



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 properly setup a QClaims account and create a claim for submission to the Early Intervention Central Billing Office.

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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 and 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 a 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.



*See QClaims launching instructions at www.eicbo.info for trouble shooting assistance

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.



Creating a Provider File

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.
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 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**

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 an NPI number is not required for Translators, Interpreters or Parents)

Provider Entry Type Organization or Solo Practice Group Practice Group Provider

Group	ABC0001: abc	<input type="button" value="..."/>
First Name	<input type="text"/>	MI <input type="text"/>
Last Name	<input type="text"/>	Suffix <input type="text"/>

Provider Code

Tax ID	<input type="text"/>	Type <input type="button" value="SSN"/>
NPI	<input type="text"/>	

Optional

State License	<input type="text"/>
Site No.	<input type="text"/>
Location No.	<input type="text"/>
Taxonomy	<input type="text"/> <input type="button" value="..."/>

Medicare A PIN

Medicare B PIN

UPIN

Medicaid PIN

Tricare PIN

Blue Cross PIN

Blue Shield PIN

Commercial PIN

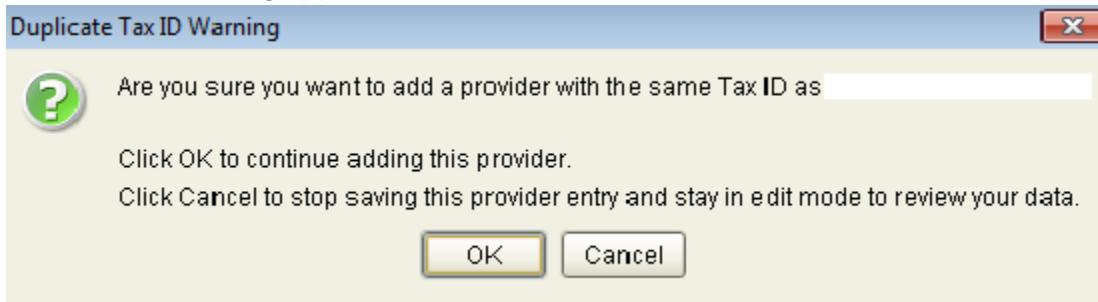
HMO PIN

PPO PIN

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

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



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

Creating a Referring Provider File

There are two methods of entering in the referring provider's name and NPI number on the CMS-1500 claim form. The referring provider's name and NPI number are not required for all services. Please verify if this is a requirement for the category of service being billed.

Entering the Referring Provider's Name and NPI Number: Select from List

1. Click "Setup" from the menu bar at the top of the page.
2. Select "Addresses" from the dropdown box.
3. The Address Book screen will appear.
4. Click "Add".
5. Enter the referring providers First Name, Last Name and NPI number on the screen.
6. Select "Physician" from the drop down box in the Address Type field.
7. Click "Accept".

Qclaims Client+ 4.3.0.7985 - CQuest America

File Edit Setup Reports Admin Help Address Book

Address Book

Accept Cancel

First Name MI Address Type Address Code Allow use of code as a PIN

Last Name Suffix

Company Name

Demographics Dates & Codes Ledger Tickets Custom Fields

Address 1
2
City ST Zip
Country Code
Alt Contact
E-mail
Web Site
Preferred Phone
Work Phone
Home Phone
Mobile
Fax
Tax ID Type
NPI
Taxonomy
Gender
Birth Date
UPIN/USIN
Related Address
Employer/School

Note: The referring provider's name and NPI number will display in and can be selected from the Provider or Address Search box that appears when the search icon (magnifying glass) is clicked in box 17b on the CMS-1500 tab on the Claims Editor screen.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NPI
 17a.
 17b. NPI

18. HOSPITALIZATION DATES
 FROM

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUT OF LABY
 YES NO

Entering the Referring Provider's Name and NPI Number: Manual Entry on a Claim Form

From the Claim Editor screen:

1. Click the "Provider" tab.
2. Click the triangle next to the Referring Provider section to display the full screen.

1 of 1 Accept Add Delete

CMS-1500 Payers Patient Provider Diagnosis Services Transportation Chiropractic

Billing Provider

NPI
 PIN
 Name Little Melissa
 Address 500 S 9th St
 City ST Zip Springfield, IL 62701-1924
 Taxonomy
 Tax ID 123456789
 Location No
 Accept Assignment or Plan Participation on this Claim?

Default Rendering Provider

NPI
 PIN
 First M.I. Last Suffix
 Name Non-person
 Taxonomy
 Tax ID Type SSN
 Location No

Pay-To Provider

Referring Provider

NPI
 PIN UPIN
 First M.I. Last Suffix
 Name Non-person
 State Lic No

Supervising Provider

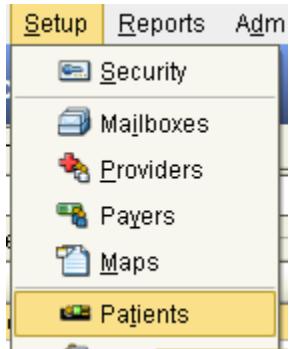
Ordering Provider

Service Facility Location

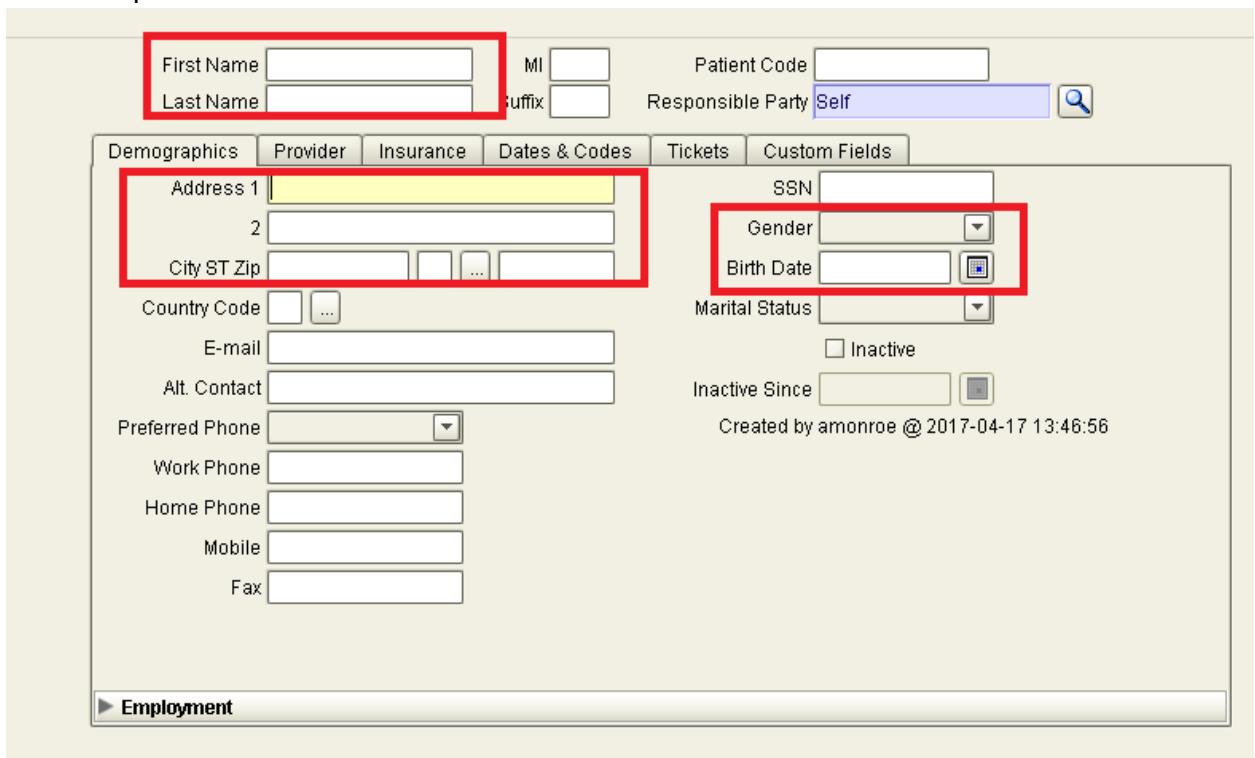
3. Enter the referring provider's NPI number in the NPI field.
4. Enter the referring provider's first name in the First Name field.
5. Enter the referring provider's last name in the Last Name field. (DO NOT enter the middle initial or suffix)
6. Click "Accept" located at the top of the screen.
7. Click the "CMS -1500" tab to return to the claim form. (*The referring provider's name and NPI number will display in box 17 and box 17b on the CMS-1500 claim.*)

Creating a Patient File

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.



The screenshot shows the 'Add Patient' form. The 'Demographics' tab is active. Key fields highlighted with red boxes are: 'First Name' and 'Last Name' (under Demographics tab), 'Address 1' and 'Address 2' (under Demographics tab), 'City ST Zip' (under Demographics tab), 'Gender' (under Demographics tab), and 'Birth Date' (under Demographics tab). Other tabs visible include 'Provider', 'Insurance', 'Dates & Codes', 'Tickets', and 'Custom Fields'. The 'Employment' tab is visible at the bottom.

9. Click the Insurance tab (above the Address field).
10. Select a Signature date (which can be any date you choose).
11. Click the search icon (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 search icon (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 created.
15. When Required: Click the search icon (magnifying glass) next to the Referral Code field and select the referring provider from the Provider and Address Search box that appears.
 - a. If this field is completed, the referring provider's name and NPI number will autofill on all claims created for the patient.
16. Optional: Enter the child's diagnosis into the Diagnosis field located on the Provider Tab.
 - a. If this field is completed, the diagnosis code will autofill 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 a tabbed menu at the top: Demographics, Provider (which is selected and highlighted in blue), Insurance, Dates & Codes, Tickets, and Custom Fields. Below the menu, there are several input fields and dropdowns:

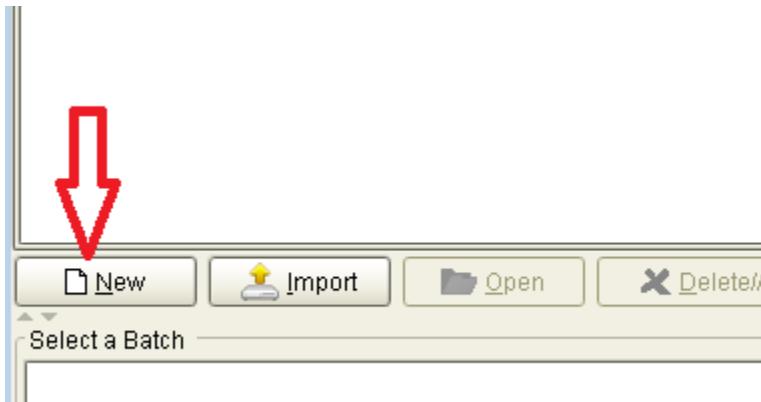
- Provider:** A text input field with a magnifying glass search icon to its right. This field is highlighted with a red box.
- Ordering Provider:** A text input field with a magnifying glass search icon to its right.
- Attending Provider:** A text input field with a magnifying glass search icon to its right.
- Referral Type:** A dropdown menu set to "Physician".
- Referral Code:** A text input field with a magnifying glass search icon to its right.
- Referral Date:** A text input field with a magnifying glass search icon to its right.
- CLIA #:** A text input field.
- First Seen:** A text input field with a magnifying glass search icon to its right.
- Last Seen:** A text input field with a magnifying glass search icon to its right.
- Weight (lbs):** A text input field with a value of "0" and a "Height (inches)" input field to its right with a value of "0".
- Diagnosis 1:** A text input field highlighted with a red box. To its right are numbered boxes (1, 2, 3, 4, 5, 6, 7, 8) each containing a text input field.
- Diagnosis 5:** A text input field highlighted with a red box. To its right are numbered boxes (6, 7, 8) each containing a text input field.

17. 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 search icon (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 search icon (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 Autofill Patient screen that appears.
11. The patient’s demographic information will autofill in boxes 1-5.
12. If the referring providers name and NPI number are required use the Referring Provider section of the Provider tab to manually enter in the name and number. (See the Creating a Referring Provider’s File section on page 7 for more details).
13. If an Associate provider performed the service enter the name in box 19.
 - a. Last Name, First Name (Doe, Jane).
14. In box 21, enter the child Diagnosis Code (if it did not autofill).
 - a. This is not required for translators, interpreters or transportation providers.
15. **For Interpreters, Translators Only:** From the drop down box located in box 23 select the service interpretation or translation was performed for.

16. Enter the date of service in box 24A. The date can be selected by clicking on the mini calendar located in the box.
17. Enter the place of service into box 24B.
18. Enter the procedure code in box 24D. Enter the modifier (if applicable) in the box adjacent to 24D (modifier box).
19. Enter total charges in box 24F.
20. Enter total units (15 minute increments, 1unit =15min) in box 24G.
21. Click the search icon (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.



- b. 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.

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

PAYER INFORMATION

PAYER ID: No Payer Selected
MAILBOX: <Paper>

PATIENT INFORMATION

PATIENT'S BIRTH DATE: SEX: M F

INSURED INFORMATION

1a. INSURED'S I.D. NUMBER: (For Program in Item 1)
Sync

PROVIDER INFORMATION

Associate Provider Name

Service IN/TL

Select Provider

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

22. 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.
23. If there are no warnings, click “Accept” to save the record.

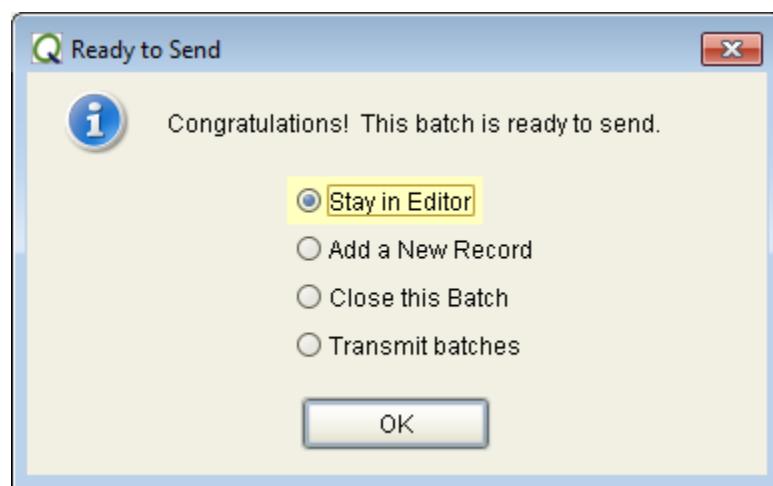
Add More Claims

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

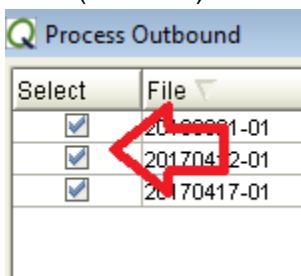
Transmitting Claims

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.

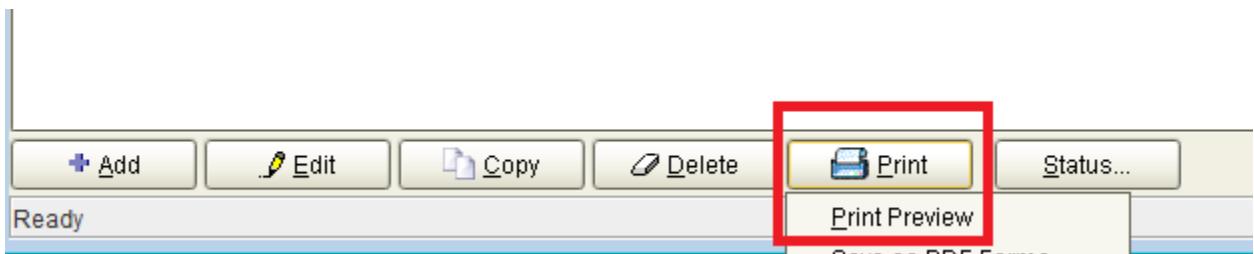
The **Outbox** can be checked for claims sent. After submitting the first claim, it is suggested that a call is made to the EI-CBO Help Desk the following day at 1-800-634-8540. A representative will verify and review your claim for accuracy.

Printing 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” (Note: *To save copies of no line claim forms for record keeping, select “Save as PDF Forms” from the menu that displays when the “Print” button is selected.*)



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.

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 the “Accept” icon.
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.

Changing Tax IDs

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).