



Early Intervention QClaims Setup Guide

The Early Intervention Central Billing Office is providing an electronic billing solution for Early Intervention providers to submit their claims electronically to the CBO. This document outlines how to start using QClaims.

Sign Up

To sign-up to send electronic claims directly to the Early Intervention Central Billing Office via QClaims:

- Visit the website <http://spiclaims01.eicbo.info/>
- Click on the “Sign Up” link at the top of the page
- The “Sign Up for an Account” page will open
- Enter the name of your organization (payee name), address, city, state and zip code.
- Choose and enter an Organization ID and click “Next”
- You will be taken to the Contact screen. On this page you will enter in contact information for the account administrator including a Login ID.
- Click “Next”
- Enter the provider ID (Tax ID) on the Configure screen
- Click “Next”
- On the Confirmation screen, verify the Organization ID, the email address and the Login ID (make note of this information for future reference) and click “Confirm and Create Account” to complete the account setup. Once the account has been setup you may install QClaims.

Note: It can take up to five business days to gain access to their new QClaims account.

Java

The QClaims application is written in Java, a computer programming language. Because of this, QClaims can only run on a computer that has Java installed. If Java is already installed on your computer, you will automatically be sent to the QClaims launch page after clicking the Submit button on the Account Setup Form page.

Starting QClaims

1. Click the QClaims icon on your desktop
 - a. or from the QClaims Launch page (<http://spiclaims01.eicbo.info/emc/landing>), click the “QClaims” icon on the left of the page.



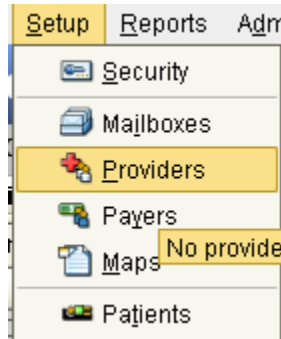
2. Enter the user name you selected in the “User ID” box of the sign-in dialog box.
3. Enter the password you selected in the “Password” box of the sign-in dialog box.

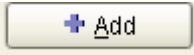
The image shows a 'Sign In' dialog box with a blue title bar and a close button (X) in the top right corner. It contains two input fields: 'User ID' (highlighted in yellow) and 'Password'. Below the fields are two buttons: 'Sign In' with a lock icon and 'Quit' with a red X icon. At the bottom left is a blue hyperlink 'Forgot your password?' and at the bottom right is a 'Help' button. A decorative graphic of a padlock and binary code is on the right side of the dialog.

Entering Group Practice and Group Providers

Note: All providers are setup as Group Practice and Group Providers, regardless if a provider is working independently or working for an agency. Providers working independently will have two separate entries on the Provider File page, one for the Group Practice and one for the Group Provider.

1. Click "Setup" from the menu bar at the top left of the page.
2. A drop down box will appear.
3. Click "Provider" from the drop down box



4. The Provider File screen will appear
5. Click Add  , located on the upper right side of the screen
6. Click the " Group Practice" radio button
7. Enter the Group Name (payee name), Address, City, State and Zip code (nine digit zip)
 - a. If you are an individual provider, enter your name in the following format: Last Name First Name
8. The Provider Code field will autofill
9. Enter the Phone Number, Contact Name and Email address under the "Optional" section of the screen,
10. Enter the Tax ID or SSN on the right side of the screen and
11. Select the appropriate type from the "Type" drop down box. (EIN/TIN= Tax ID or Federal Identification Number, SSN = Social Security Number)
12. Enter the NPI number for the Organization in the NPI field (if applicable)
 - a. The NPI for the payee and rendering provider will be the same for an individual provider working under their SSN

Provider Tickets

Provider Entry Type Organization or Solo Practice Group Practice Group Provider

Group Name

Address 1

2

City ST Zip

Medicare Participating?

Provider Signature on File?

PayTo Address

Address

City ST Zip

Optional

Phone

Contact Name

E-mail

State License

Site No.

Location No.

Taxonomy

Org. Type

Specialty NSF Commercial claims only

Provider Code

Tax ID Type

NPI

Medicare A PIN

Medicare B PIN

Medicaid PIN

Tricare PIN

Blue Cross PIN

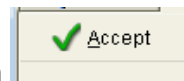
Blue Shield PIN

Commercial PIN

HMO PIN

PPO PIN

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13. Click "Accept" on the upper left side of the screen

The Group Practice is saved and complete. The entry can be viewed on the Search Tab located on the Provider File Screen. Proceed to set up the Group Provider.

14. Click the "Add" button located in the upper right corner of the Provider File screen
15. Click the Group Provider radio button
16. From the Group dropdown box select the Group Name
17. Add the Group Provider's first and last name
18. The Provider Code will autofill
19. Enter in the Tax ID or Social Security number of the payee that the provider will be billing under.
20. Select the appropriate type from the "Type" drop down box.
21. Enter the NPI number into the NPI field (This is always the Type 1 NPI number for the rendering provider. Please note that and NPI number is not required for Translators, Interpreters or Parents)

Provider Tickets

Provider Entry Type Organization or Solo Practice Group Practice Group Provider

Group ABC0001: abc

First Name MI

Last Name Suffix

Provider Code

Tax ID Type SSN

NPI

Medicare A PIN

Medicare B PIN

UPIN

Medicaid PIN

Tricare PIN

Blue Cross PIN

Blue Shield PIN

Commercial PIN

HMO PIN

PPO PIN

PIN Overrides...

Optional

State License

Site No.

Location No.

Taxonomy ...

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22. Click Accept on the upper left side of the screen

**If the below warning appears click the OK button.*

Duplicate Tax ID Warning

Are you sure you want to add a provider with the same Tax ID as

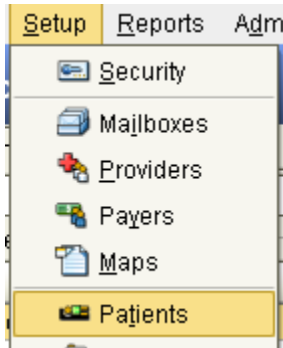
Click OK to continue adding this provider.
Click Cancel to stop saving this provider entry and stay in edit mode to review your data.

OK Cancel

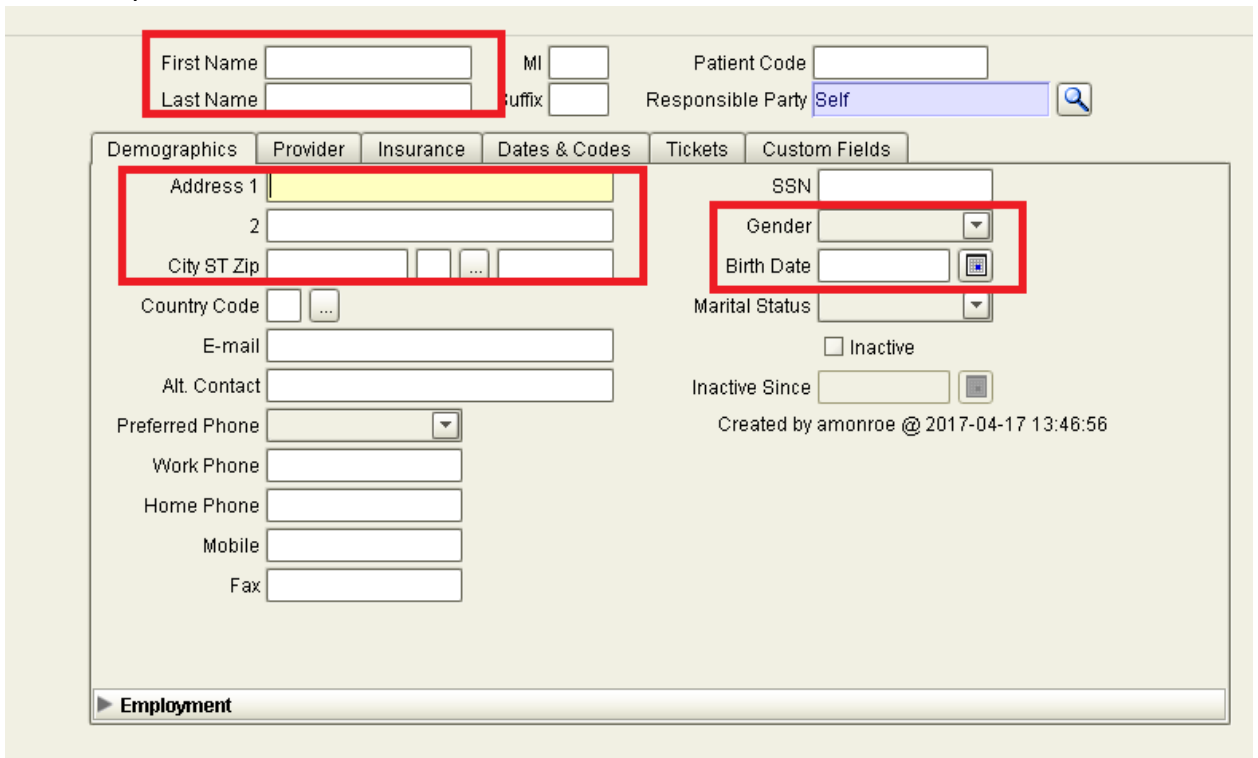
To setup additional profiles for additional providers, repeat steps 14-22 until all providers have been entered.

Enter Patients

1. Click "Setup" from the menu bar at the top of the screen
2. A drop down box will appear
3. Click "Patients" from the drop down box



4. Click the "Add" button located in the upper right side of Patient File screen.
5. Enter the patient's first name, last name, address, city, state and zip
6. The Patient Code will autofill
7. Enter the patient's gender
8. Enter the patient's birthdate



First Name MI Patient Code
Last Name Suffix Responsible Party

Demographics | Provider | Insurance | Dates & Codes | Tickets | Custom Fields

Address 1
2
City ST Zip

Country Code

E-mail
Alt. Contact

Preferred Phone

Work Phone
Home Phone
Mobile
Fax

SSN
Gender
Birth Date

Marital Status

Inactive
Inactive Since

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► Employment

9. Click the Insurance tab (above the Address field)
10. Select a Signature date (which can be any date you choose)

11. Click the magnifying glass next to the Payer field (EI-CBO should be the only option) select the group provider that will be providing services for the child.
12. Enter the child's EI number in the Member ID box located in the Primary box on the left side of the screen.
13. Optional: Click on the Provider Tab (top middle portion of screen)
14. Optional: Click the magnifying glass next to the Provider field.
 - a. Select the provider that provides services for this child.
 - i. If a child sees multiple providers within your facility, you should not complete this step. Providers can be selected when the claims are creates.
15. Optional: Enter the child's diagnosis into the Diagnosis filed located on the Provider Tab.
 - a. If this field is completed, the diagnosis code will author fill in all claims for all providers. If the child has multiple provider and multiple diagnosis codes, you should not complete this step.

The screenshot shows a software interface with the following elements:

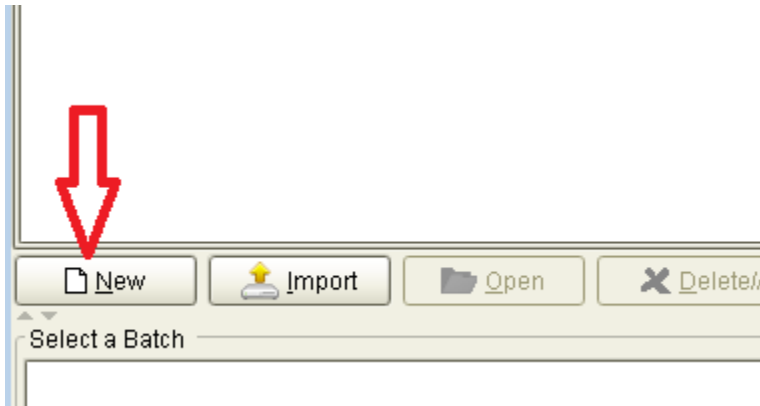
- Tabs: Demographics, **Provider**, Insurance, Dates & Codes, Tickets, Custom Fields
- Fields:
 - Provider (highlighted with a red box)
 - Ordering Provider
 - Attending Provider
 - Referral Type: Physician (dropdown)
 - Referral Code
 - Referral Date
 - CLIA #
 - First Seen
 - Last Seen
 - Weight (lbs) 0
 - Height (inches) 0
 - Diagnosis 1 (highlighted with a red box)
 - Diagnosis 2
 - Diagnosis 3
 - Diagnosis 4
 - Diagnosis 5
 - Diagnosis 6
 - Diagnosis 7
 - Diagnosis 8

16. Click Accept

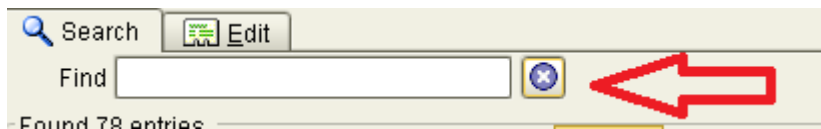
To add additional patient repeat steps 4-16 until all patients have been entered.

Entering a Claim

1. Click "File" from the menu bar located at the top left portion of the screen
2. Click Batch Manager from the drop down box
3. Click the New button located in the bottom half of the screen



4. Click the OK button on the Set Label, Tags Color box that appears.
5. Select the Payer ID by clicking the magnifying glass located next to the Payer ID field.
 - a. EI-CBO (CQuest) should be selected if the claim is going to be billed to the CBO as primary
6. Click the drop down box in the Mailbox field. Select the Tax ID (SSN) number.
7. In box 1a, click the magnifying glass and select the patient from the Patient Search box that appears.
 - a. If you do not see the patient you want to bill for, click the purple circle (Show All) next to the Find field



8. Click the name of the patient you want to bill for. The name should be highlighted in a yellow/orange color.
9. Click the "OK" button located inside the Patient Search box
10. Click the "OK" button located on the Auto Fill Patient screen that appears
11. The patients demographic information will auto fill in boxes 1-5
12. If an Associate provider performed the service enter the name in box 19
 - a. Last Name, First Name (Doe, Jane)
13. In box 21, enter the child Diagnosis Code (if it did not auto fill)
 - a. This is not required for translators, interpreters or transportation providers
14. **For Interpreters, Translators Only:** From the drop down box located in box 23 select the service interpretation or translation was performed for.
15. Enter the date of service in box 24A. The date can be selected by clicking on the mini calendar located in the box.

16. Enter the place of service into box 24B
17. Enter the procedure code in box 24D. Enter the modifier (if applicable) in the box adjacent to 24D (modifier box)
18. Enter total charges in box 24F
19. Enter total units (15 minute increments, 1 unit =15min) in box 24G
20. Click the magnifying glass in box 24J and select the **Group Provider** from the Provider Search box that appears. (*The provider's individual NPI number should display in this box when completed correctly.*)
 - a. If the provider does not appear in the Provider Search box, click the box with the purple circle (Show All) next to the Find field.



- a. Be sure that the Group Practice (payee name) displays in box 33 and the provider's name (First Name Last Name) displays in box 31.

1 of 1 | Accept | Add | Delete

CMS-1500 | Payers | Patient | Provider | Diagnosis | Services | Transportation | Chiropractic | Attachments | All Fields

Payer ID: No Payer Selected
Mailbox: <Paper>
Bill To: Primary

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (SSN or ID) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE
4. PATIENT'S SEX
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED
7. INSURED'S NAME (Last Name, First Name, Middle Initial)
8. INSURED'S ADDRESS (No., Street)
9. INSURED'S CITY
10. INSURED'S STATE
11. INSURED'S ZIP CODE
12. INSURED'S TELEPHONE (Include Area Code)

13. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. RESERVED FOR NUCC USE
c. RESERVED FOR NUCC USE
d. INSURANCE PLAN NAME OR PROGRAM NAME

14. EMPLOYMENT? (Current or Previous)
15. AUTO ACCIDENT?
16. OTHER ACCIDENT?
17d. CLAIM CODES (Designated by NUCC)

18. INSURED'S POLICY GROUP OR FECA NUMBER
19. INSURED'S DATE OF BIRTH
20. INSURED'S SEX
21. OTHER CLAIM ID (Designated by NUCC)
22. INSURANCE PLAN NAME OR PROGRAM NAME
23. IS THERE ANOTHER HEALTH BENEFIT PLAN?

24. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
25. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

26. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
27. OTHER DATE
28. NAME OF REFERRING PROVIDER OR OTHER SOURCE
29. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

30. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
31. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
32. OUTSIDE LAB?
33. RESUBMISSION CODE
34. PRIOR AUTHORIZATION NUMBER

35. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
36. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)
37. DATE(S) OF SERVICE
38. PLACE OF SERVICE
39. EMG
40. CPT/HCPCS
41. MODIFIER
42. DIAGNOSIS POINTER
43. \$ CHARGES
44. DAYS OR UNITS
45. EPICDT Family Plan
46. ID. QUAL.
47. RENDERING PROVIDER ID. #
48. NPI

Service IN/TL
Select Provider

To add additional lines of service repeat steps 15-19.

21. Click the “Verify” button (bottom left portion of screen) and view any warnings noted.
 - a. Warnings should be addressed but can be ignored if the severity is low. Click the “Ignore” button to ignore any warnings.
22. If there are no warnings, click “Accept” to save the record.

Add More Claims

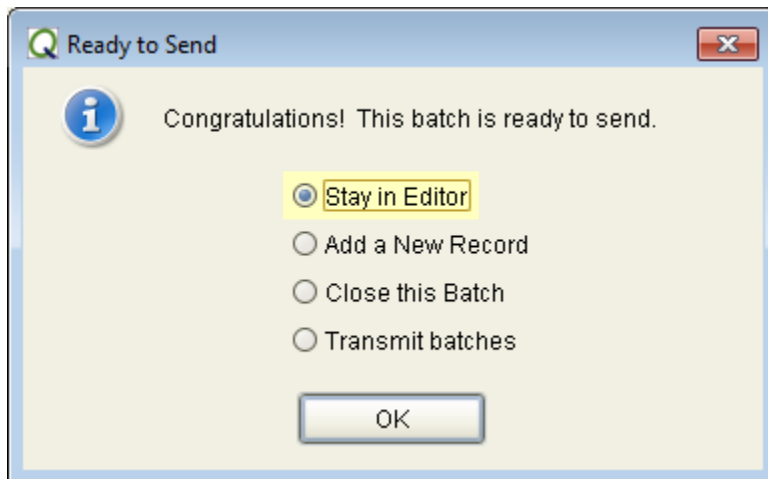
1. Click the “Add” button at the top left of the screen.

Transmitting Claims

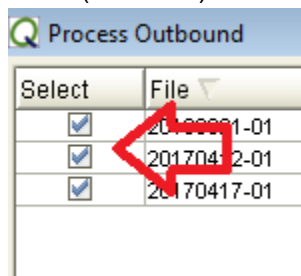
Before submitting the first claim, it is suggested that a call is made to the EI-CBO Help Desk at 1-800-634-8510 for verification. A representative will verify your setup and review your claim for accuracy before transmitting.

When the batch (or a single claim) is ready to be transmitted:

1. Click Save (located at the top left of the screen).
2. The Ready to Send box will appear.



3. Click the “Transmit batches” radio button
4. Click the “OK” button
5. The Message Center Screen will appear and Process Outbound box will display
6. Click (to check) the Select box of for the batch you want to transmit.



7. Click the “Generate” button located in the Processed Outbound box

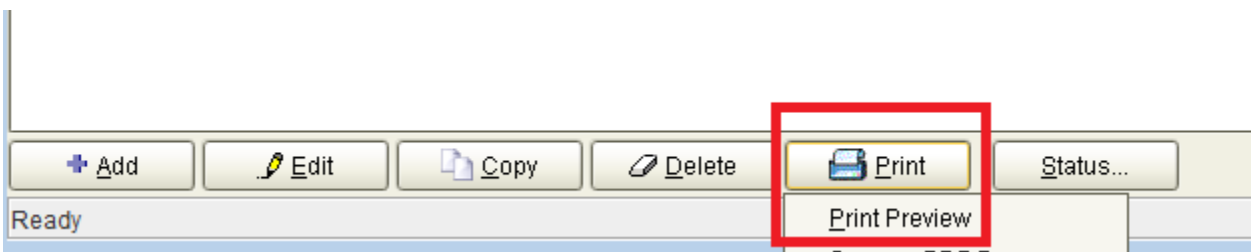
The Outbox can be checked for claims sent.

Printing “No Line” Claim Forms to Submit to CBO

1. Click “File” from the menu bar at the top of the page.
2. Click Batch Manager from the drop down box
3. The Batch Manager screen will appear
4. Click the batch of claims containing the claim(s) you wish to print.
5. Click on the “Open” button at the bottom of the screen



6. The Batch Editor Screen will appear
7. Highlight the claim by clicking the claim on Batch Editor screen
8. Click the “Print” button at the Bottom of the screen.
9. A menu will appear
10. Click “Print Preview”



11. A form with claim information will appear without boxes or lines.
12. Print the claim via the printer icon in the upper left corner of the screen.

Steps to Resubmit (Retransmit) a Claim

1. Click “File” from the menu bar
2. Click Batch Manager from the drop down box
3. Double click the batch containing the claim
4. Double Click the claim to open it

5. In the "Status" field, change the status from "Sent" to "Resend"
 - a. Edit the claim if necessary
6. Once all claims are edited, click "Accept"
7. Click "Save"
8. The Ready to Send box will appear.
9. Click the "Transmit batches" radio button
10. Click the "OK" button
11. The Message Center Screen will appear and Process Outbound box will display
12. Click (to check) the Select box of for the batch you want to transmit.
13. Click the "Generate" button located in the Processed Outbound box

View and Print Provider Claim Summary (Electronic Remittance Advice)

1. Click File from the menu bar
2. Click Payment Manager from the drop down box
3. Click the remittance you want to view or print
4. All of the claims listed in the remittance selected will display in the bottom portion of the screen
5. Click Print
6. A box will appear
7. Select Natural Order
8. The electronic version of the remit will appear in a separate window
9. Click the printer icon (top left side of the screen)
10. The Print box will appear
11. Click the "OK" if the print options are correct

When Providers Change Tax ID's

It is imperative to contact the Help Desk at 1-800-634-8540 for assistance. An associate can assist in completing the process. They will verify that everything is setup properly which will prevent future claims from being denied. Please note that it is not necessary to setup a second QClaims account or delete the current provider account or information.

Special Note: A complete Solace/QClaims Guide is available on the EI-CBO website (www.eicbo.info).