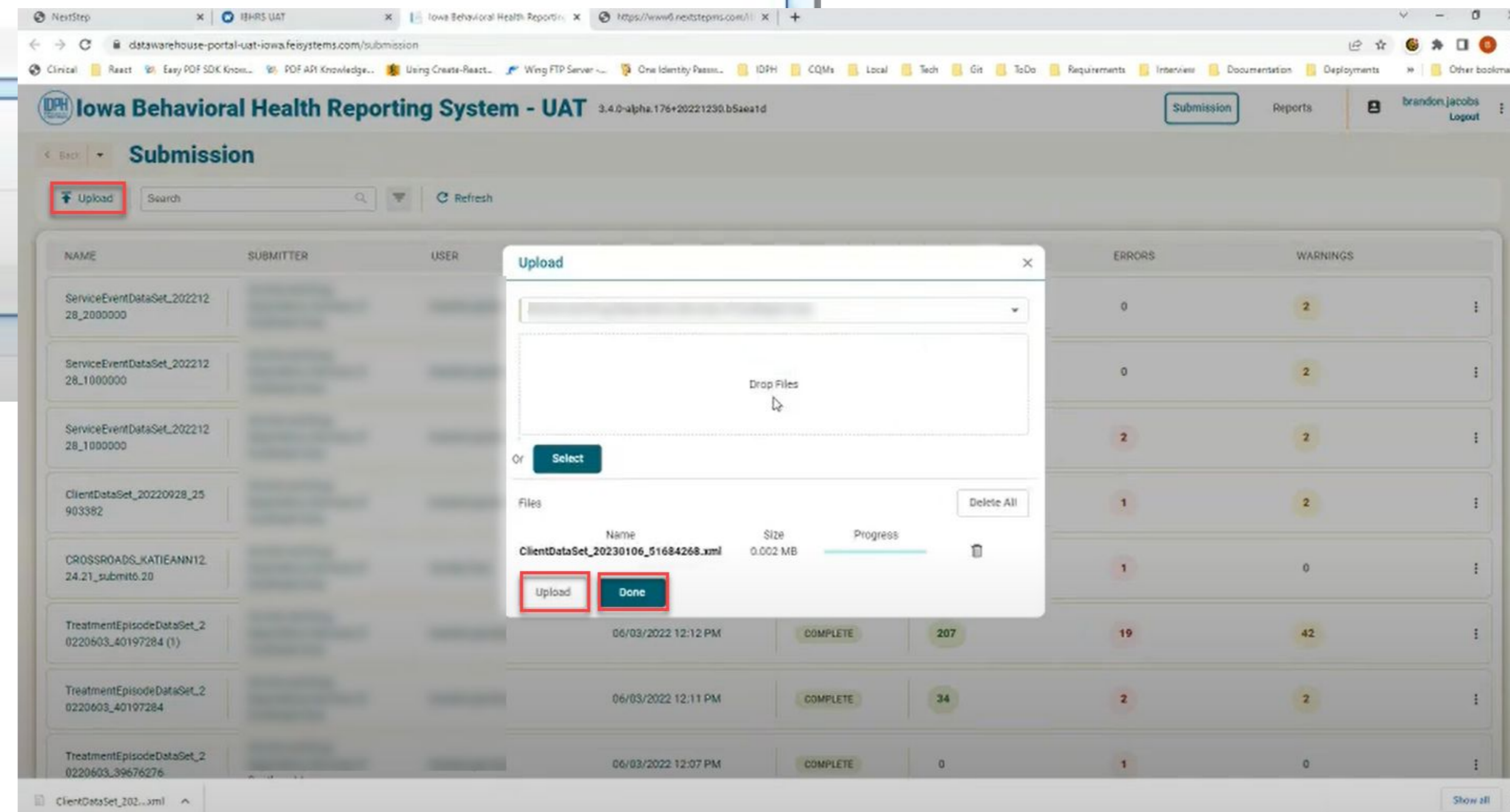
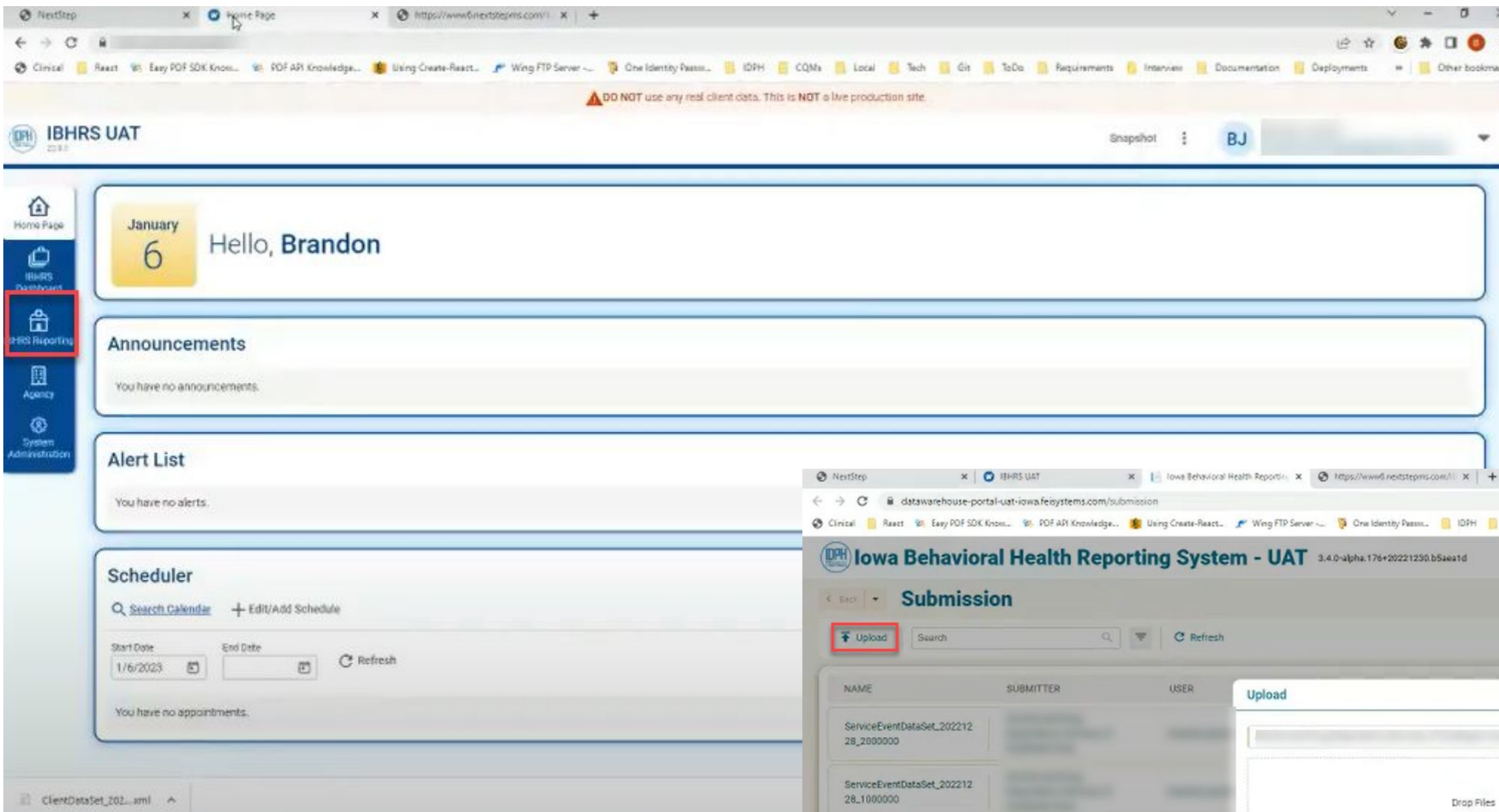
* **Client information will be reported to the state**



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.

1. Log into IBHRS website
2. Click IBHRS Reporting to open submission page
3. Click Upload
4. Drop the file you just exported
5. Click Upload and then Close
6. The client will now be loaded into the IBHRS website



Client Setup - Adding IBHRS insurance record for client

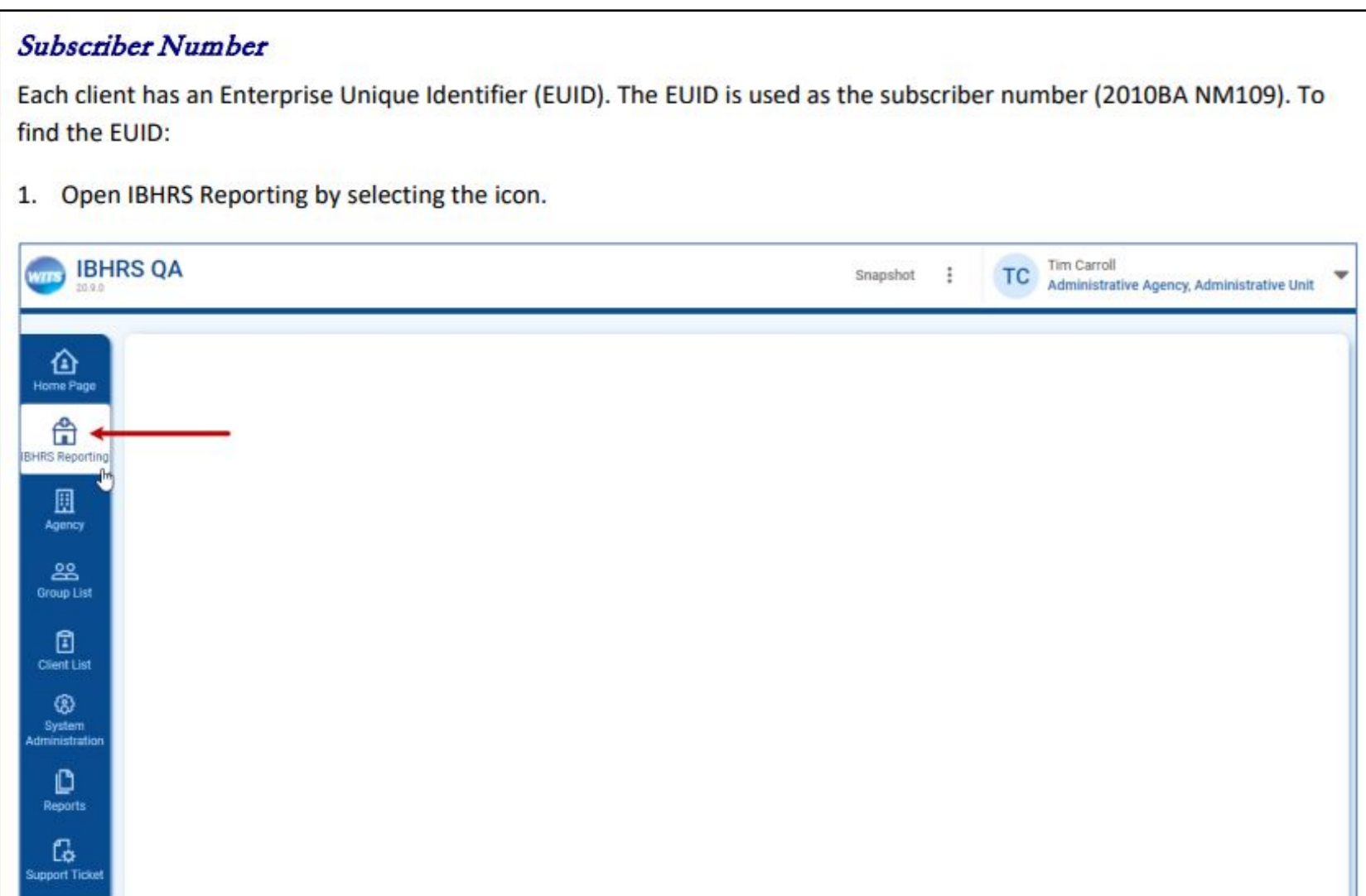
Once a client has been uploaded to IBHRS they are assigned an EUID. For each client, an insurance record must be created with the EUID as the subscriber number.

- In IBHRS website obtain EUID

Subscriber Number

Each client has an Enterprise Unique Identifier (EUID). The EUID is used as the subscriber number (2010BA NM109). To find the EUID:

1. Open IBHRS Reporting by selecting the icon.



- In NSS Clinical enter insurance information 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.

Priority ↑	Insurance	Subscriber Num...	Group Number	Subscriber First Name	Subscriber Last Name	Subscriber Relation	Effective
No Insurances							

6. Complete the **Insurance Information** section.

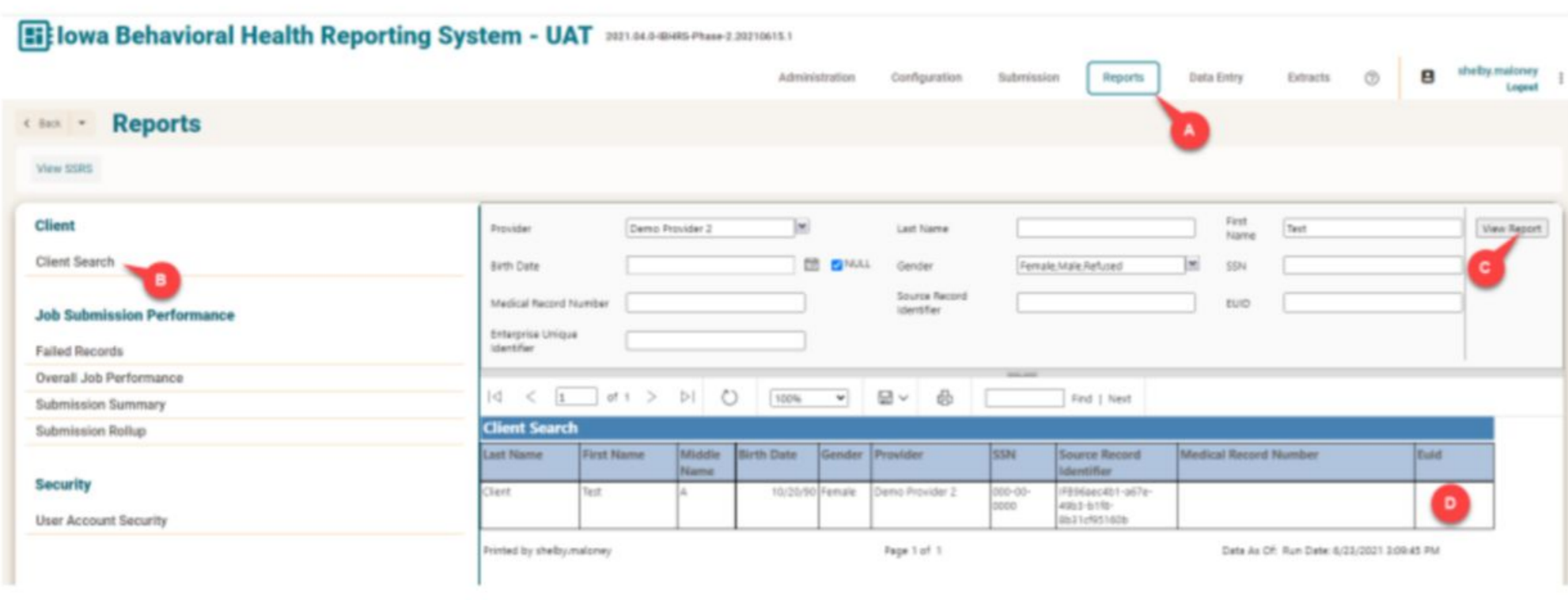
Insurance Information ✕

Priority: *

Insurance: *

Subscriber Number: Group Number:

2. Select the Reports tab in the header (A) and Client Search (B) under Categories on the left. Enter your search criteria and click View Report (C). The EUID is the last column in the report (D).



Client Search

Last Name	First Name	Middle Name	Birth Date	Gender	Provider	SSN	Source Record Identifier	Medical Record Number	Euid
Client	Test	A	10/25/90	Female	Demo Provider 2	000-00-0000	FB96ac481-a67e-49d3-b17d-8b3149d1a33b		

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

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

Path: Main Menu > Admissions > [Face Sheet](#)

ADD A NEW CLIENT

CLIENT INFORMATION

First Name:	<input type="text" value="Wesley"/>	Middle:	<input type="text"/>	Last:	<input type="text" value="Kteam"/>
Birth Name:	<input type="text"/>	Suffix:	<input type="text"/>		
Date of Birth:	<input type="text" value="08/30/1977"/>	SSN:	<input type="text" value="523"/> - <input type="text" value="32"/> - <input type="text" value="2352"/>		
Location:	<input type="text" value="ABC Primary - Troy:: ABC Primary Location, 123 Main Street , Troy, Michigan 48307"/>				

Admit? Yes No Pending

Case Assignments

Admit? Yes No Pending

Primary Program:	Secondary Program:	Third Program:	Fourth Program:
<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>
Primary Admission Date:	Secondary Admission Date:	Third Admission Date:	Fourth Admission Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fifth Program:	Sixth Program:	Seventh Program:	Eighth Program:
<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>	<input type="text" value="Select A Program"/>
Fifth Admission Date:	Sixth Admission Date:	Seventh Admission Date:	Eighth Admission Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Therapist:	Supervisor:	Psychiatrist:	Intake Specialist:
<input type="text" value="None"/>	<input type="text" value="None"/>	<input type="text" value="None"/>	<input type="text" value="None"/>
Nutritionist:	Direct Care:	Medical Lead:	dfasdfasdfsdf:
<input type="text" value="None"/>	<input type="text" value="--No Available Users--"/>	<input type="text" value="None"/>	<input type="text" value="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

HIPAA 5010 Transfer Form - (HIP5010F)

Transaction Set: 837 Professional | Format Type: 15 HIPAA 837 Medicaid 10/11

Start Date: // | Stop Date: //

Billing Group: [] | Only use Diagnoses from Line Item:

Contact Employee: 0159 | admin

Agency ID: ALL | ALL

Program ID: []

Procedure Code: []

Modifier: []

Activity Code ID: []

Site ID: []

Case No.: []

Staff: []

Insurance ID: []

Transaction Set Control #: [] | Claim Frequency Code: []

Add Carriage Return After Segments: | **Update Billing Status Only**: | Don't Include Secondary Claims: | Invoice Date Override: // | Send As Test Claim: | Remove "~": | Override Billing NPI (2010AA):

Subscriber ID: [] | Case Number: []

Client Name: []

Site ID: [] | Event Date / Time: []

Control Date / Time: [] | Employee / Contractor ID: [] | Staff ID: []

Staff Name: []

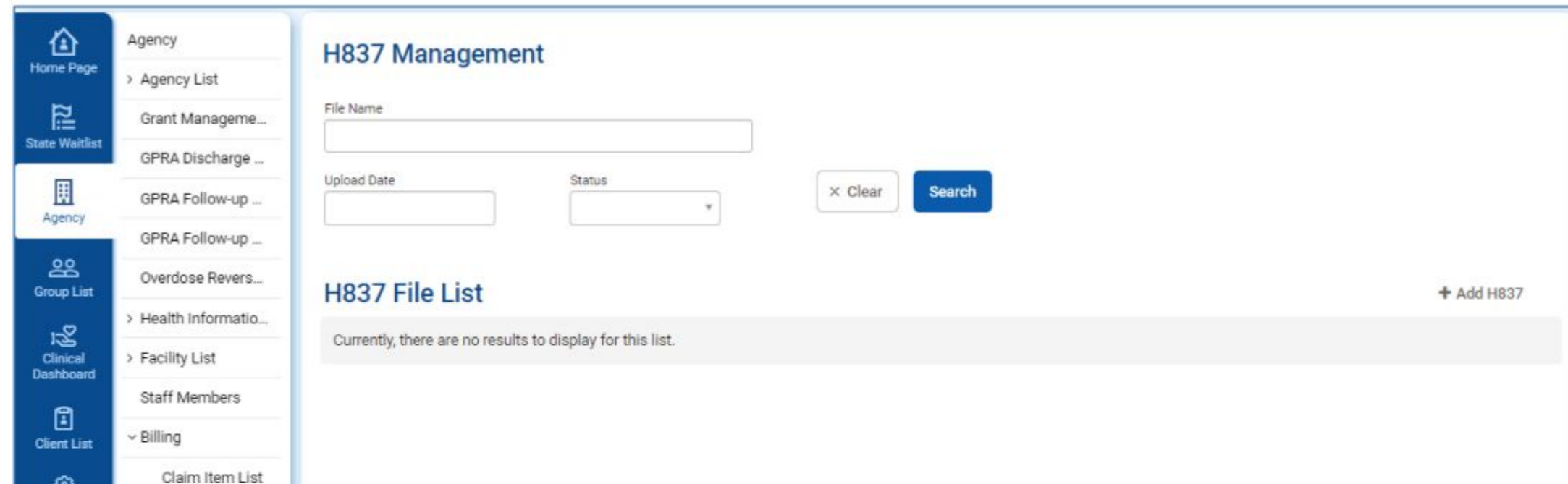
File Progress: 0% | Start | Exit

Path: Navigation Form > [837 Form Button](#)

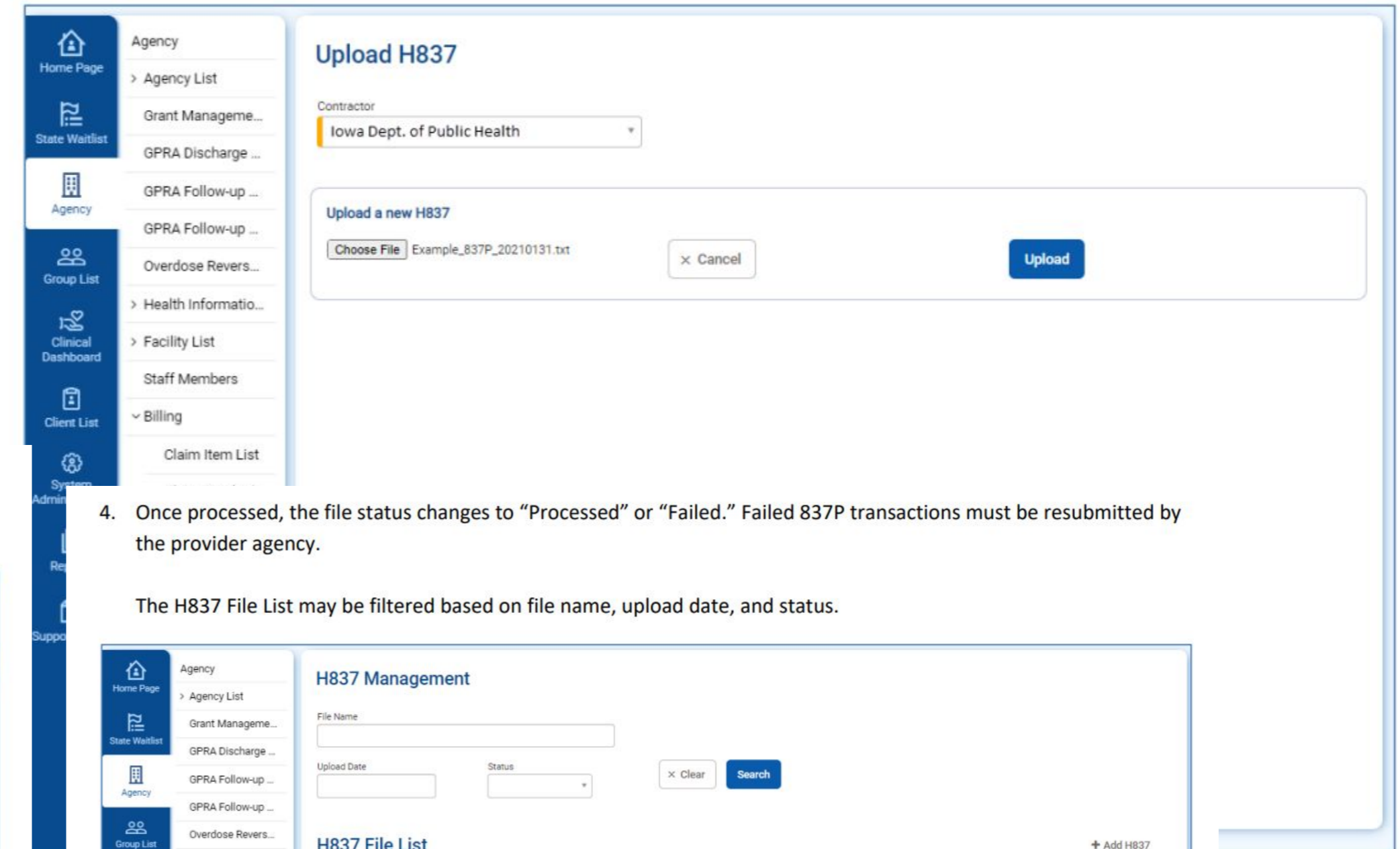
1. [Create and Send Electronic Claim Files](#)
2. Navigate to the HIPAA 5010 Transfer Form by following the path above.
3. Click the **Transaction Set** drop-down and select a **Transaction Set**. The default is set to 837 Professional.
4. From the **Format Type** drop-down, choose **Format Type** of **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.
6. Click the **Contact Employee** drop-down, and select a **Contact Employee**.
7. Fill in any other fields applicable to your Agency's workflow or your specific filter criteria.
8. Click the **Start** button.
9. In the Save As window, Browse for and select the local file folder you would like to save the IBHRS 837P
10. In the File name field enter the name of the file then click Save.
11. 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.
13. A window is displayed, "Process Complete!", click the OK button.
14. On the HIPAA 5010 Transfer form, select the **Update Billing Status Only** checkbox.
15. Click the **Start** button. This will change the Print Status on the affected Line Items to an N and prevent these Line Items from being sent on a later claim.
16. Click OK to acknowledge the process is complete.

Uploading 837P file to IBHRS website

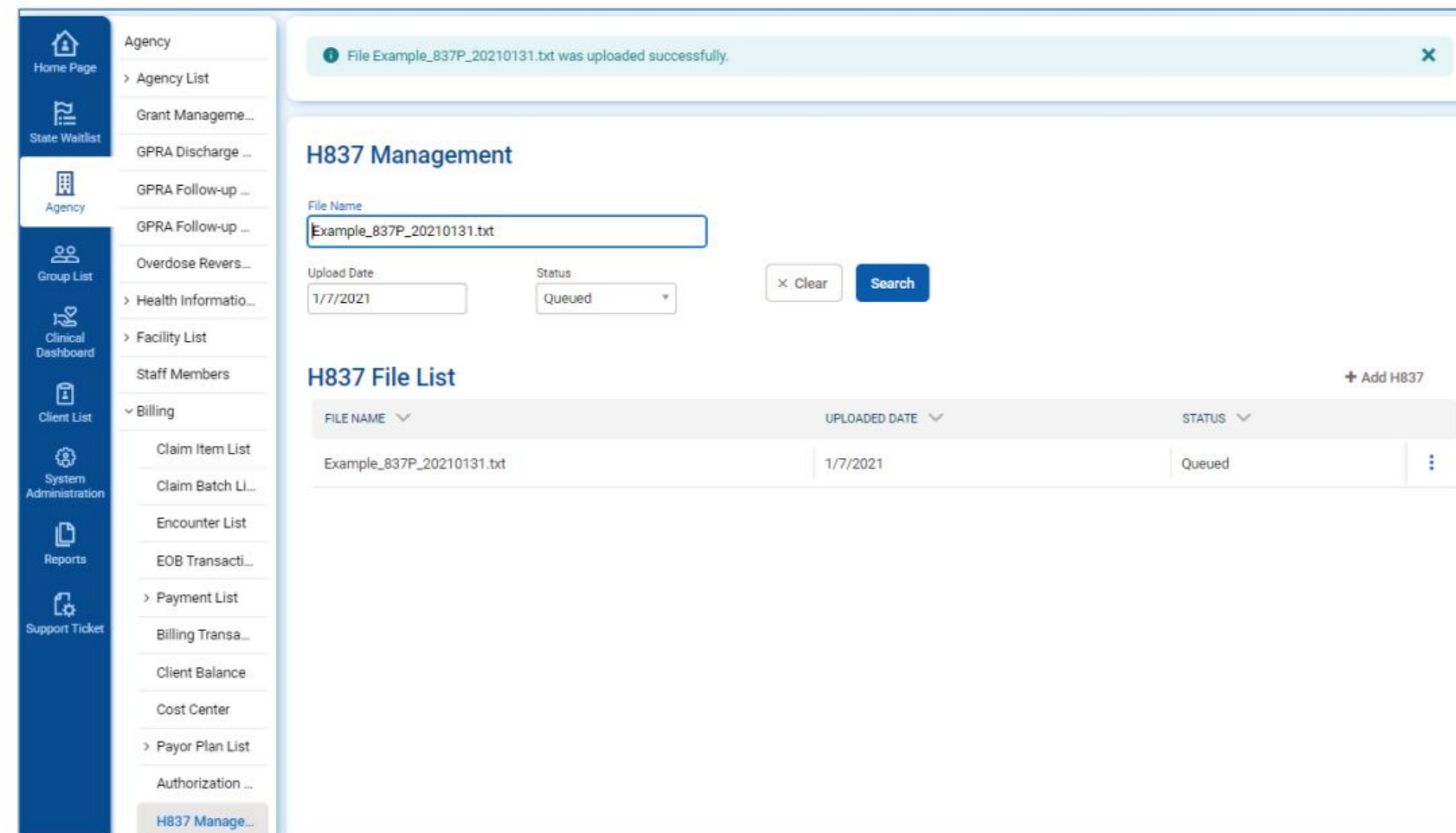
1. Navigate to the H837P Management screen under Agency/Billing and select "Add H837" from the list header.



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

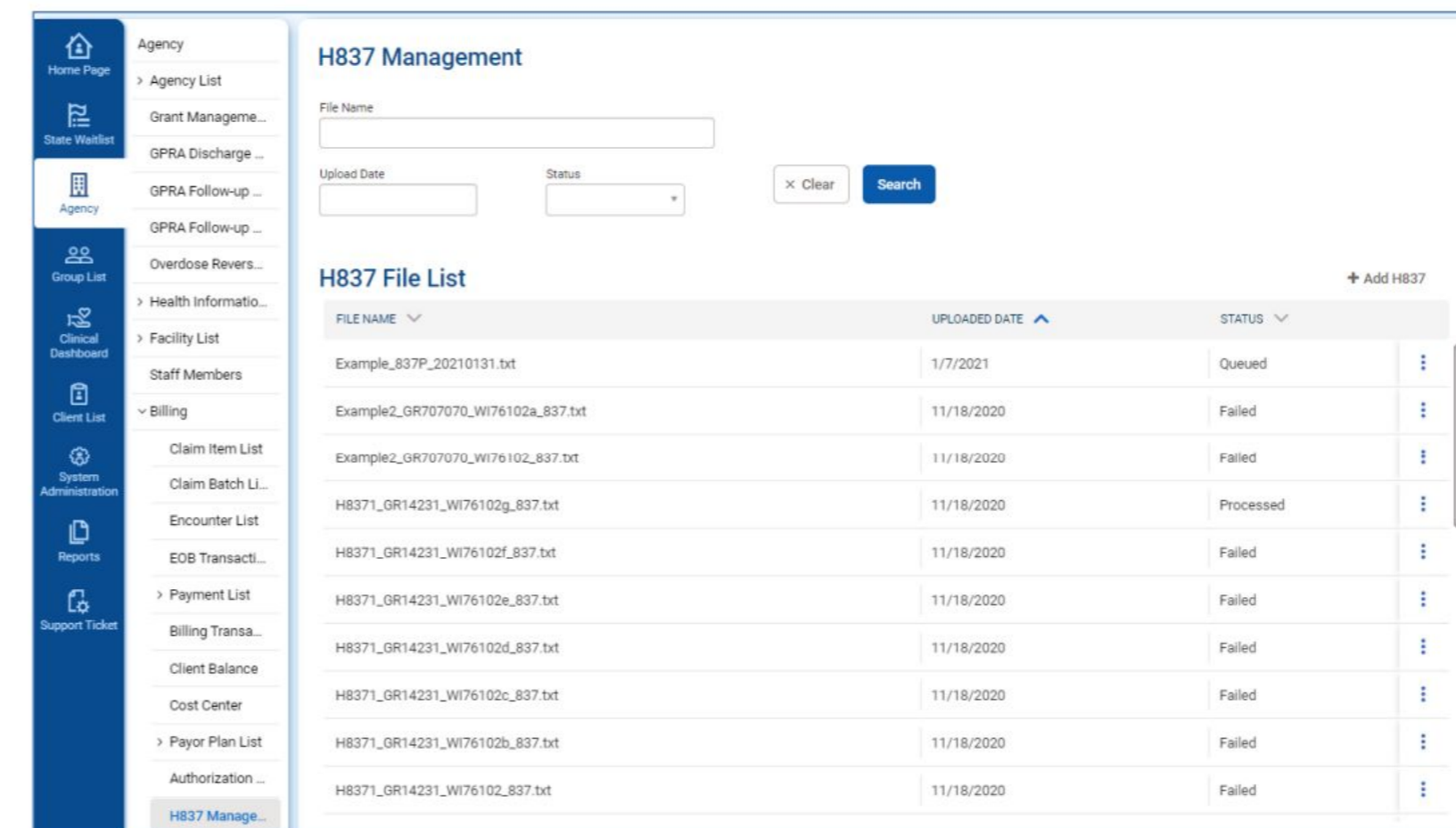


3. If the file is successfully uploaded, an information message is returned at the top of the screen. The file is queued for processing (Status = "Queued").



4. Once processed, the file status changes to "Processed" or "Failed." Failed 837P transactions must be resubmitted by the provider agency.

The H837 File List may be filtered based on file name, upload date, and status.



Accessing NSS Help Center

The screenshot displays the NextStep Solutions web application interface. On the left is a dark blue sidebar with the following menu items: MAIN MENU, REMINDERS (0), MESSAGE CENTER (0), SCHEDULER, OPERANT SYSTEMS, CHANGE PASSWORD, MAINTAIN USERS, PRINT, **HELP CENTER** (highlighted with a red box), and LOGOUT. The top of the sidebar features the NextStep Solutions logo and user information: Kim Gingras (kgingras) @ IBHRS Location, Test, Dora. The main content area is light blue and contains two menu panels. The top panel, titled 'Admissions', includes Face Sheet, Client Locations, Transfer Forms-Discharge Forms, and Case Assignments. A red arrow points to the 'Admissions' header. The bottom panel, titled 'Reports', includes Administrative Reports, Document Center, Reports, Export Form Data, and 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](#)

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.