



## QClaims Setup Procedure Guide

Produced by  
**Illinois Early Intervention Central Billing Office**



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# Illinois Early Intervention QClaims Setup Guide

The Early Intervention Central Billing Office (EI-CBO) provides an electronic billing solution for Early Intervention providers to submit their claims electronically to the EI-CBO. This document outlines how to properly setup a QClaims account and create a claim for submission to the EI-CBO.

## TABLE OF CONTENTS

|        |  |    |
|--------|--|----|
| 1      | QClaims Account Set Up .....   | 4  |
| 2      | Getting Started.....   | 5  |
| 2.1    | Organization Administrator .....   | 5  |
| 3      | Logging In .....   | 6  |
| 3.1    | Forgotten Password.....  | 7  |
| 4      | Home Page and the Main Menu .....  | 7  |
| 5      | Provider File Set Up.....  | 8  |
| 5.1    | Group Practice Set Up.....   | 8  |
| 5.2    | Group Provider Set Up.....   | 10 |
| 6      | Create a Patient File.....   | 11 |
| 6.1    | Demographics Tab .....   | 12 |
| 6.2    | Provider Tab.....  | 12 |
| 6.3    | Insurance Tab.....   | 14 |
| 7      | Entering a Claim .....   | 15 |
| 8      | Printing Claim Forms.....  | 19 |
| 9      | Resubmit/ Retransmit a Claim or Batch.....                               | 20 |
| 10     | View and Print Response Reports (Electronic Remittance Advice) .....     | 23 |
| 11     | Search Filter .....  | 24 |
| 12     | Tips .....   | 24 |
| 12.1   | Adding Users and Managing Existing Users .....                           | 24 |
| 12.1.1 | To Add a New User.....   | 25 |
| 12.1.2 | To Delete or Edit Users: .....   | 25 |
| 12.2   | Warnings .....   | 26 |
| 12.3   | Changing Tax IDs .....   | 26 |
| 13     | Appendix .....   | 27 |
| 13.1   | Billing Authorization Number for Place of Service 02 (Teletherapy) ..... | 27 |

## 1 QCLAIMS ACCOUNT SET UP

Electronic claims are submitted to the EI-CBO via QClaims. To set up a QClaims account please follow the steps below.

1. Visit the website <https://spiclaims01.eicbo.info/shuttle/>
2. Click on the **Sign-Up** link.
3. Enter the name of the Organization (payee name), Address, City, State, and Zip Code.
4. Choose and enter an Organization ID, following the formatting examples provided on the webpage.
5. Click **[Next]**.
6. The Contact screen will appear. On the Contact screen enter the contact information for the account Administrator, including a Login ID.
7. Click **[Next]**.
8. On the Confirmation screen, verify the Organization ID, the email address, and the Login ID (make note of this information for future reference) then click **[Confirm and Create Account]** to complete the account setup.
  - o Note: It can take up to five (5) business days to gain access to a new QClaims account as the EI-CBO must verify payee enrollment in the Illinois Early Intervention Program prior to granting access.

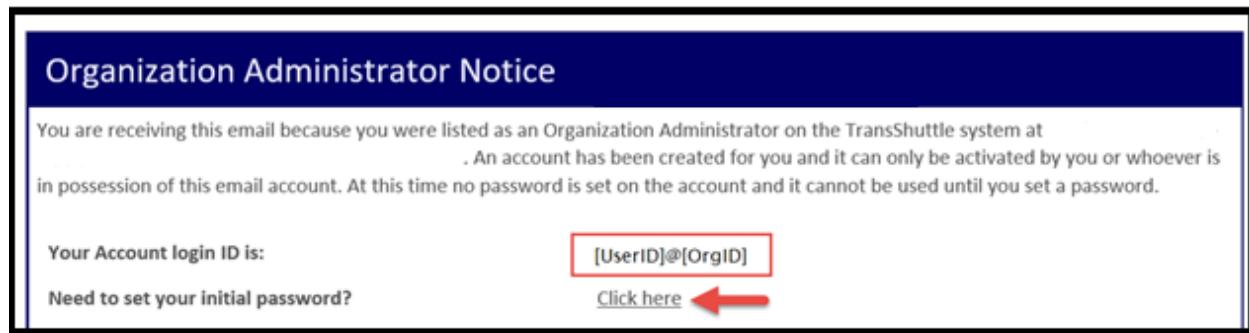
## 2 GETTING STARTED

After the account is created, the Administrator will receive an email from the EI-CBO. The Organization Administrator (Administrator) is the first user on the account and will have authority to add additional users later.

### 2.1 Organization Administrator

The email received from the EI-CBO will include an Account Login ID and a link for the Administrator to use to set a password. The link expires one hour after distribution. If the Administrator clicks on the link after an hour from distribution, the Administrator will be asked to enter the email address used during sign up so that a new email with a refreshed link can be sent.

Click on the [Click Here](#) link to set the password. Follow the instructions provided on the page to create a password.



### 3 LOGGING IN

New and current QClaims users may access accounts by logging into QClaims using a browser such as Firefox, Edge, Google Chrome or Safari. Internet Explorer is not recommended. Follow the instructions below to log into QClaims:



1. Navigate to the QClaims website: <https://spiclaims01.eicbo.info/shuttle/login/form>
2. The Login page will appear.
3. Enter the User ID formatted in two parts separated by an @ symbol. For example, UserID@OrgID
4. Enter your Password.
5. Click the **[Log In]** button.

A screenshot of a web browser showing the QClaims login page. The page has a blue header with the SOLACE logo and 'Electronic Medical Claims' text. The main area is titled 'Login' and contains the instruction 'Enter your User ID and Password to log in.' Below this are two input fields: 'User ID' and 'Password'. Underneath the 'User ID' field is a link 'Forgot password?'. The bottom right corner of the page features a large orange 'Log In' button. The page content is enclosed in a light gray box.

### 3.1 Forgotten Password

If the initial email with the Login cannot be located, click the [Forgot Password?](#) link and enter the email address used during the initial Account Set Up. A new User Invitation email will be sent.

## 4 HOME PAGE AND THE MAIN MENU

The **Home Page** is called the Activity Stream. The Home Page includes important provider and billing notices posted by the EI-CBO and account login activities.

The **Main Menu** is accessed by clicking the waffle icon located on the upper left corner of the page. A drop-down box will appear when the Main Menu icon is clicked.



Main Menu items used within the application are as follows:

- Setup Section: Security, Providers, and Patients
- Tasks: Professional Claims, Message Center and Payment Manager
- Activity Stream

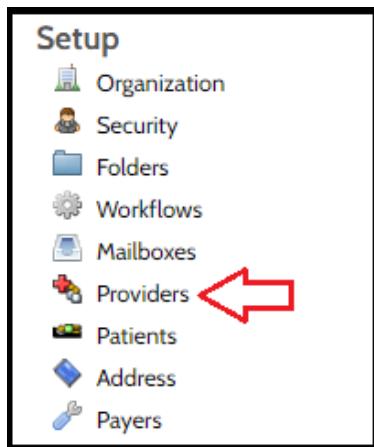
## 5 PROVIDER FILE SET UP

The **Providers** page is used to create a rendering and referring provider profile required for electronic claims submission. **All Early Intervention providers are setup as a Group Practice and Group Providers**, regardless if a provider is working independently or 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. Referring providers are entered in as a Group Provider only, see section 5.2 Group Provider Set Up for instructions.

### 5.1 Group Practice Set Up



1. Click the **Main Menu** icon.
2. Click the **Providers** option listed under the Setup section of the Main Menu.



The Providers screen will display.

3. Click the **[Add a Provider]** button located on the bottom left side of the screen to display the screen used to enter provider contact and identifier information.

\*Fields not highlighted above should be left blank.

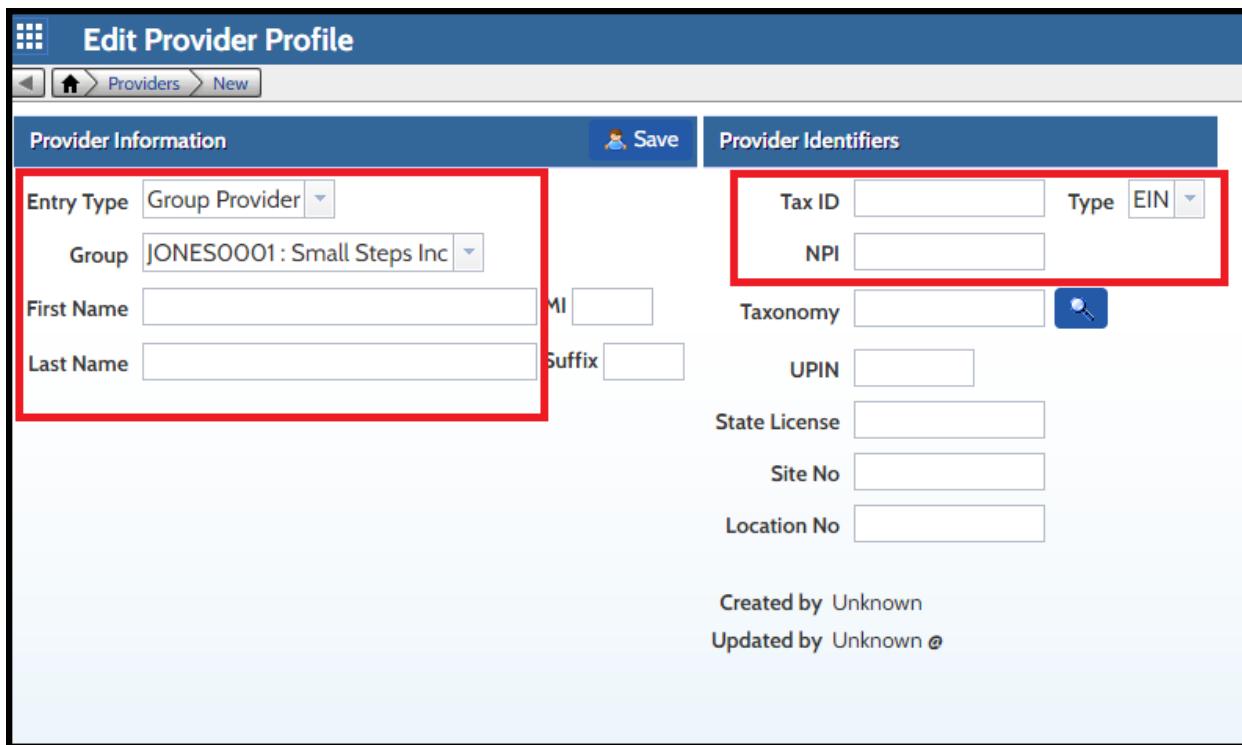
4. Select the **Group Practice** option from the drop-down box in the **Entry Type** field.
5. Enter the Organization Name (payee name), Address, City, State, and Zip Code (nine-digit zip) in the corresponding fields.
  - a. If the provider is an individual provider, enter the provider's name in the Organization Name field in the following format: Last Name First Name (put one space between the provider's Last Name and First Name). For example, Smith Mary.
6. Check the **Provider Signature on File?** box.
7. Enter the **Contact Name**, **Email** address, and **Phone** number of the primary contact in the corresponding fields. Complete the **PayTo Address**, **PayTo City**, **PayTo State**, **PayTo Zip** (nine-digit zip) fields as well. The Organization Address and PayTo Address should match.
8. Enter the Tax ID or SSN in the **Tax ID** field located on the right side of the screen under the **Provider Identifiers** section.
  - a. Select the appropriate type (EIN= Tax ID or Federal Identification Number, SSN = Social Security Number) from the **Type** drop-down box.
9. Enter the **NPI** number for the Organization in the **NPI** field, if applicable.

- a. The NPI for the payee and rendering provider is the same for an individual provider working under their SSN.
10. Click the **[Save]** button located at the upper middle of the screen.

The Group Practice is saved and complete. The next step in the process is setting up the individual Group Provider(s).

## 5.2 Group Provider Set Up

1. Click the **Providers** tab located at the top left of the page to return to the Providers screen.
2. Click the **[Add a Provider]** button located on the left side of the screen.



**Edit Provider Profile**

Provider Information **Save** Provider Identifiers

Entry Type: Group Provider

Group: JONES0001: Small Steps Inc

First Name: [ ] MI: [ ]

Last Name: [ ] Suffix: [ ]

Tax ID: [ ] Type: EIN

NPI: [ ]

Taxonomy: [ ]

UPIN: [ ]

State License: [ ]

Site No: [ ]

Location No: [ ]

Created by: Unknown  
Updated by: Unknown

\*Fields not highlighted above should be left blank.

3. Select **Group Provider** from the drop-down box in the **Entry Type** field.
4. Select the **Group Practice** name from the drop-down box located in the **Group** field.
5. Enter the First Name and Last Name of the individual provider into the corresponding fields.

6. Enter the Tax ID or SSN in the **Tax ID** field located on the right side of the screen under the Provider Identifiers section.
  - a. Select the appropriate type (EIN= Tax ID or Federal Identification Number, SSN = Social Security Number) from the **Type** drop-down box.
7. Enter the individual provider's NPI number into the **NPI** field. This value 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.
8. Click the **[Save]** button located at the upper left side of the screen.

Repeat steps 2-8 to set up profiles for additional providers until all providers have been entered.

## 6 CREATE A PATIENT FILE

It is highly recommended for users to setup patient (EI participant) profiles on the **Patients** page before creating claims. The Patients page is used to store patient information such as name and demographic information used to auto fill the CMS-1500 claim form.

Use the steps below to setup a patient's profile.



1. Click the **Main Menu** icon.
2. Click **Patients** listed under the Setup section of the Main Menu.
3. Click the **[Create Patient]** button located in the upper left corner of the Patients screen.  
The Edit Patient screen will display.

The screenshot shows the 'Edit Patient' interface. At the top, there are fields for 'First Name', 'Last Name', 'MI', 'Patient Code', and 'Responsible Party Type'. Below this is a tab navigation bar with 'Demographics' (selected), 'Provider', and 'Insurance'. The 'Demographics' section contains fields for 'Address 1', 'Address 2', 'City', 'State' (with a dropdown menu showing 'Alabama'), 'Zip', 'Phone', 'SSN' (disabled), 'Gender' (set to 'Unknown'), 'Birth Date' (with a dropdown arrow), 'Death Date' (disabled), 'Marital Status' (disabled), 'Inactive?' (checkbox), and 'Inactive Date' (disabled). The 'Address' and 'Birth Date' fields are highlighted with a red box.

\*Fields not highlighted above should be left blank.

4. Enter the First Name and Last Name of the EI participant in the corresponding fields.

## 6.1 Demographics Tab

Use the steps below to complete the information required on the Demographics tab.

1. Enter the participant's physical address in the **Address** fields (Address 1 and Address 2).
2. Enter the City, State and Zip Code into the corresponding fields.
3. The **Patient Code** will auto-populate when the record is saved.
4. Select the patient's gender from the drop-down list.
5. Select the patient's birthdate by clicking the down arrow in the **Birth Date** field. A calendar will display to select the appropriate date.

## 6.2 Provider Tab

The Provider tab allows Users to enter a rendering and referring provider's information that will auto-populate the CMS-1500 claim form when the participant is selected. The User should not complete this

step if a participant sees multiple providers within a facility. In this case, the name of the rendering Provider is manually selected when the claim is created.

Use the steps below to complete the Provider tab. Completing the Provider tab is optional.

1. Click the **Provider** tab.

2. Click the search icon (magnifying glass icon) next to the **Billing Provider** field to display the **Find Provider** popup.
  - a. Select the organization's name from the **Find Provider** popup list by clicking on the appropriate line with the organization's name. A **Group Practice** should be selected from the Find Provider popup box.
3. Click the search icon (magnifying glass icon) next to the **Referral Code** field to display the **Find Provider** popup.
  - a. Select the referring provider's name from the **Find Provider** popup list by clicking on the appropriate line with the provider's name. A **Group Provider** option should be selected from the Find Provider popup box.
4. The **Diagnosis** fields are used to store diagnosis codes with a patient's profile. Diagnosis codes entered on the Provider tab will auto-populate on the CMS-1500 claim form when the patient's Early Intervention number is selected in box 1a.

### 6.3 Insurance Tab

The Insurance tab provides functionality to auto-populate the EI participant's six-digit Early Intervention number in box 1a of the CMS-1500 claim form.

Use the steps below to complete the Insurance tab (Primary sub tab only). Completing the Insurance tab is optional.

1. Click the **Insurance** tab.

The screenshot shows the 'Edit Patient' interface with the 'Insurance' tab selected. The 'Primary' sub-tab is active. The 'Payer' and 'Member ID' fields are highlighted with a red box, indicating they are the fields to be completed. Other fields like 'Plan Name', 'Group No', and 'Auth No' are also visible but not highlighted.

\*Fields not highlighted above should be left blank.

2. Click the search icon (magnifying glass icon) next to the **Payer** field to display the **Find Payer** popup.
3. Select the EI-CBO (CQuest) by clicking on the name.
4. Enter the EI participant's six-digit Early Intervention number in the **Member ID** field.

5. Click the **[Save]** button located on the upper right side of the screen.

To add additional patients, return to **Patients** screen by clicking the Patients tab at the top of the page and click the **[Create Patient]** button.



## 7 ENTERING A CLAIM

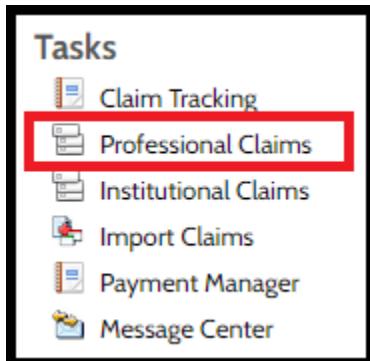
The **Professional Claims Manager** page is used to create claims and to view claims history. Users may create a single claim or a batch of claims to transmit to the EI-CBO.

Use the steps below to create a claim for EI services provided.

1. Click the **Main Menu** icon.



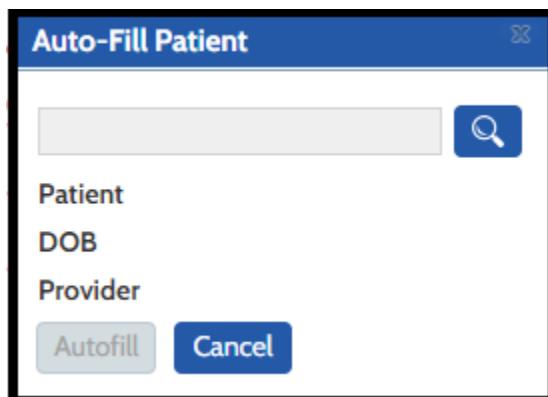
2. Click **Professional Claims** located under the Tasks section of the Main Menu.



3. Click the **[New Claim]** button located in the top left of the screen. A **Set Label and Color** box will appear (The Set Label and Color box is helpful to categorize or organize claims by assigning a specific label or color category. The use of this feature is optional.).
4. Click the **[Ok]** button when completed with the **Set Label and Color** box.
5. Next, a CMS-1500 claim form will display on the Claim Editor screen.



6. Select the **Payer ID** by clicking the search icon (magnifying glass) located next to the Payer ID field.
  - a. Select **EI-CBO (CQuest)** if the claim is billed to the EI-CBO as primary.
7. The Mailbox field should auto-populate with the payee's tax ID. If the payee's tax ID number does not auto-populate, click the drop-down box and select it from the selection list.
8. Click the search icon (magnifying glass) in **box 1a, Insured's ID Number** to display the **Auto-Fill Patient** box shown below.



- a. Click the search icon (magnifying glass) and select the patient from the **Find Patient** screen that appears.
- b. Double click the row to select the patient from the **Find Patient** screen.
- c. The **Auto-Fill Patient** screen will appear. Verify the correct patient has been selected.
- d. Click the **[Autofill]** button.
- e. The CMS-1500 claim form should autofill with the selected patient details.

If a patient record is not setup in QClaims for the EI participant, the User manually enters the participant's six-digit EI number in box 1a and all required demographic information in fields 2-5.

9. If an Ordering or Rendering Provider is required, click the ellipsis  icon located in box 17.
  - a. Select Referring Physician or Ordering Physician from the **Select Code** box that appears.
  - b. Click the magnifying glass in box 17b.
  - c. Select the Referring or Ordering Physician from the **Find Provider** box that appears.
  - d. The physician's name and NPI number should display in the corresponding fields.

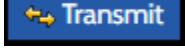
10. If an Associate Provider performed the service enter their name in box 19.
  - a. Last Name, First Name (Doe, Jane).
  - b. If the place of service is Teletherapy (02), the six-digit authorization number should be entered in box 19 followed by a comma then the Associate Provider's name. See billing details in the Appendix.
11. Enter the child's diagnosis code in box 21, if it did not auto-populate.
  - a. This is not required for translators, interpreters, or transportation providers.
12. **For Interpreters and Translators Only:** Select the service interpretation or translation that was performed from the drop-down box located in box 23.
13. Enter the **Date of Service** in box 24A.
14. Enter the **Place of Service** in box 24B.
15. Enter the **Procedure Code** in box 24D. Enter the modifier (if applicable) in the box adjacent to 24D (modifier box).
16. Enter total **Charges** in box 24F.
  - a. Billed amounts should be entered with the decimal. For example, fifty dollars should be entered in as 50.00 not 5000. When entered as 5000 the amount is converted to \$5,000.00.
17. Enter total **Units** (15-minute increments, 1 unit =15 min) in box 24G.
18. Select the **Group Provider** by clicking the search icon (magnifying glass) in box 24J to display the **Find Provider** search box. The provider's individual NPI number should display in this box when completed correctly.
  - a. Verify that the Provider's name (Last Name, First Name) displays in box 31.
19. Select the **Group Practice** by clicking the search icon (magnifying glass) in box 33a.
  - a. If a Billing Provider is listed on the patient's record, box 33 will auto-fill when the Autofill option is used in box 1a.

To add additional lines of service repeat Steps 10-15.

20. Click the **[Save]** button located at the top right of the screen.
21. Once saved, click the **[Verified]** button located at the top right of the screen. The QClaims system edit check will run to ensure the claim is free of errors or warnings that may cause the claim to be rejected by the payer.

- a. Warnings should be addressed but can be ignored. See comments later in the document regarding Medium and Low Severity warnings. Click the **[Ignore]** button to ignore any warnings. The **[Ignore All]** button can be selected to quickly ignore all warnings.

The claim status will be **Ready to Send** if there are no warnings, warnings have been resolved or if all low severity warnings have been ignored.

22. Click the **[Save]** button to save any changes that resulted from resolving warnings related to the claim.
23. Click the **[Add]** button located at the top of the Claim Editor screen to create a batch with multiple claims.
24. Click the **[Close]** button when the batch of claims has been entered.
25. The **Close** box will appear. Click the **[Check Errors, Save & Close]** button to proceed with the claim submission process.
  - a. The **[Save & Close]** button will allow Users to continue to the next screen.
  - b. The **[Cancel]** button will close the Close box screen and return Users to the Claim Editor screen (CMS-1500 claim form).
26. The **Batch Editor** screen will appear.
27. Click the **[Transmit]** button located at the top of the Batch Editor page to submit the claim(s) to the EI-CBO.  
A validation message will temporarily appear to confirm that all of the claims in the batch have been transmitted.

The **Transmit Partial Option** box will appear when one or more claim(s) in the batch do not have a status of Ready to Send. Clicking the **[Process Partial Batch]** button will only transmit claims in the Ready to Send status. Claims with Hold warnings will not be transmitted. Click the **[Cancel]** button to return to the batch and correct the claim(s) with a Hold warning status.

## 8 PRINTING CLAIM FORMS

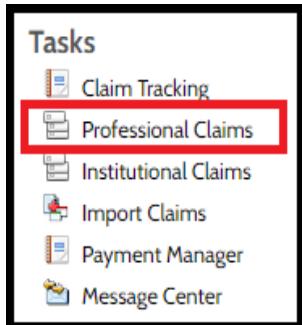
A CMS-1500 claim form may be printed for claim submission by mail to the EI-CBO. If needed, the CMS-1500 claims form may also be saved as a PDF document.

Use the steps below to print a completed CMS-1500 claims form.

1. Click the **Main Menu** icon.

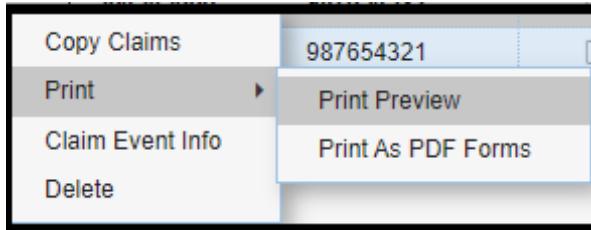


2. Click **Professional Claims** located under the Tasks section of the Main Menu. The Professional Claims Manager screen will appear.



3. Click the blue file **Batch Editor** icon
- displayed next to the batch file containing the claim to be printed. The Batch Editor screen will appear.

4. Right click the **Claim** column of the claim to be printed. An option box will appear.



5. Click **Print** to print the claim.
6. Click **Print Preview** to view the claim information without boxes or lines.  
Select **Print As PDF Forms** to save the file as a PDF
7. Print the claim by clicking the printer icon in the upper left corner of the screen.

## 9 RESUBMIT/RETRANSMIT A CLAIM OR BATCH

To resubmit/retransmit a claim or batch the claim Status must be **Sent**. Claims may be resubmitted/retransmitted to the EI-CBO when claims have been denied and the EI-CBO has **not** paid the claim in full or in part. When a payment has been made by the EI-CBO and a claim requires adjustment, a paper claim must be printed and mailed to the EI-CBO. Go to [www.eicbo.info](http://www.eicbo.info) for more information on submitting corrected claims to the EI-CBO.

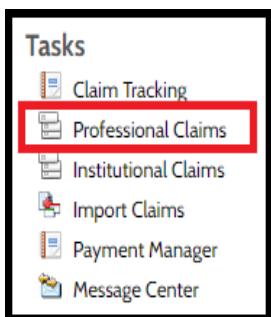
It is recommended that all resubmitted/retransmitted claims are copied, adjusted (when necessary), and then transmitted. Creating a copy of the claim(s) allows the User to keep a record of the original claim(s).

Use the steps below to resubmit/retransmit a denied (but not paid) claim.

1. Click the **Main Menu** icon.



2. Click **Professional Claims** located under the Tasks section of the Main Menu. The Professional Claims Manager screen will appear.
3. Click the blue file **Batch Editor** icon displayed next to the claim that needs to be resubmitted/retransmitted. The Batch Editor screen will appear along with all claims included in the batch.
4. Right click the claim line of the claim to be resubmitted/retransmitted or corrected. The row will



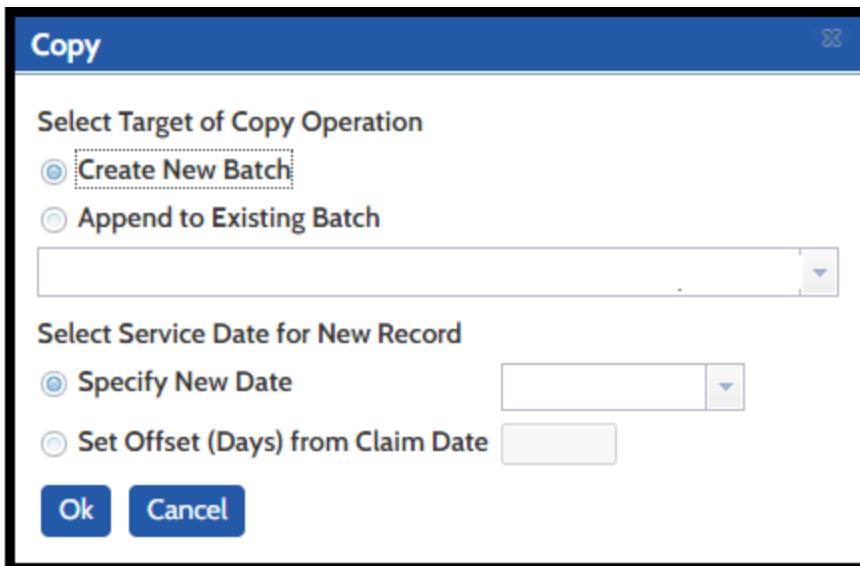
highlight in gray.

If there are multiple claims to be copied, hold down the Ctrl key on the keyboard and left click each claim being resubmitted. The claim line(s) must be fully highlighted in gray.

To select all claims in a batch, left click the first claim to highlight it, hold down the Shift key on your keyboard, and then left click the last claim. All claims in between the first and last claim will highlight in gray.

5. Click the **[Copy]** button located at the top right of the page. The **Copy** box will appear.





6. Select the **Create New Batch** or the **Append to Existing Batch** radio button, as follows:

**Create New Batch** – Select if the claim is to appear as a new batch of claims.

**Append to Existing Batch** – Select if the claim is to be submitted along with an existing batch of claims previously entered. The exiting batch of claims should be selected from the drop-down box.

7. Select the **Specify New Date** or the **Set Offset (Days) from Claim Date** radio button, as follows:

**Specify New Date** - Select and enter a new date if the date of service on the claim needs to be corrected. To create an exact copy of the claim, leave the date field blank.

**Set Offset (Days) from Claim Date** – Select and enter a number to increase or decrease the current date of service by the number of days entered. Selecting this option and leaving the number field blank will create an empty batch.

8. The selected (highlighted) claim(s) will be copied, and a new batch created. The new copied claim or batch is identified by the **Create Date** field (located at the top left of the page). The **Create Date** field auto-populates with the current date and time. The Status of the claim(s) change to **Ready to Send**.

Note: If the Status of the claim(s) is **not Ready to Send** the Transmit button will be grayed out and the User must navigate to the Professional Claims Manager screen to Transmit the claim(s).

**To resubmit/re-transmit claim(s) without editing:**

To resubmit/re-transmit the claim(s) without making any changes to the claim(s):

1. Click the **[Transmit]** button located on the top right of screen.

**To resubmit/re-transmit claim(s) that requires editing:**

To resubmit/re-transmit the claim(s) that require editing before transmission:

1. Click the **Edit** icon to the left of the claims that require editing. The CMS-1500 claims form will appear.
2. Make all necessary claim edits.
3. Click the **[Save]** button.
4. Click the **[Close]** button to complete the claim. The User will be returned to the Batch Edit screen.
5. Click the **[Transmit]** button to transmit the claim(s).



## 10 VIEW AND PRINT RESPONSE REPORTS (ELECTRONIC REMITTANCE ADVICE)

The status of a Response Report (Electronic Remittance Advice/ 835 file) is either **Paid** or **Denied** when it is available to view and/or print.

- The status is **Paid** when there are no denials in the file.
- The status is **Denied** if there are one or more denied claims included in the file. EI Providers may view the paper Provider Claims Summary (mailed via United States Postal Service) or the electronic Provider Claim Summary (emailed to enrolled participants) for denial reasons and details.

To view the Response Report:



1. Click the **Main Menu** icon.
2. Click **Payment Manager** from the drop-down box.
3. Right-click the remittance to be viewed or printed.
4. Select the desired print option from the box that appears.
5. Click the expansion icon in the first column to expand the report and review its contents.



The status of a Response Report (Electronic Remittance Advice/ 835 file) is either **Paid** or **Denied** when it is available to view and/or print. Denied claims are identifiable by the bright pink highlighted row(s).

## 11 SEARCH FILTER

A Search Filter is located on the top of the Professional Claim Manager and Payment Manager screens. The Search Filter will allow you to locate claims and remittance details quickly.

1. Click the arrow icon on the Search Filter ribbon located at the top of the page.



2. Enter the patient's first name in the **Patient First** field.
3. Enter the patient's last name in the **Patient Last** field.
4. Click the **[Apply Search]** button.

The system will complete a search and only display batches that contain the name entered. Remember to remove the data or names entered when the user is done utilizing the search feature. After removing the data click the **[Apply Search]** button to clear the search.

Or...

1. Enter the patient's six-digit EI number in the **Insured ID** field.
2. Click the **[Apply Search]** button.

The system will complete a search and only display batches that contain the EI number entered. Remember to remove the data or names entered when the user is done utilizing the search feature. After removing the data click the **[Apply Search]** button to clear the search.

## 12 TIPS

### 12.1 Adding Users and Managing Existing Users

The **Security Page** is used by an Organization Administrator to manage User accounts.

To access the **Security Page** click the Main Menu icon, then select **Setup | Security**.

The Security Page is divided into 2 tabs: Users and Security Roles.

### 12.1.1 To Add a New User

1. Click **Create a New User** on the Users Tab.
2. Enter the desired User ID for the user (do not enter the “@OrgID” extension as it is automatically appended by the system when the user account is created).
3. Select **User** as the User Type.
4. Complete the User’s contact information. It is very important that the User enters a valid email address for the user to receive their user invitation and to setup their login password. If an incorrect email address is entered after a User profile is saved, the User must delete the entire user profile and reenter it again using the correct email address.
5. Check the **Send account information to the user** box.
6. Click **Create User**.
7. Select the appropriate user role after Once the user profile is created. Select one of the two available user roles:

**Organization Administrator** – has authority to manage users on the account. Organization Administrators must also select the Site Administrator role to use the QClaims application for Claim Entry.

**Site Administrator** – has authority to use the QClaims application but cannot manage users on the account.

8. Click **Alter Security Roles** located at the top of the screen to assign a role or roles to a user’s profile.
9. The **Security Role Memberships** section located at the bottom of the screen will list the user’s assigned roles.

### 12.1.2 To Delete or Edit Users:

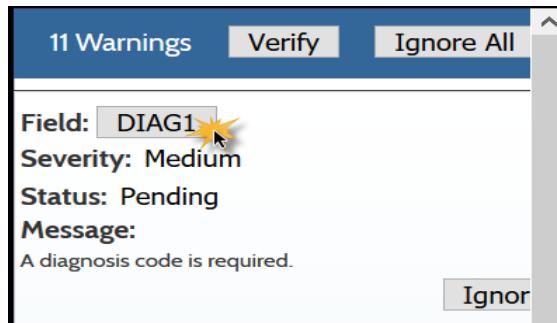
To delete or edit a User’s account click the Main Menu icon, then select **Setup | Security**.

1. Click **Edit this User** on the user’s profile, then select one of the following options:
  - **Delete this User** – click to delete the user’s profile.
  - **Send Invite** - click to resend a user invitation to the user.
  - **Alter Security Roles** – click to add or remove a role.
  - **Logins Enabled** – uncheck the box to disable a user.
2. Click **[Save]** to complete the changes.

## 12.2 Warnings

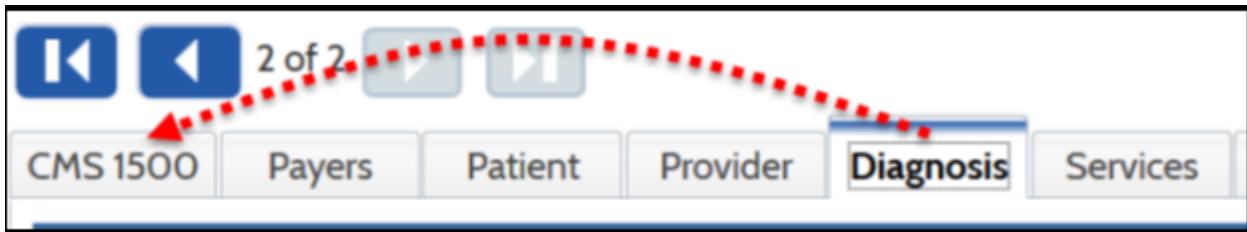
The User should resolve all warnings that display to complete and submit a clean claim. The **[Ignore]** button is provided for ignoring Medium and Low severity type warnings, but it should not be used if the warning can be resolved by correcting the data causing the warning.

To assist with resolving warnings, the User may click on the **[Field]** button for each warning. When the **[Field]** button is clicked once, the User is taken to the Tab/Screen that holds the field needing correction. In some cases, if the User clicks the **[Field]** button a second time, the cursor will blink in the field requiring correction. It is important to read the warning message in its entirety to fully understand what needs to be corrected.



Click the **[Verify]** button again, after the field causing the warning is corrected. If the User has resolved the issue, the warning will be removed from the list and the total number of warnings decreases.

Click on the **CMS 1500** tab to return to the claim form.



When all warnings within the claim are resolved, the User may click **[Save]**, **[Close]**, then **[Transmit]** the claim.

## 12.3 Changing Tax IDs

Please do not attempt to setup a second QClaims account or delete the current provider account or information in efforts to change a Tax ID number. It is imperative to contact the Help Desk at 1-800-634-8540 for assistance. A Help Desk associate is needed to complete this process. The Help Desk associate will verify that the is setup properly completed, preventing future claims from being denied.

## 13 APPENDIX

### 13.1 Billing Authorization Number for Place of Service 02 (Teletherapy)

- Box 19 - Authorization numbers appear as **123456-791-001-00** on the paper authorizations. However, Providers should only enter **791001**, which is the unique authorization number not including the child's EI # or suffix.
- Do not include the prefix (child's EI #) or the suffix (last two digits of the authorization number):

**AUTH NUM: 123456-791-001-00**

- Bill one authorization number per claim. Dates of service listed on the claim must be covered by the authorization number listed.
- When an Associate Provider must be billed as well, enter the authorization number into Box 19 as described above followed by a comma (,) and the Associate Provider's name (see image below).

|   |   |   |                                 |
|---|---|---|---------------------------------|
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)<br><input type="checkbox"/> QUIL. <input type="checkbox"/> ...    | 15. OTHER DATE<br><input type="checkbox"/> QUIL. <input type="checkbox"/> ... | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION<br>FROM <input type="checkbox"/> TO <input type="checkbox"/> |                                 |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="checkbox"/> NPE<br><input type="checkbox"/> ...               | 17a. <input type="checkbox"/> <input type="button" value="SEARCH"/>           | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES<br>FROM <input type="checkbox"/> TO <input type="checkbox"/>  |                                 |
| 17b. NPI <input type="checkbox"/> ...   | 17c. <input type="checkbox"/> <input type="button" value="SEARCH"/>           | 20. OUTSIDE LAB? \$ CHARGES<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                  |                                 |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)<br><b>791001, Associate Provider's Name</b>                         |   |   |                                 |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <input type="checkbox"/> ... |   |   |                                 |
| A. <input type="checkbox"/> ...   | B. <input type="checkbox"/> ...   | C. <input type="checkbox"/> ...   | D. <input type="checkbox"/> ... |
| E. <input type="checkbox"/> ...   | F. <input type="checkbox"/> ...   | G. <input type="checkbox"/> ...   | H. <input type="checkbox"/> ... |
| 22. RESUBMISSION CODE <input type="checkbox"/> ...  |   |   | ORIGINAL REF. NO.               |
| 23. PRIOR AUTHORIZATION NUMBER  |   |   |                                 |