



## **QClaims Setup Procedure Guide for Transportation Providers**

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



**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.

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## 1 QCLAIMS ACCOUNT SIGN 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://spicclaims01.eicbo.info/shuttle/>
2. Click on the **Sign-Up** link located at the top of the web page.
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.
  - 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.

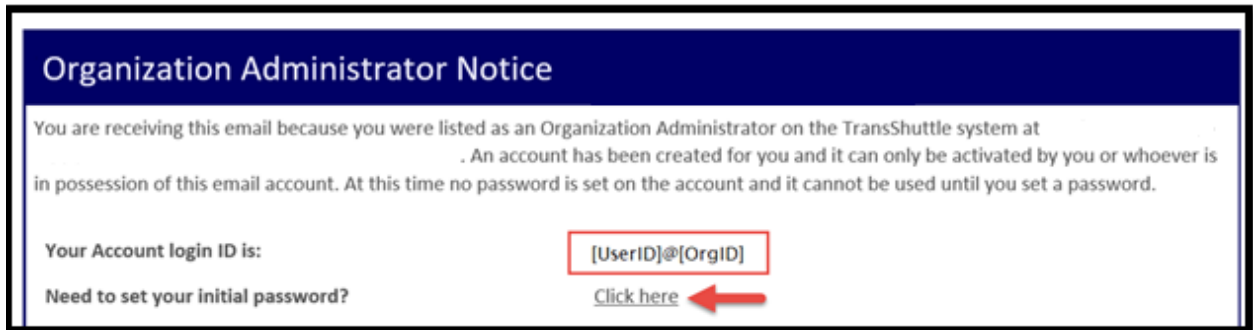
## 2 GETTING STARTED

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 Google Chrome, Firefox, or Safari. Internet Explorer is not recommended. Follow the instructions below to log into QClaims:

1. Navigate to the QClaims log in website: <https://spiclaims01.eicbo.info/shuttle/login/form>
2. The Log In 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.

**SOLACE**  
Electronic Medical Claims

## Login

Enter your User ID and Password to log in.

User ID

Password

[Forgot password?](#)

**Login Help**

Your User ID for this system is a single identifier formatted as **userID@organizationId**.

For example, if your Organization ID is **mypractice** and your User ID is **jsmith** you would enter a single User ID of **jsmith@mypractice**.

The case of your User ID is not important. jsmith@mypractice and JSmith@MyPractice are equivalent.

**Log In**

#### 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: Claim Manager and Message Center
- Activity Stream




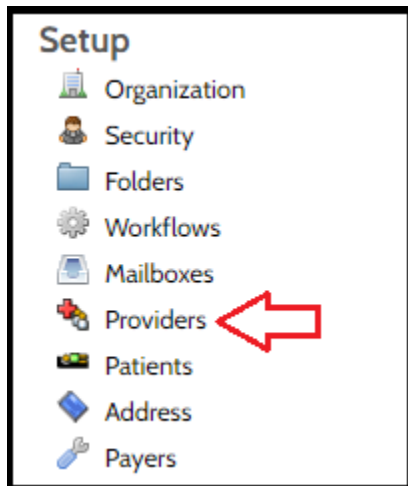
## 5 SETTING UP A PROVIDER FILE

The **Providers Page** is used to create a rendering 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.

### 5.1 Setup for Taxi or Service Car

#### 5.1.1 Setup Group Practice

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



The Providers screen will display.

3. Click **[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.

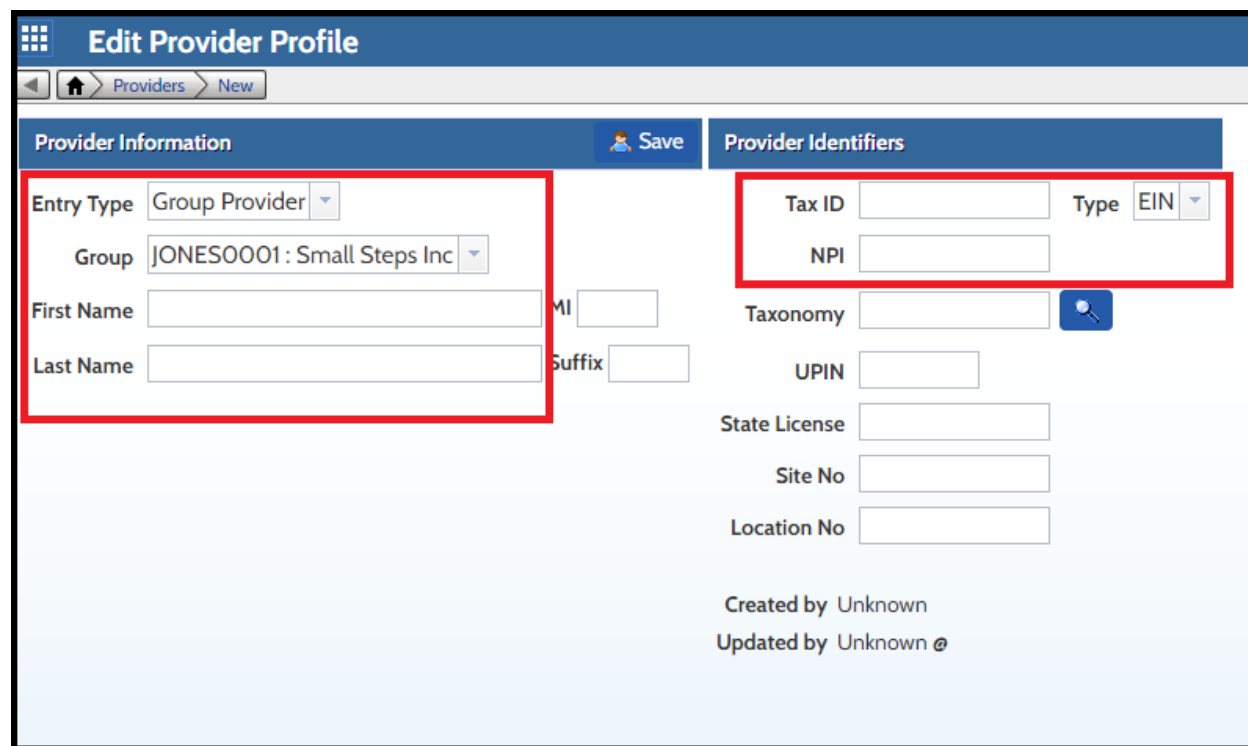
Provider Information	Provider Identifiers
<div> <div>Entry Type <span>Group Practice</span></div> <div>Organization Name</div> <div>Address</div> <div>City</div> <div>State <span>Alabama</span></div> <div>Zip</div> </div>	<div> <div>Tax ID <span></span> Type <span>EIN</span></div> <div>NPI</div> <div>Taxonomy</div> <div>UPIN</div> <div>State License</div> <div>Site No</div> <div>Location No</div> </div>
<div> <div> <input type="checkbox"/> Medicare Participating?                 </div> <div> <input checked="" type="checkbox"/> Provider Signature on File?                 </div> <div> <div>Contact Name</div> <div>Email</div> <div>Phone</div> <div>PayTo Address</div> <div>PayTo City</div> <div>PayTo State</div> <div>PayTo Zip</div> </div> <div>Org Type</div> </div>	<div> <div>Created by Unknown</div> <div>Updated by Unknown</div> </div>

\*Fields not highlighted above should be left blank.

4. Select Group Practice from the drop-down box in the Entry Type field.
5. Enter in 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).

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

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.




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.

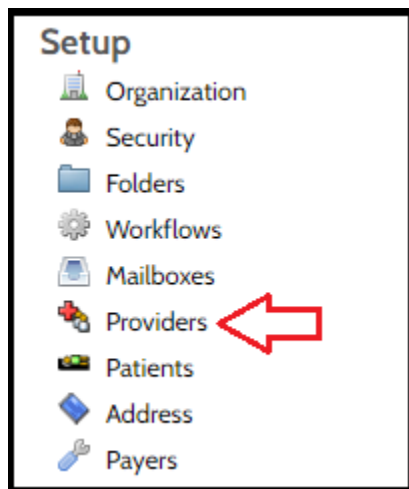
6. Enter the Tax ID or SSN in the **Tax ID** field located on the right side of the screen under the Provider Identifiers section.
  - a. Select the appropriate type (EIN= Tax ID or Federal Identification Number, SSN = Social Security Number) from the **Type** drop-down box.
7. Enter the individual provider's 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.

## 5.2 Setup Instructions for Private Auto (Parent/Guardian):

### 5.2.1 Setup for Group Practice

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



The Provider screen will appear.

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.

Provider Information	Provider Identifiers
<b>Entry Type</b> <span>Group Practice</span>	<b>Tax ID</b> <input type="text"/> <b>Type</b> <span>EIN</span>
<b>Organization Name</b> <input type="text"/>	<b>NPI</b> <input type="text"/>
<b>Address</b> <input type="text"/> <input type="text"/>	<b>Taxonomy</b> <input type="text"/>
<b>City</b> <input type="text"/>	<b>UPIN</b> <input type="text"/>
<b>State</b> <span>Alabama</span>	<b>State License</b> <input type="text"/>
<b>Zip</b> <input type="text"/>	<b>Site No</b> <input type="text"/>
<input type="checkbox"/> Medicare Participating?	<b>Location No</b> <input type="text"/>
<input checked="" type="checkbox"/> <b>Provider Signature on File?</b>	Created by Unknown Updated by Unknown @
<b>Contact Name</b> <input type="text"/>	
<b>Email</b> <input type="text"/>	
<b>Phone</b> <input type="text"/>	
<b>PayTo Address</b> <input type="text"/>	
<b>PayTo City</b> <input type="text"/>	
<b>PayTo State</b> <span></span>	
<b>PayTo Zip</b> <input type="text"/>	
<b>Org Type</b> <span></span>	

\*Fields not highlighted above should be left blank.

4. Select **Group Practice** from the drop-down box in the Entry Type field.
5. Enter in the Organization Name (payee name), Address, City, State and Zip Code (nine-digit zip) in the corresponding fields.
  - a. A Parent/Guardian's name should be entered in the Organization name field in the following format: Last Name 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. On the right side of the screen under the **Provider Identifiers** section, enter the Parent/Guardian's Social Security Number (SSN) in the Tax ID field.
  - a. Select SSN (Social Security Number) from the 'Type' drop down box.
  - b. The NPI field should be left blank. Please note that and NPI number is not required for Parents/Guardians.

- Click **[Save]** located at the upper left side of the screen.

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

## 5.2.2 Setup for Group Provider

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


A screenshot of the 'Edit Provider Profile' form. The form has two main sections: 'Provider Information' on the left and 'Provider Identifiers' on the right. In the 'Provider Information' section, the 'Entry Type' dropdown is set to 'Group Provider' and the 'Group' dropdown is set to 'JONES0001: Small Steps Inc'. The 'First Name' and 'Last Name' fields are empty. In the 'Provider Identifiers' section, the 'Tax ID' field is empty and the 'Type' dropdown is set to 'EIN'. The 'NPI' field is empty. The 'Taxonomy' field has a search icon. The 'UPIN', 'State License', 'Site No', and 'Location No' fields are empty. At the bottom, it says 'Created by Unknown' and 'Updated by Unknown'. Red boxes highlight the 'Entry Type' and 'Group' fields in the 'Provider Information' section, and the 'Tax ID' and 'Type' fields in the 'Provider Identifiers' section.

*\*Fields not highlighted above should be left blank.*

- Select **Group Provider** from the drop-down box in the **Entry Type** field.
- Select the **Group Practice** from the drop-down box located in the Group field.
- Enter the First Name and Last Name of the Parent/Guardian into the corresponding fields.
- Enter the Parent/Guardian's Social Security Number in the **Tax ID** field located on the right side of the screen under the Provider Identifiers section.


- a. Select SSN (Social Security Number) from the **Type** drop down box.
7. The NPI field should be left blank. Please note that and NPI number is not required for Parents/Guardians.
8. Click the **[Save]** button located at the upper left side of the screen.

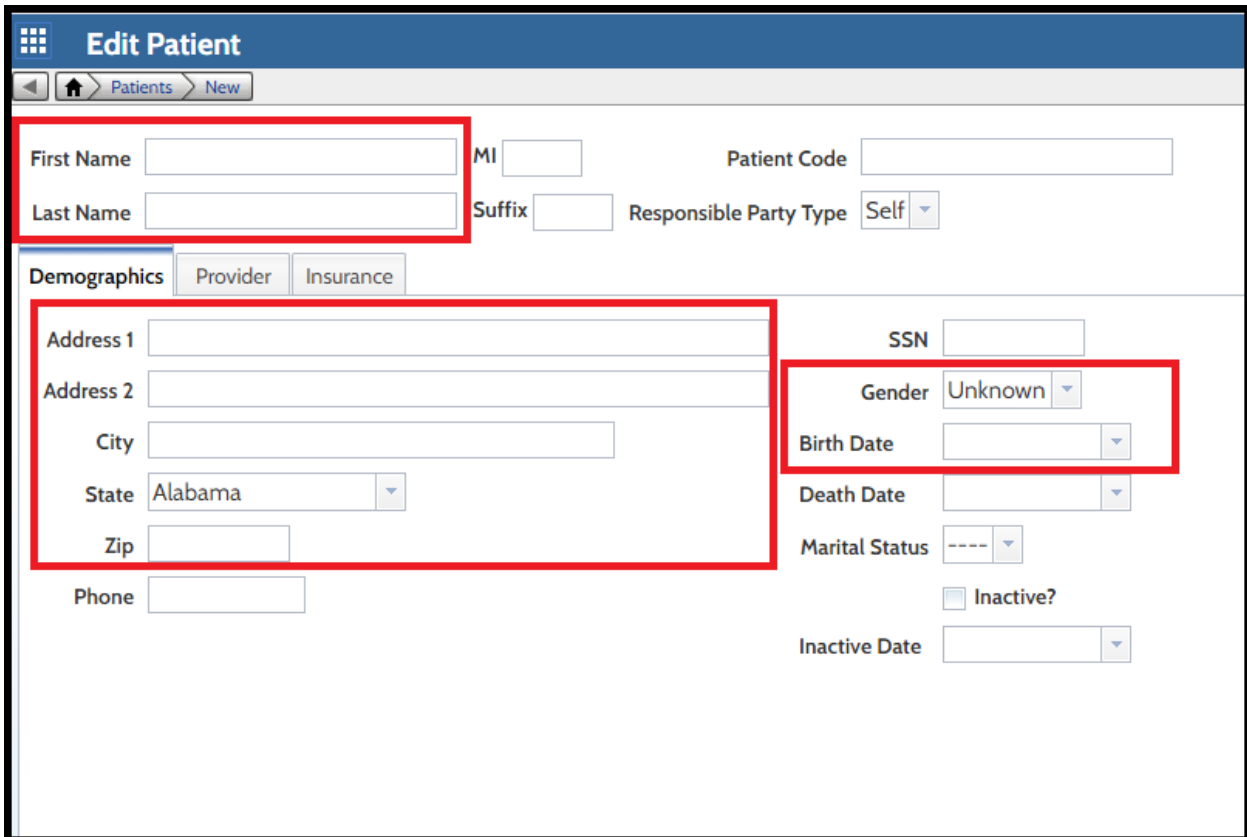
Repeat steps 2-8 to set up profiles for additional providers until all providers have been entered.

## 6 CREATING 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.



*\*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 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.


**Edit Patient**

Patients > New


First Name  MI  Patient Code


Last Name  Suffix  Responsible Party Type


Demographics **Provider** Insurance

Provider  

Referral Type

Ordering Provider  

Referral Code  

Attending Provider  

Referral Date

CLIA #

First Seen

Weight  Height(inches)

Last Seen

Diagnosis 1  2  3  5

Diagnosis 5  6  7  8

2. Click the search icon (magnifying glass icon) next to the **Provider** field to display the **Find Provider** popup.
  - a. Select the rendering Provider from the **Find Provider** popup list by clicking on the appropriate line with the Provider's name. An individual **Group Provider not the Group Practice** should be selected.
3. 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' form with the 'Insurance' tab selected. The form includes the following fields and options:

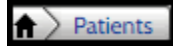
- Patient Code**: Text input field.
- Responsible Party Type**: Dropdown menu with 'Self' selected.
- Signature Date**: Date picker.
- Release Signed?**: Checkmark.
- Release Of Info Signed?**: Checkmark.
- Fee Schedule**: Text input field with '0'.
- Primary**, **Secondary**, **Tertiary**: Tabbed interface with 'Primary' selected.
- Payer**: Text input field with a magnifying glass icon next to it. This field is highlighted with a red box.
- Plan Name**: Text input field.
- Group No**: Text input field.
- Auth No**: Text input field.
- Assignment of Benefits?**: Checkmark.
- Insured Type**: Dropdown menu with 'Self' selected.
- Insured Code**: Text input field with a magnifying glass icon next to it.
- Relationship**: Dropdown menu with 'None' selected.
- Member ID**: Text input field. This field is highlighted with a red box.

*\*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.

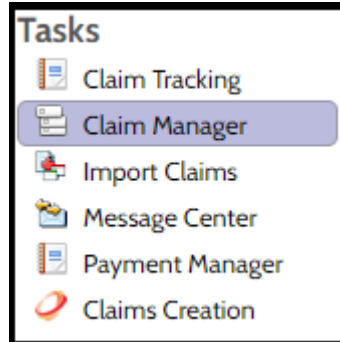
To add additional patients, return to **Patients** screen by clicking the Patients tab at the top of the page and click the **[Create Patient]** button.



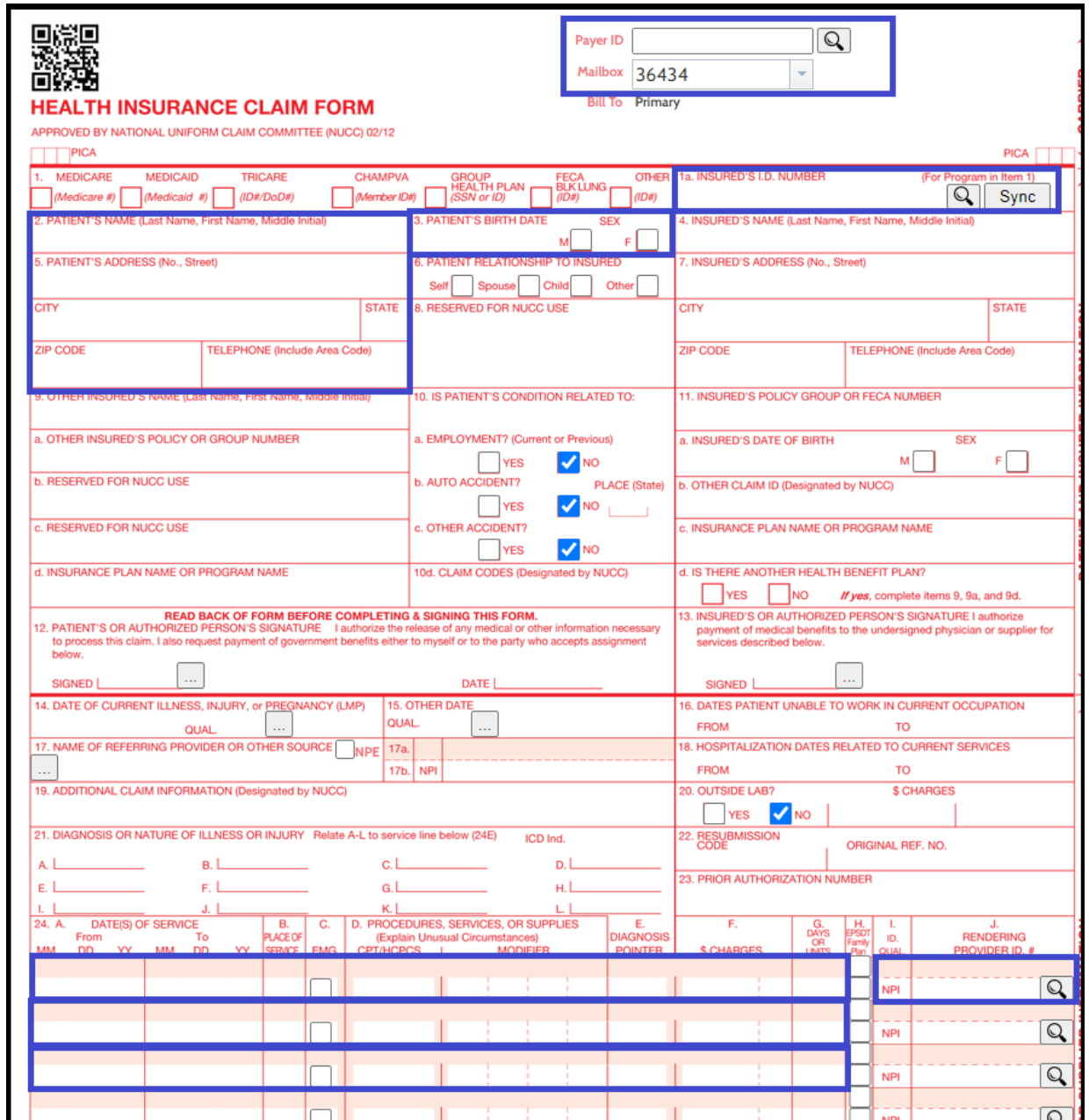
## 7 ENTERING A CLAIM

The **Claim 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.

1. Click on the **Main Menu** icon. 
2. Click **Claim Manager** located under Tasks section of the Main Menu.



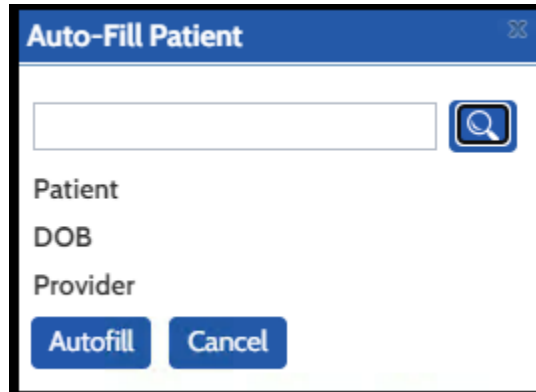
3. Click the **[New Claim]** button located in the top left of the screen. A CMS-1500 claim form will appear.



The image shows a "HEALTH INSURANCE CLAIM FORM" with various fields for patient and insurer information. A blue box highlights the "Payer ID" field, which is currently empty, and the "Mailbox" field, which is set to "36434". The "Bill To" field is set to "Primary". The form includes sections for patient demographics, insurance details, and a table for procedures and services. The table has columns for date of service, place of service, diagnosis, and procedure codes, along with a column for the rendering provider ID.

4. 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.
5. The Mailbox field should auto-populate with the EI-CBO's Mailbox number. If the EI-CBO's Mailbox number does not auto-populate, click the drop-down box and select **36434** from the selection list.

6. Click the search icon (magnifying glass) in **box 1a, Insured's ID Number** to display the **Auto-Fill Patient** box.



- a. Click the search icon (magnifying glass) and select the patient from the **Find Patient** screen that will appear. Click the **[Autofill]** button in the **Auto-Fill Patient** box. (The EI participant's demographic data will auto-populate on the CMS-1500 claim form). The Auto-Fill Patient box will appear.

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.

7. **Service Line One:** Enter the **Date of Service** in box 24A. The **From** and **To** dates must be the same.
8. Enter the **Place of Service, 99** into box 24B. Place of Service is always 99 for Transportation claims.
9. Enter the **Procedure Code** in box 24D.
  - a. The procedure code for service car base rate is A0120,
  - b. The procedure code for taxi base rate is A0100.
  - c. The procedure code for private auto rate (Parents) is A0090.
10. 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.
11. Enter the **Mileage** (for one way) in Box 24G.
  - a. When using procedure code A0120 Or A0100 enter number '1' in box 24G. Note: Although these codes represent a base rate, a value of one (1) must be entered in the field in order for the claim to be submitted successfully.

12. 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. The NPI number will display. Parents will not have an NPI number, however parents should complete step 12.
  - b. Be sure that the Group Practice (payee name) displays in box 33 and the provider's name (Last Name, First Name) displays in box 31.

**Parent/Guardians Only:** The first line of the claim should represent travel from the residence to the destination. The second line of the claim represents travel from the destination to the residence. The total of three trips of transportation, to and from the residence and the destination can be billed on a single claim form. Steps for box 2A through 24G can be repeated to add two additional transportation dates. Once the place of service (99), procedure code (A0090), and mileage have been entered for the dates billed, Parents should proceed to **XXXXXX** for instructions on entering the departure and destination addresses. Navigate to [Section 11.2](#) to view a completed sample claim.

**Transportation Providers Only:** The first three lines of the claim should represent travel from the residence to the destination. The last three claim lines of the claim represent travel from the destination to the residence. All appropriate transportation codes should be billed. If a code does not apply, fewer than three lines per one-way trip may be utilized. The last three lines should remain blank if the transportation provider did not provide transportation back to the residence. However, if the transportation provider provided transportation back to the residence, the last three lines of service on the claim form should be completed using the same instructions as above. Below are details of how the charges and procedure codes should be entered on the claim form. Navigate to [Section 11.3](#) to view a completed sample claim.

1. **Service Line Two:** Enter the **Date of Service** in box 24A (2). The **From** and **To** dates must be the same.
2. Enter the **Place of Service, 99** into box 24B (2). Place of service is always 99 for Transportation claims.
3. Enter the **Procedure Code** in box 24D (2).
  - a. The procedure code for non-employee attendance is T2001.
4. Enter total **Charges** in box 24F (2).
5. Enter **Mileage** (for one way) in box 24G (2).
  - a. When using procedure code T2001, enter number "1" in box 42G. Note: although this code represents a base rate, a value of one (1) must be entered in this field in order for the claim to be submitted successfully.



6. **Service Line Three:** Enter the **Date of Service** in box 24A (3). The **From** and **To** dates must be the same.
7. Enter the **Place of Service, 99** into box 24B (3).
8. Enter the **Procedure Code** in box 24D (3).
  - a. The procedure code for service car mileage is A0425.
9. Enter the total **Charges** in box 24F (3).
10. Enter **Mileage** in box 24G (3).
  - a. When using procedure code A0425 the exact number of miles one way is entered in Box 24G (3).

After the claim form has been completed, the next step is entering the departure and destination address information for each service line.

11. Click the **Services** tab located at the top of the CMS 1500.

Once the Services tab has been selected the first line of service is highlighted and the Service Line 1 tab is displayed. The From, To, Procedure Code, Charge and Units (mileage) fields will autofill with the data from the CMS 1500 claim form. The Rendering Service Provider section will autofill as well.

The screenshot displays the CMS 1500 Services tab interface. At the top, the 'Services' tab is selected among other tabs like 'CMS 1500', 'Payers', 'Patient', 'Provider', 'Diagnosis', 'Transportation', 'Chiropractic', and 'Attachments'. Below the tabs, a table with 12 columns (From, To, POS, Procedure, 1, 2, 3, 4, Dx, Charge, Units) is shown. The first row is highlighted and labeled 'Line One' with a blue arrow. Below the table, the 'Service Line 1' tab is selected. The form below this tab contains fields for 'From', 'To', 'POS', 'Procedure', 'Charge', and 'Units', all of which are highlighted with blue boxes. There are also checkboxes for 'EPSDT', 'Family Planning', and 'Emergency', and several text input fields for 'Prior Authorization No.', 'Referral No.', 'Mammo Cert No.', 'OB Anesthesia Units', and 'Notes'.

### 7.1.1 Service Line 1 tab:

12. Enter the vehicle license number in the **Vehicle Plate#** field under the EI-CBO Transportation Detail section.
13. Enter the participant's address (pick up address) in the Departure section of the screen.
14. Enter the street address in the **Address** field.
15. Enter the city in the **City** field.
16. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
17. Enter the zip code in the **Zip** field.
18. Enter the departure time in the **Departure Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
19. Select the code from the drop-down box in the **Code** field.
  - a. R – Residence (use when the address entered in the participant's address).
  - b. D – Medical Services (use when the address entered is the transportation provider's address).
20. Enter the destination address (drop off location) in the Destination section of the screen. For best results, the state should be selected from the drop-down box next to State field.
21. Enter the street address in the **Address** field.
22. Enter the city in the **City** field.
23. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
24. Enter the zip code in the **Zip** field.
25. Enter the arrival time in the **Destination Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
26. Select the code from the drop-down box in the **Code** field.
  - c. R – Residence (use when the address entered in the participant's address)
  - d. D – Medical Services (use when the address entered is the transportation provider's address)

Scroll up to the top of the page and click service line 2. The second service line will now be highlighted gray and the Service Line 2 tab will display.

### 7.1.2 Service Line 2 tab:

27. Enter the vehicle license number in the **Vehicle Plate#** field under the EI-CBO Transportation Detail section.
28. Enter the participant's address (pick up address) in the **Departure** section of the screen.
29. Enter the street address in the **Address** field.
30. Enter the city in the **City** field.
31. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
32. Enter the zip code in the **Zip** field.
33. Enter the departure time in the **Departure Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
34. Select the code from the drop-down box in the **Code** field.
  - a. R – Residence (use when the address entered in the participant's address).
  - b. D – Medical Services (use when the address entered is the transportation provider's address).
35. Enter the destination address (drop off location) in the Destination section of the screen. For best results, the state should be selected from the drop-down box next to State field.

36. Enter the street address in the **Address** field.
37. Enter the city in the **City** field.
38. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
39. Enter the zip code in the **Zip** field.
40. Enter the arrival time in the **Destination Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
41. Select the code from the drop-down box in the **Code** field.
  - c. R – Residence (use when the address entered in the participant’s address).
  - d. D – Medical Services (use when the address entered is the transportation provider’s address).

### **7.1.3 Service Line 3 tab:**

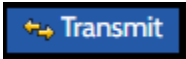
42. Enter the vehicle license number in the **Vehicle Plate#** field under the EI-CBO Transportation Detail section.
43. Enter the participant’s address (pick up address) in the Departure section of the screen.
44. Enter the street address in the **Address** field.
45. Enter the city in the **City** field.
46. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
47. Enter the zip code in the **Zip** field.
48. Enter the departure time in the **Departure Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
49. Select the code from the drop-down box in the **Code** field.
  - a. R – Residence (use when the address entered in the participant’s address)
  - b. D – Medical Services (use when the address entered is the transportation provider’s address)
50. Enter the destination address (drop off location) in the Destination section of the screen. For best results, the state should be selected from the drop-down box next to State field.

51. Enter the street address in the **Address** field.
52. Enter the city in the **City** field.
53. Enter the state in the **State** field. For best results, the state should be selected from the drop-down box.
54. Enter the zip code in the **Zip** field.
55. Enter the arrival time in the **Destination Time** field.
  - a. Use military time format to enter the time.
  - b. The format should be entered in as **hh:mm**. A missing colon (:) will result in a Warning.
56. Select the code from the drop-down box in the **Code** field.
  - a. R – Residence (use when the address entered in the participant's address)
  - b. D – Medical Services (use when the address entered is the transportation provider's address)

As previously mentioned, the first three lines represent travel from the residence to the destination. The last three lines represent travel from the destination to the residence. If the transportation provider did not provide transportation back to the residence, then the claim is complete. However, if the transportation provider did provide transportation back to the residence, continue to complete the Departure and Destination information for the return trip.

When the final departure and destination addresses have been entered and all high severity warnings (if any) have been resolved, the claim can be submitted to the EI-CBO. Follow the steps listed below to submit the claim.

## 7.2 Submitting a Transportation Claim

1. From the **Services** tab, click the **[Save]** button located at the top right of the screen.
  - a. To create a batch with multiple claims, click the **[Add]** button located at the top of the Claim Editor screen.
2. Click the **[Close]** button when the batch of claims has been completed. The Batch Editor screen will appear.
3. Click the **[Transmit]** button located at the top of the Batch Editor page to submit the claim(s) to the EI-CBO.
  - a. A validation message will temporarily appear to confirm that the claim has been transmitted.

## 8 RESUBMITTING/ 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.

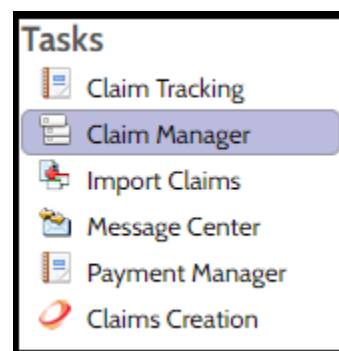
It is recommended that all resubmitted/retransmitted claims are copied, adjusted (when necessary), and then transmitted. Creating a copy of the claim(s) allows the User to keep a record of the original claim(s).

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

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



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



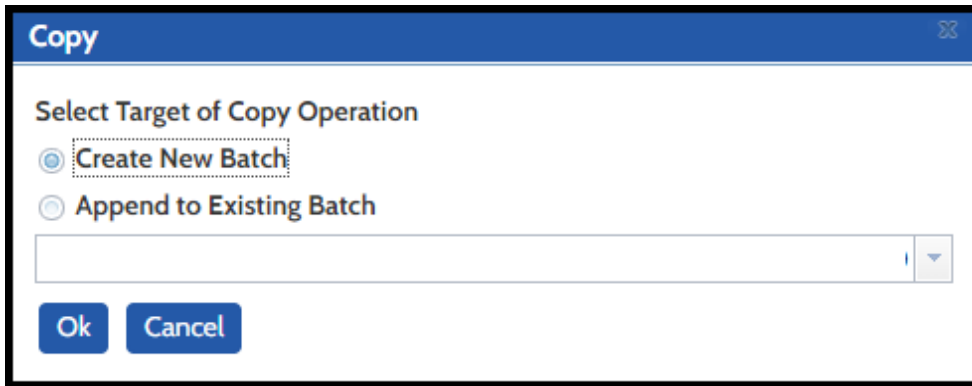
3. Click the blue file **Batch Editor** icon displayed next to the claim that needs to be resubmitted/ retransmitted. The Batch Editor screen will appear along with all claims included in the batch.
4. Right click the claim line of the claim to be resubmitted/retransmitted or corrected. The row will 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.

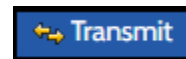
7. The selected (highlighted) claim(s) will be copied, and a new batch created. The new copied claim or batch is identified by the **Create Date** field (located at the top left of the page). The **Create Date** field auto-populates with the current date and time. The Status of the claim(s) changes to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

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



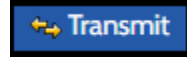
#### To resubmit/re-transmit claim(s) that requires editing:

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).





## 9 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.



## 10 TIPS

### 10.1 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.

#### 10.1.1 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.

### 10.1.2 To Delete or Edit Users:

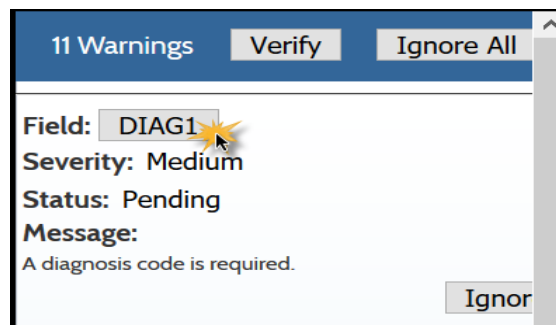
To delete or edit a User's account click the Main Menu icon, then select **Setup | Security**.

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

## 10.2 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.



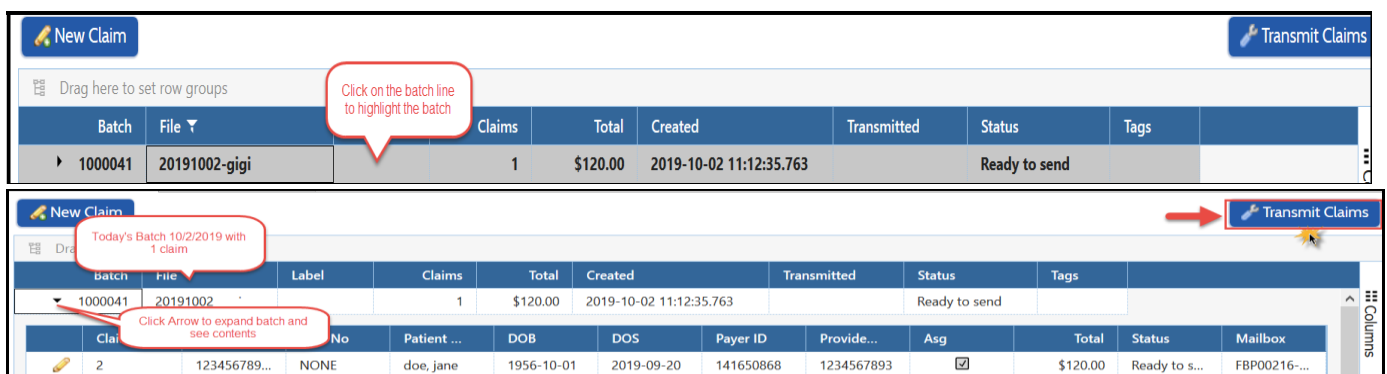
When all warnings within the claim are resolved, the User may click **[Save]**, **[Close]**, then **[Transmit]** the claim.

### 10.3 Transmitting Claims

All claims entered on the same day are batched together in that current day's batch. The User may transmit a batch of claims with a status of **Ready to Send**. More claims can be added to the day's batch at any time during the day and then transmitted later when the User is ready to the whole batch to the EICBO.

To add more claims at any time during the day, click the **[New Claim]** button located at the top left of the screen.

To transmit the claim(s) when a claim or claims are in the **Ready to Send** status, the User left clicks the batch line that is ready to transmit, and then clicks the **[Transmit Claims]** button in the Claim Manager screen.



### 10.4 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.





















## 11 APPENDIX

### 11.1 List of Transportation Claim Procedure Codes

Procedure Code	Units of Service	Description
A0120	1	Service car, base rate
A0120	1	Service car, return
A0425	Loaded Mileage	Service car, mileage
T2001	1	Non-employee attendant
A0100	1	Taxi, base rate
A0100	1	Taxi, return
A0425	Loaded Mileage	Taxi, mileage
T2001	1	None-employee attendant
A0090	Loaded Mileage	Private auto (Parents)

\*Transportation codes can only be billed for loaded mileage. Loaded mileage refers to the miles the child is in the vehicle and is being transported to and from an EI service.

## 11.2 Sample Claim: Completed Parent/Guardian Transportation Claim

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Lisa</b>				3. PATIENT'S BIRTH DATE <b>02-15-2019</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Lisa</b>											
5. PATIENT'S ADDRESS (No., Street) <b>865 Tall Ln</b>				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) <b>865 Tall Ln</b>											
CITY <b>Springfield</b>		STATE <b>IL</b>		8. RESERVED FOR NUCC USE				CITY <b>Springfield</b>		STATE <b>IL</b>									
ZIP CODE <b>62701</b>		TELEPHONE (Include Area Code)						ZIP CODE <b>62701</b>		TELEPHONE (Include Area Code)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER <b>NONE</b>											
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH <b>02-15-2019</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>											
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)				b. OTHER CLAIM ID (Designated by NUCC)											
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME											
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO // yes, complete items 9, 9a, and 9d.											
12. 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. SIGNED  DATE <b>11-23-2020</b>								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED 											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL. 				15. OTHER DATE QUAL. 				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="checkbox"/> NPE				17a.  17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <b>0</b>								22. RESUBMISSION CODE ORIGINAL REF. NO.											
A.  B.  C.  D.  E.  F.  G.  H.  I.  J.  K.  L. 								23. PRIOR AUTHORIZATION NUMBER 											
24. A. DATE(S) OF SERVICE From To		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
11-13-2020 11-13-2020		99		<input type="checkbox"/>		A0090				3.75		15		<input checked="" type="checkbox"/>		NPI		123456789	
11-13-2020 11-13-2020		99		<input type="checkbox"/>		A0090				3.75		15		<input type="checkbox"/>		NPI			
11-24-2020 11-24-2020		99		<input type="checkbox"/>		A0090				3.75		15		<input type="checkbox"/>		NPI			
11-24-2020 11-24-2020		99		<input type="checkbox"/>		A0090				3.75		15		<input type="checkbox"/>		NPI			
				<input type="checkbox"/>										<input type="checkbox"/>		NPI			
				<input type="checkbox"/>										<input type="checkbox"/>		NPI			
				<input type="checkbox"/>										<input type="checkbox"/>		NPI			
25. FEDERAL TAX I.D. NUMBER <b>123456789</b> SSN EIN <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. <b>SMILI001</b>				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE <b>400.00</b>		29. AMOUNT PAID <b>0.00</b>		30. Rsvc for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <b>Little, Melissa</b> <input type="checkbox"/> Non-Person				32. SERVICE FACILITY LOCATION INFORMATION a. b.				33. BILLING PROVIDER INFO & PH # <input checked="" type="checkbox"/> Non-Person <b>Little Melissa</b> <b>500 S 9th St</b> <b>Springfield, IL 61701-1942</b> a.  b. <b>123456789</b> 											

### 11.3 Sample Claim: Completed Transportation Provider Claim

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Lisa</b>			3. PATIENT'S BIRTH DATE <b>02-15-2019</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Lisa</b>					
5. PATIENT'S ADDRESS (No., Street) <b>865 Tall Ln</b>			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) <b>865 Tall Ln</b>					
CITY <b>Springfield</b>		STATE <b>IL</b>	8. RESERVED FOR NUCC USE			CITY <b>Springfield</b>		STATE <b>IL</b>			
ZIP CODE <b>62701</b>		TELEPHONE (Include Area Code)				ZIP CODE <b>62701</b>		TELEPHONE (Include Area Code)			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER <b>NONE</b>					
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH <b>02-15-2019</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>					
<p style="text-align: center;"><b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b></p>											
12. 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.  SIGNED <u>                    </u> DATE <b>11-23-2020</b>						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED <u>                    </u>					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL. <u>                    </u>			15. OTHER DATE QUAL. <u>                    </u>			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM <u>                    </u> TO <u>                    </u>					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="checkbox"/> NPE <u>                    </u>			17a. <u>                    </u>			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <u>                    </u> TO <u>                    </u>					
17b. NPI <u>                    </u>											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES <u>                    </u>					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <b>0</b>						22. RESUBMISSION CODE <u>                    </u> ORIGINAL REF. NO. <u>                    </u>					
A. <u>                    </u> B. <u>                    </u> C. <u>                    </u> D. <u>                    </u> E. <u>                    </u> F. <u>                    </u> G. <u>                    </u> H. <u>                    </u> I. <u>                    </u> J. <u>                    </u> K. <u>                    </u> L. <u>                    </u>						23. PRIOR AUTHORIZATION NUMBER <u>                    </u>					
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSC Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
11-13-2020 11-13-2020		99	A0120			8.23	1	<input checked="" type="checkbox"/>	NPI	987654321	
11-13-2020 11-13-2020		99	T2001			2.87	1	<input type="checkbox"/>	NPI	987654321	
11-13-2020 11-13-2020		99	A0425			1.00	4	<input type="checkbox"/>	NPI		
11-13-2020 11-13-2020		99	A0120			8.23	1	<input type="checkbox"/>	NPI		
11-13-2020 11-13-2020		99	T2001			2.87	1	<input type="checkbox"/>	NPI		
11-13-2020 11-13-2020		99	A0425			1.00	4	<input type="checkbox"/>	NPI		
25. FEDERAL TAX I.D. NUMBER <b>123456789</b>		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. <b>SMILI001</b>		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE <b>24.20</b>		29. AMOUNT PAID <b>0.00</b>		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <b>Transportation Provider</b> <input checked="" type="checkbox"/> Non-Person			32. SERVICE FACILITY LOCATION INFORMATION a. <u>                    </u> b. <u>                    </u>			33. BILLING PROVIDER INFO & PH # <input checked="" type="checkbox"/> Non-Person <b>Transportation Provider</b> <b>123 Main St.</b> <b>Springfield IL, IL 62704</b> a. <b>987654321</b> b. <u>                    </u>					