QicLink™ Benefits Exchange Provider User Guide

Release 5.00
April 2013

Revised September 2014

Copyright

Limited Rights Notice (Dec 2007)

Trademarks

Patents

U.S. Patent 6,463,417. Other patents pending.

Corporate Address

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Contents

Document Revision History

This version of the *QicLink Benefits Exchange Provider User* Guide was first published in April 2009. Subsequent changes to this document are listed in the following table.

Date	Location	Description
Sept 2014	Claims	Added PayPlus document display information.
May 2012	Internet Explorer Settings	Added section.
May 2010	Throughout document	Updated screens for masked SSN.
March 2010	Claim Detail window	Notes added for viewing original and reprocessed claim information.
February 2010	Benefits Information	Link to Plan document enabled.
May 2009	Throughout document	Notes added for **Check EOB** link availability

Notes

Overview

Purpose

QicLink Benefits Exchange provides Internet access to claim and enrollment information for both providers and members. Providers can view information for those enrollees and dependents that they administer.

The following types of providers can register with QicLink Benefits Exchange:

- An **independent provider** with a tax ID number that will not be shared or used by any other providers.
- A **provider group**, such as a clinic that is made up of physicians or other providers, who use the same base tax ID number.
- An **individual provider** is a physician or other provider who is associated with a clinic or other provider group and who uses a suffixed version of the provider group's tax ID number.

Internet Explorer Settings

Specific Internet Explorer settings must be selected in order to ensure that you are viewing *current* page content and viewing content without distorted or overlapping screen information. Refer to the **QicLink e^2 Installation Guide / Internet Explorer Settings** for specific information on setting Internet options.

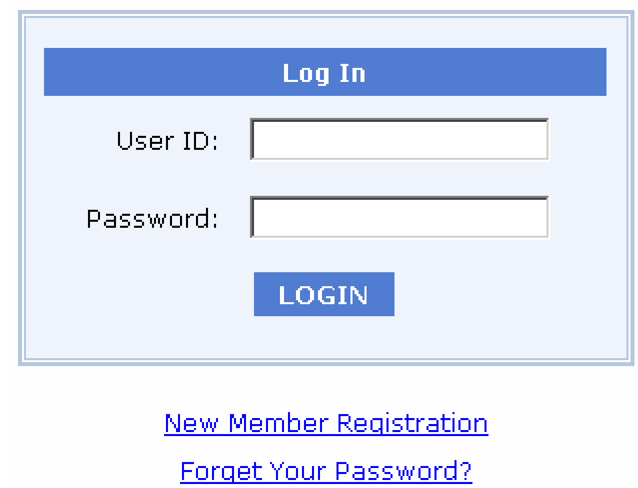
Getting Started

Logging In to QicLink Benefits Exchange

A user name and password are required to access QicLink Benefits Exchange. The provider user ID and password are provided by the system administrator.

Registered Users

- If you have previously logged in to QicLink Benefits Exchange, enter your user ID and password in the **Log In** window and click **LOGIN**.



- If login is successful, the **Welcome** page is displayed. Refer to **Welcome** page on page 6.

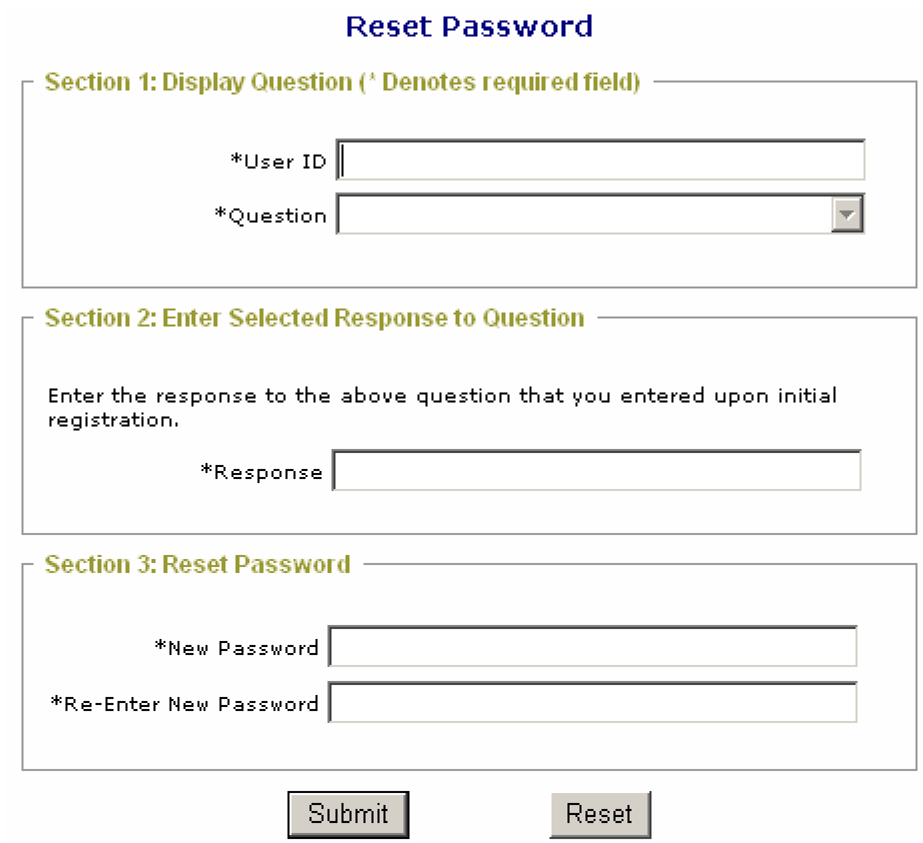
NOTE: If a disclaimer statement is displayed at login, click **Accept** if you agree with the terms and continue with login. If you do not agree, or you wish to exit the application, click **Decline**.

- If you have forgotten your password, click **Forget Your Password?** to reset your password. Refer to **Resetting Your Password** on page 3.
- If you have received your *assigned* user ID and password, and this is your *first* login, you may be asked to change your assigned password when you attempt login.

Resetting Your Password

If you have forgotten your password, click **Forget Your Password?** in the **Log In** window. You can reset your existing password by completing the **Reset Password** form.

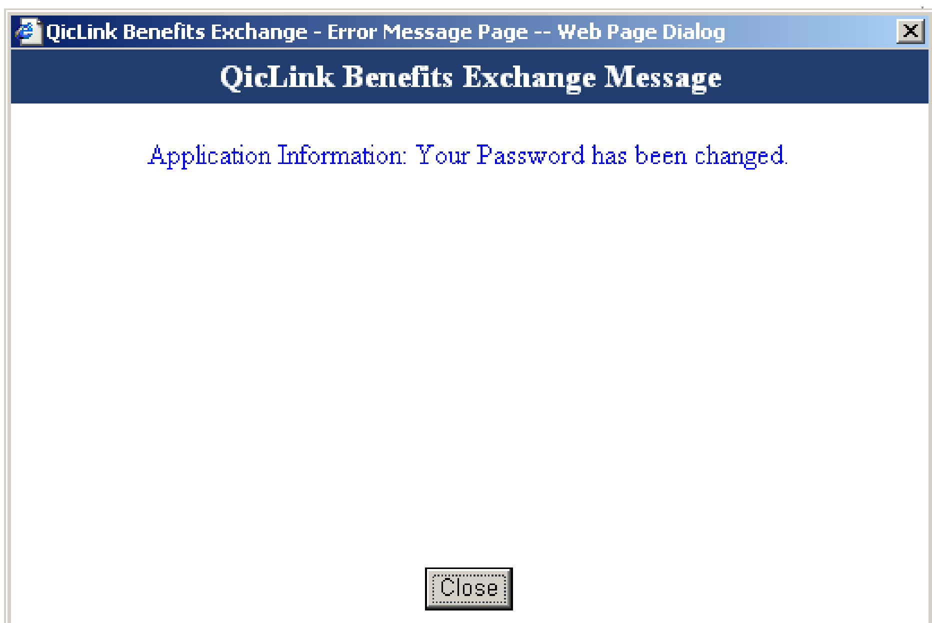
1. To replace your temporary password or change your existing password, complete the **Reset Password** form.



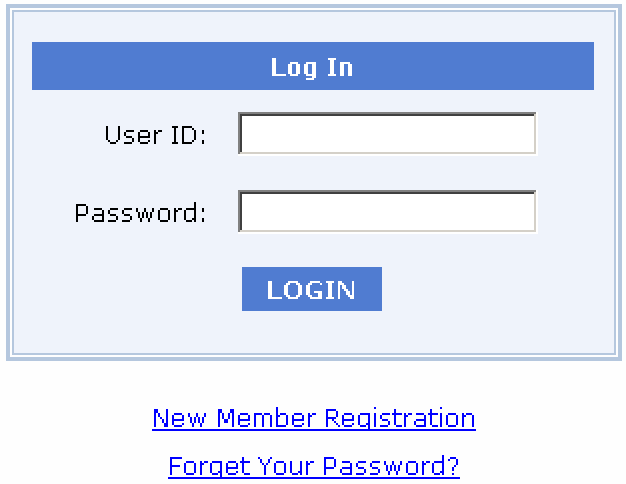
Fields	Description
User ID	Enter the User ID used for member registration.
Question	Enter a user-defined question that you will be asked to answer when you reset your password. For example: In what city were you born? What is your mother's maiden name?

	What is your older sister's married name?
Response	Enter a user-defined answer to the question entered at **Question**. TIP: You may want to make a note of your answer for future reference.
New Password	Enter a new password that meets the requirements displayed, noting the password strength rating shown as you enter your password.
Re-enter New Password	Re-enter the same password entered at **New Password**.

3. To clear and re-enter any information, click **Reset** *before* you click **Submit**.
4. To submit the request to reset your password, click **Submit**.
5. If password reset is successful, a confirmation message is displayed:



6. To return to the **Log In** window, click **Close**.
7. Enter your user ID and *new* password in the **Log In** window.



8. Click **LOGIN**.

NOTE: If a disclaimer statement is displayed, click **Accept** if you agree with the terms to continue with login. Click **Decline** if you do not agree, or you wish to exit the application.

9. The QicLink Benefits Exchange **Welcome** page is displayed. See **Welcome** page on page 6.

Welcome Page

- To perform **provider** tasks in QicLink Benefits Exchange, select from the menu options at the top of the **Welcome** page.
- To view basic information about your provider record, recent logon, password expiration, and disclaimer acceptance, click **User Logon Statistics Information**.
- To go to the TriZetto internet page, click **TriZetto Web Site**.

Navigation and Tools

After you log in to QicLink Benefits Exchange, the following navigation and action options are available:

Home	Return to the QicLink Benefits Exchange **Welcome** page.
Logoff	Log off of QicLink Benefits Exchange.
Calendar	Select a date for field entry.
Search	Use the information in the current form to search for matching data.
Filter	Change the order in which information in the column is listed.
Page Size	Number of rows to be displayed on one page.
Display All Records	Display all records for the enrollee or criteria entered.
Submit	Submit the information entered on a form to the system administrator.
Reset	Delete all information you entered on the current form. Information that pre-filled automatically is not deleted.
Clear	Delete all information you entered on the current form.

Provider Menu Overview

To perform **provider** tasks in QicLink Benefits Exchange, use the following menu options. For details about each option, click the menu option link.

Home

[Logon Statistics]

Benefits Information

[Member Information tab]

[Deductible tab]

[Out-of-Pocket tab]

Claims

[By Enrollee/Member]

[By Claim Number]

[By Check Number]

[By Voucher Number]

Log Off

Provider Tasks by Menu

To perform the following tasks, use the menus listed below:

Task	Menu	See Page
Access user logon statistics.	Home	10
View information for a specific member. **View deductible information for a member.** **View out-of-pocket information for a member.**	Benefits Information	11
View claim details for a specific enrollee/member. **View claim details for a specific claim number.** **View claim details for a specific check number.** **View claim details for a specific voucher number.**	Claims	18
Log off of the QicLink Benefits Exchange site and return to the Log In window.	Log Off	31

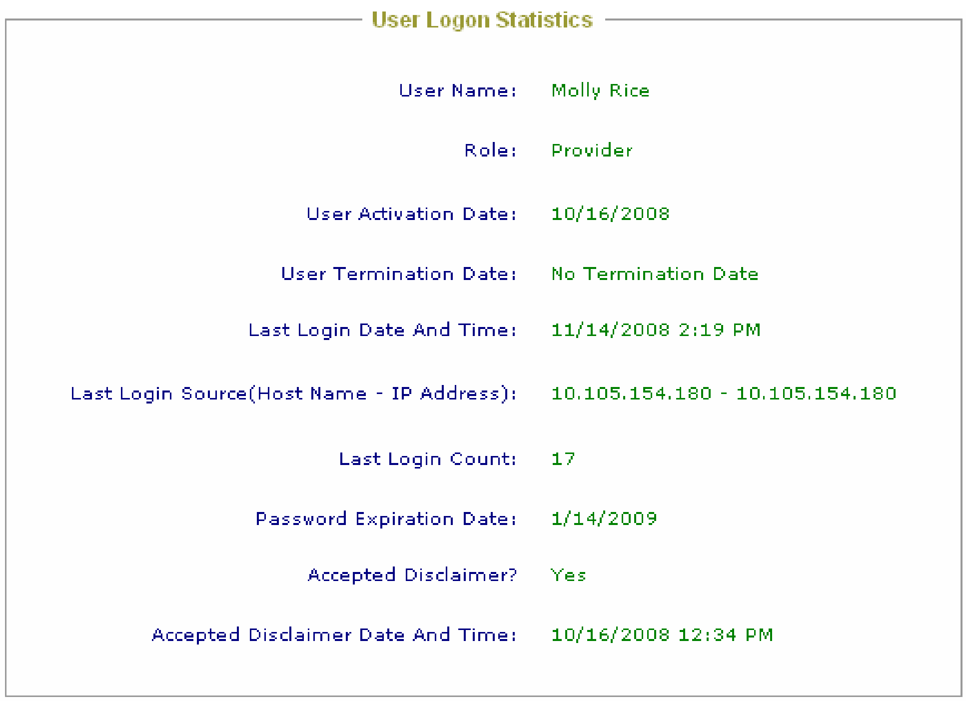
Home

Logon Statistics

Access user logon statistics.

To view basic information about your provider record, recent login, password expiration, and disclaimer acceptance, select the **Logon Statistics** option.

NOTE: To see the same logon statistics, you can also click the **User Logon Statistics Information** link on the **Welcome** page.



User Logon Statistics Example

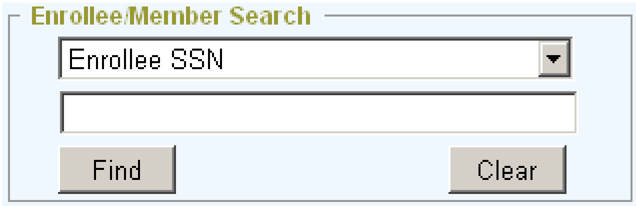
Benefits Information

Member Information Tab

View information for a specific member.

1. To find an enrollee/member, select one of the following search types in the dropdown list in the Enrollee/Member Search window:

   Enrollee SSN
   Enrollee Member ID
   Enrollee Last Name
   Dependent SSN
   Dependent Member ID
   Dependent Last Name

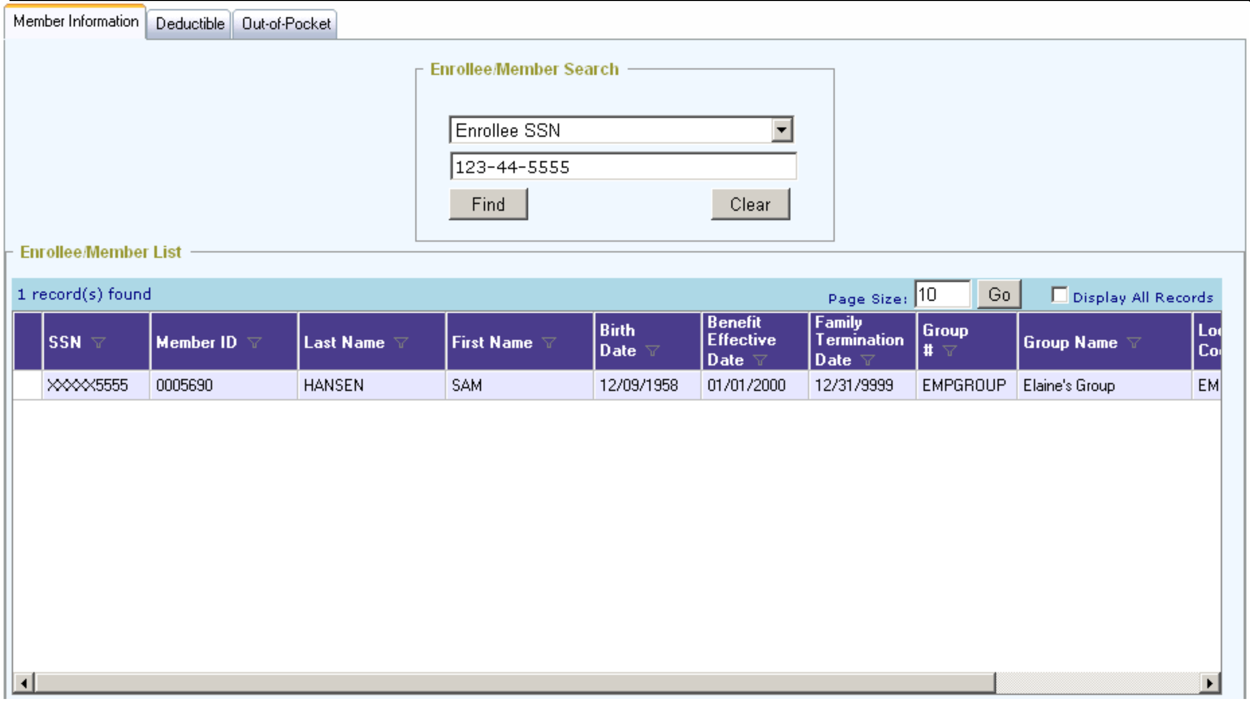


2. Enter the search criteria in the field below the search type dropdown list.

3. To clear information entered without searching, click **Clear**.

4. To search based in information entered, click **Find**.

   If a match is found, the **Member Information** tab displays a list of enrollees/members similar to the following:



TIP: To control the amount of records displayed at one time, use the **Page Size** and **Display All Records** options.

5. To see detailed information for a specific enrollee/member listed, double-click on the row for the enrollee/member.

   The **Member Information** tab displays detailed information similar to the following:

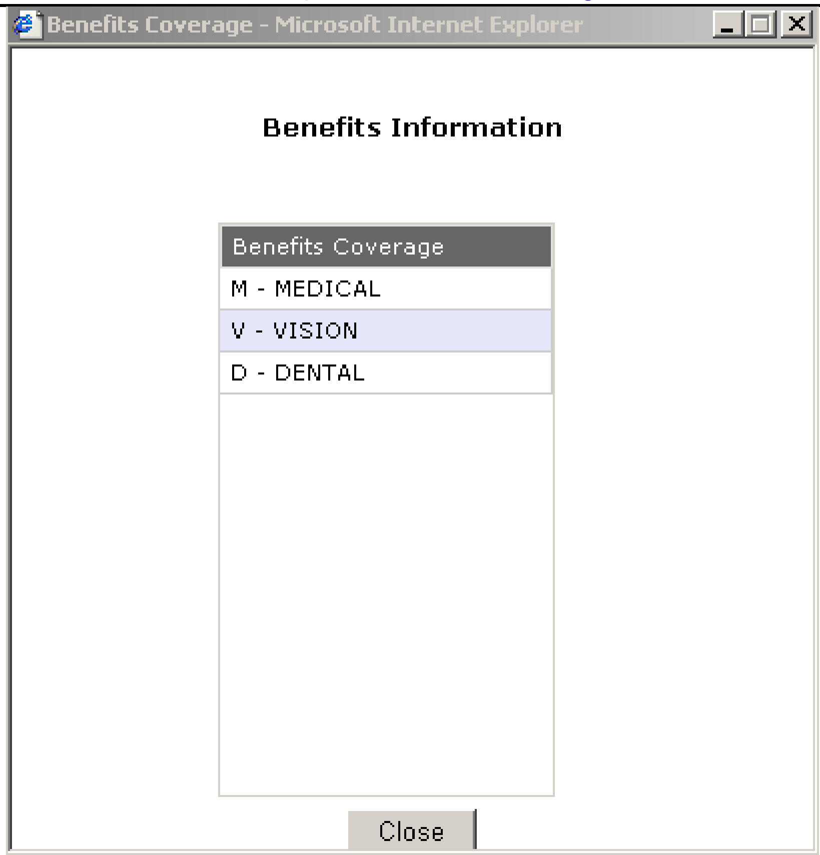
6. To view the plan document for the selected enrollee, spouse, or dependent, click the link at **Plan**.

NOTE: If a link to the plan document has been set up by the Administrator, the plan document title at **Plan** is displayed as an active hyperlink.

The plan document is displayed in a separate window.

7. To see a list of benefits for the enrollee, spouse, or dependent, click the **View Benefits** link for the enrollee, spouse, or dependent.

A new window opens and displays a list of benefit types for the enrollee/member, similar to the following:



8. To search for benefits information for another member, click **Go Back To Enrollee Member List**.

Deductible Tab

View deductible information for a member.

NOTE: An enrollee/member must be identified in the **Member Information** tab *before* deductible and out-of-pocket information can be viewed.

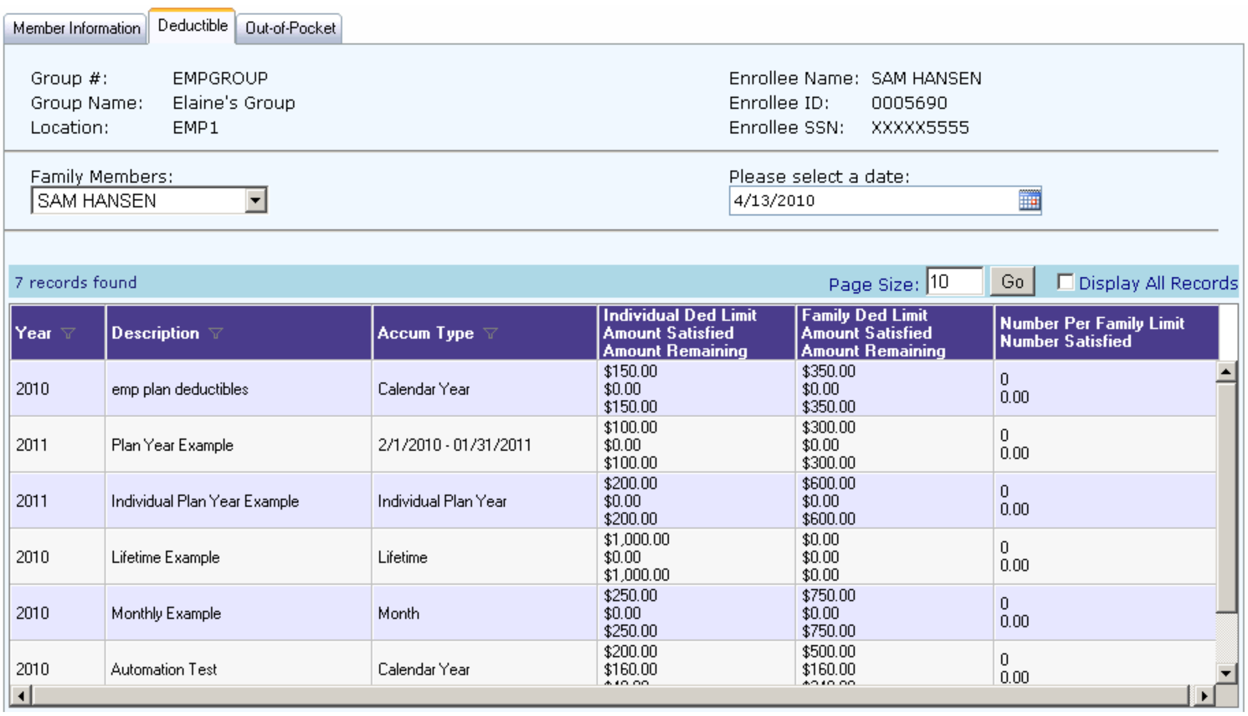
1. To view deductible information for a specific member, search for the member in the **Enrollee/Member Search** window in the **Member Information** tab. For more information, see **Member Information** on page 11.

2. To select an enrollee/member, double-click on the enrollee/member row in the **Enrollee/Member List**.

   The **Member Information** tab displays detailed information for the member.

3. To display deductible information for the selected enrollee/member, click the **Deductible** tab.

   The **Deductible** tab displays information similar to the following:



Member Information | Deductible | Out-of-Pocket

Group #: EMPGROUP
Group Name: Elaine's Group
Location: EMP1

Enrollee Name: SAM HANSEN
Enrollee ID: 0005690
Enrollee SSN: XXXXX5555

Family Members: SAM HANSEN

Please select a date: 4/13/2010

7 records found

Page Size: 10 Go Display All Records

Year	Description	Accum Type	Individual Ded Limit Amount Satisfied Amount Remaining	Family Ded Limit Amount Satisfied Amount Remaining	Number Per Family Limit Number Satisfied
2010	emp plan deductibles	Calendar Year	$150.00 $0.00 $150.00	$350.00 $0.00 $350.00	0 0.00
2011	Plan Year Example	2/1/2010 - 01/31/2011	$100.00 $0.00 $100.00	$300.00 $0.00 $300.00	0 0.00
2011	Individual Plan Year Example	Individual Plan Year	$200.00 $0.00 $200.00	$600.00 $0.00 $600.00	0 0.00
2010	Lifetime Example	Lifetime	$1,000.00 $0.00 $1,000.00	$0.00 $0.00 $0.00	0 0.00
2010	Monthly Example	Month	$250.00 $0.00 $250.00	$750.00 $0.00 $750.00	0 0.00
2010	Automation Test	Calendar Year	$200.00 $160.00	$500.00 $160.00	0 0.00

4. To define the time period for the deductible information, click on the calendar icon to select an effective date, or enter an effective date in *mm/dd/yyyy* format.

5. To display information for the effective date entered, click *outside* of the **Please select a date** dropdown field.

6. To see deductible information for another member, select the member in the **Family Members** dropdown list and re-define the effective date, if necessary.

TIP: To control the amount of records displayed, use the **Page Size** and **Display All Records** options.

Out-of-Pocket Tab

View out-of-pocket information for a member

NOTE: An enrollee/member must be identified in the **Member Information** tab *before* deductible and out-of-pocket information can be viewed.

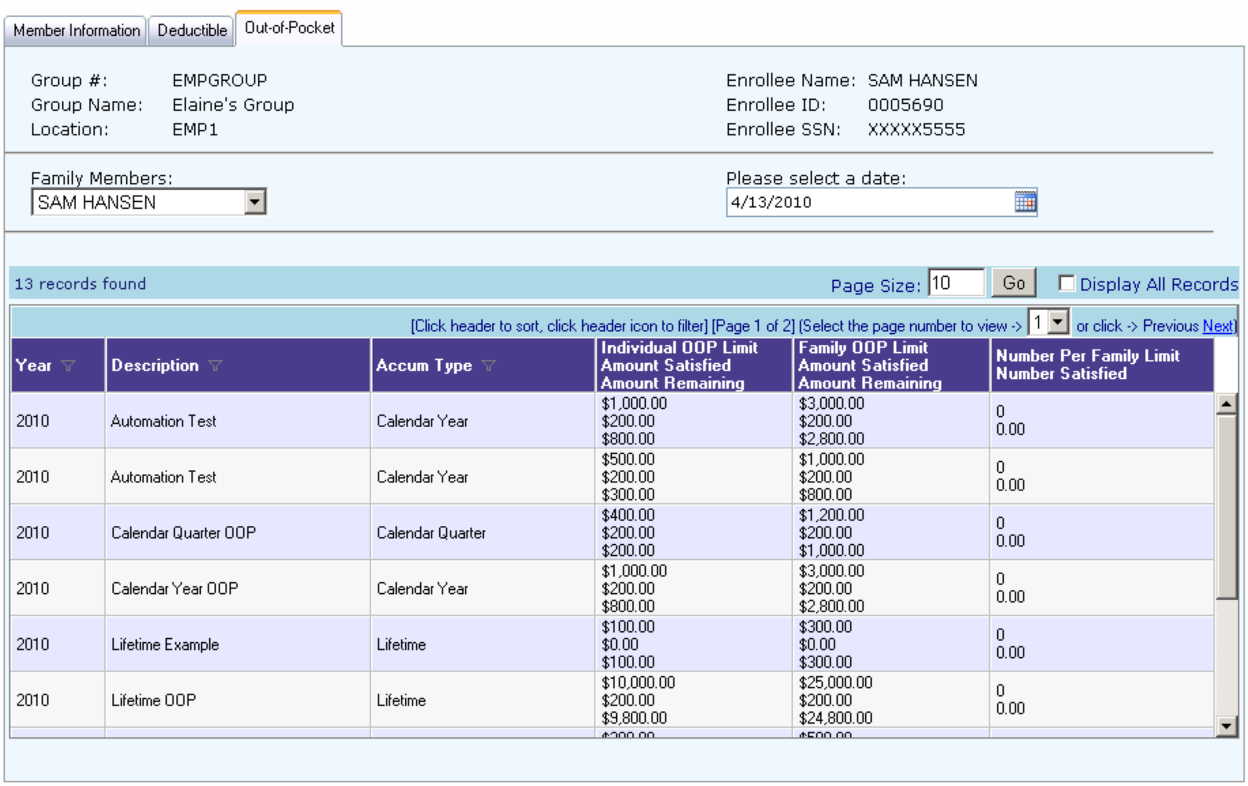
1. To view out-of-pocket information for a specific member, search for the member in the **Enrollee/Member Search** window in the **Member Information** tab. For more information, see **Member Information** on page 11.

2. To select an enrollee/member, double-click on the enrollee/member row in the **Enrollee/Member List**.

   The **Member Information** tab displays detailed information for the member.

3. To see out-of-pocket information for the selected enrollee/member, click the **Out-of-Pocket** tab.

   The **Out-of-Pocket** tab displays information similar to the following:



TIP: To control the amount of records displayed, use the **Page Size** and **Display All Records** options.

4. To define the time period for the out-of-pocket information, click on the calendar icon at **Please select a date** to select an effective date, or enter an effective date in *mm/dd/yyyy* format.

5. To display information for the effective date entered, click *outside* of the **Please select a date** dropdown field.

6. To see out-of-pocket information for another member, select the member in the **Family Members** dropdown list and re-define the effective date, if necessary.

Claims

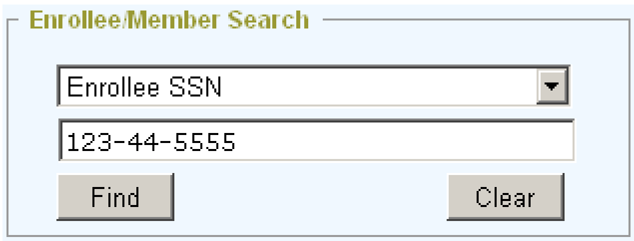
By Enrollee/Member

View claim details for a specific member.

1. Choose the type of search criteria you wish to use from the dropdown list in the **Enrollee/Member Search** window:

   Enrollee SSN
   Enrollee User ID
   Enrollee Last Name
   Member SSN
   Member User ID
   Member Last Name

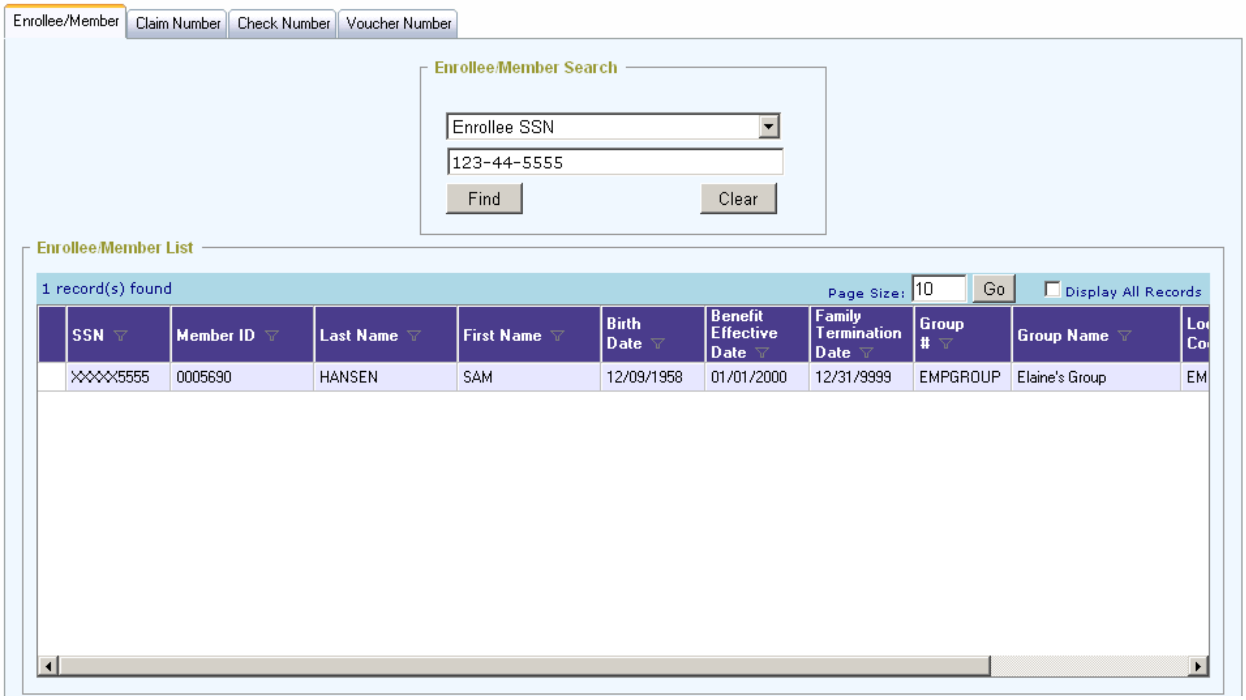
2. Enter search criteria in the **Enrollee/Member Search** window; for example, enter the enrollee's Social Security Number:



3. To delete the search criteria entered, click **Clear**.

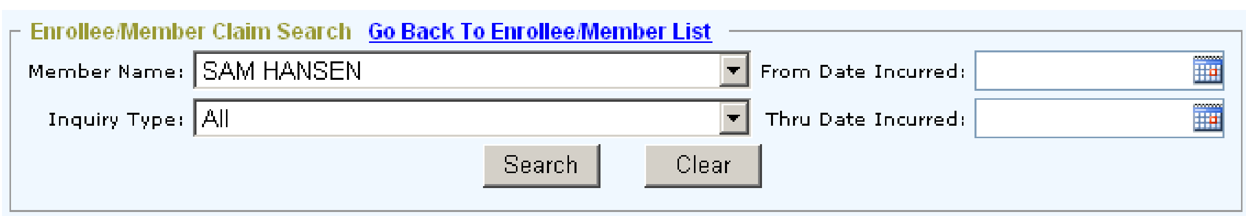
4. To search on the criteria, click **Find**.

   The **Enrollee/Member List** displays the search results:



5. To select a member from the list to view the member's claims, double-click on the member row.

   The **Enrollee/Member Claim Search** window is displayed.



6. Select the member name from the dropdown list at **Member Name**.

7. Select **All** or one of the following inquiry types from the dropdown list at **Inquiry Type**:

   All
   Dental Pre-Authorization Printed and Sent
   Claim Completed Waiting for Check Print
   Dental Pre-Authorization Awaiting Printing
   Claim Completed and Paid
   Claim On Hold
   Denied Disability Claim

Claim Pended for Additional Information
Claim Released from Pending Status
Claim Suspended Waiting for Determination
Pre-Service Certification Review

8. To delete the entered search criteria, click **Clear**.

9. To return to the Enrollee list to select a different member, click **Go Back to Enrollee/Member List**.

10. To search on the criteria entered, click **Search**.

    The **Enrollee Member Claim List** displays claim information by claim/worksheet number for the selected member and inquiry type:

Enrollee/Member Claim List Go Back To Enrollee/Member Claim Search

6 record(s) found Page Size: 10 Go Display All Records

	Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name Paid Provider Name Total Charges	Check # Check Date Check Amt	View Actual Check/EOB
	80003367-01	HANSEN, SARAH	07/14/1960	Claim completed and paid	06/06/2008	Molly Rice, md Molly Rice, md $1000.00	00001613 09/01/2008 $720.00	Check EOB
	80003367-02	HANSEN, SARAH	07/14/1960	Claim completed and paid	06/06/2008	Molly Rice, md Molly Rice, md $0.00	nochk0000340 09/01/2008 $0.00	Check EOB
	80003366-01	HANSEN, SARAH	07/14/1960	Claim completed and paid	05/05/2008	Molly Rice, md Molly Rice, md $185.00	00001612 09/01/2008 $18.00	Check EOB
	80003368-01	HANSEN, SARAH	07/14/1960	Claim on hold	05/05/2008	Molly Rice, md Molly Rice, md $185.00		Check EOB
	80003362-01	HANSEN, SARAH	07/14/1960	Claim completed and paid	04/04/2008	Molly Rice, md Molly Rice, md $203.00	00001611 09/01/2008 $146.16	Check EOB
	80003360-01	HANSEN, SARAH	07/14/1960	Claim completed and paid	02/02/2008	Molly Rice, md Molly Rice, md $100.00	nochk0000339 09/01/2008 $0.00	Check EOB

11. To see claim detail on a check or EOB for the selected member, click the **Check EOB** link at the end of the row.

Viewing Pay-Plus Solutions® Documents

If you are a QBE client with an established relationship with Pay-Plus Solutions®, click the check number link in the Check Number column on the claim detail grid to display the Pay-Plus ePayment Transmittal image associated with the check number. The option, PayPlus_Setup in the ABC.xml file must be set to 1 for the image to display.

NOTE: **If an outsourcing and document archive arrangement with Emdeon has been established**: The **Check EOB** link is *not* available if the **Suppress_Provider** property is set to **1** in system setup.

If available, the linked documents are provided in Portable Document (PDF) so that they can be viewed in and printed from Adobe Acrobat Reader. To use this feature, you must have Adobe Acrobat Reader installed on your local desktop

A new window opens and displays Check or EOB details for the selected claim/worksheet number, similar to the following example:

Group Name
Return Address Line 1
Return Address Line 2
City, State ZIP

200004100001

Questions ? Call Customer Service
At (314) 555-8585 or (800) 555-5785
Monday thru Friday 8AM To 3:30PM CST
Extended Hours Tuesday until 6PM
Providers: Use Ext. 277 for 24hr Benefit
Information and Claim Status by Fax

Group Name: Group Name
Group No.: 031
Check #: 35108
Check Date: 04/04/00

MIXED AADC 630
480 2.1220 AB 0.664
MERCY HOSP - ANYTOWN 3
555 MEMORIAL DR
ANYTOWN, IL 65555-5555

SUMMARY OF BENEFITS

Claim Number	Treatment Dates	Proc. Code	Charge Amount	Not Covered	Reas. Code	Co-Pay Amount	Over Fee Schedule	Provider Discount	Deductible	%	Other Insurance	Payment Amount
Patient Acct#: H000075913824		**Patient Name:** JANE Q. PATIENT				**Insured Name:** JOHN Q. PATIENT			**Insured SSN:** 555-55-5555			
001057200020518	01/21-01/21/2000		1035.20	.00	D1	.00	.00	181.14	.00	90%	.00	768.6[illegible]
	Patient Sub-Totals		1035.20	.00		.00	.00	181.14	.00		.00	768.6[illegible]
Patient Acct#: H000075913877		**Patient Name:** JOYCE Q. PATIENT				**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057200039227	02/10-02/10/2000	76092	46.00	.00	D1	.00	.00	8.05	.00	90%	.00	34.1[illegible]
	Patient Sub-Totals		46.00	.00		.00	.00	8.05	.00		.00	34.[illegible]
Patient Acct#: H000075913741		**Patient Name:** JASON Q. PATIENT				**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057199336992	11/22-11/22/1999		85.00	.00	D1	.00	.00	14.87	.00	90%	46.12	17.0[illegible]
001057199337830	12/23-01/24/2000		50682.81	.00		.00	.00	.00	.00	100%	49914.81	768.0[illegible]
0010571993[illegible]	[illegible]23-12/23/1999	93010	10.00	.00		[illegible]	.00	.00	[illegible]	[illegible]	7.00	[illegible]

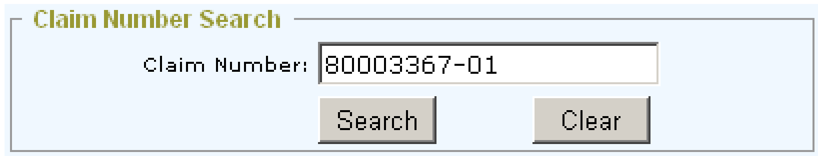
12. To return to the **Enrollee/Member Claim List**, close the new window by clicking the **X** in the upper right-hand corner of the browser window.

13. To return to the claim search list, click the **Go Back to Enrollee/Member Claim Search** link.

By Claim Number

View claim details for a specific claim number.

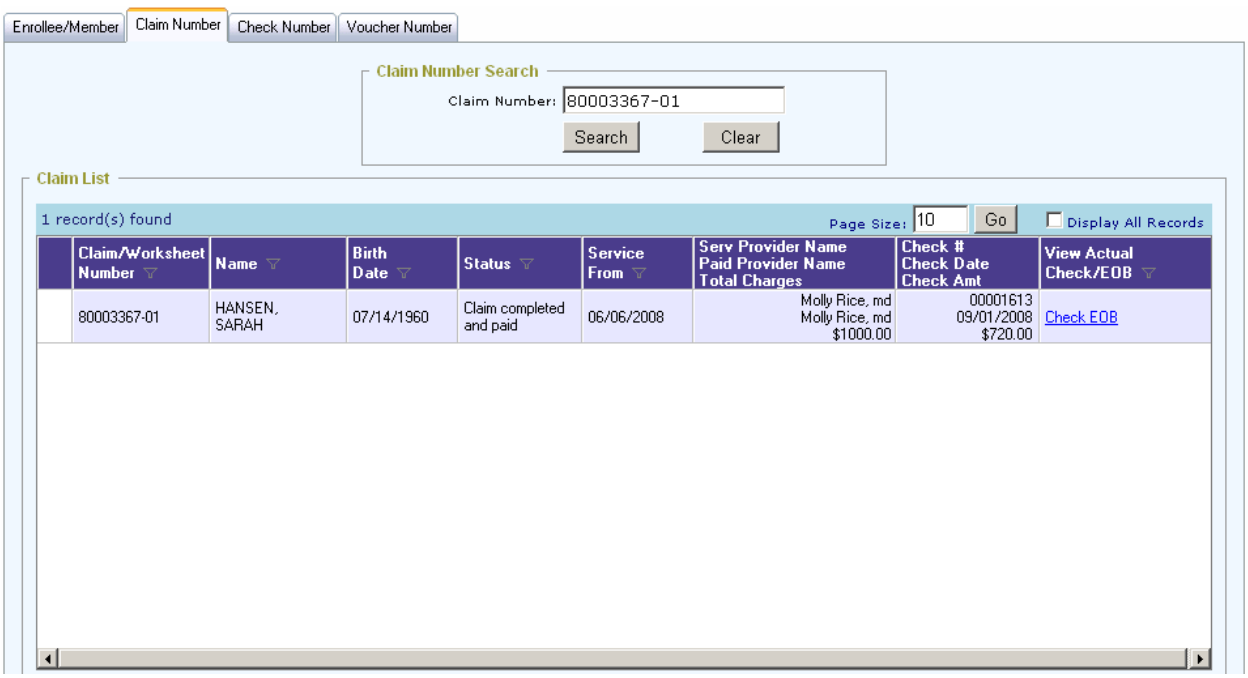
1. Enter the **Claim Number** or partial claim number to search for in the **Claim Number Search** window.



2. To delete and re-enter a claim number, click **Clear**.

3. To search for the claim number entered, click **Search**.

   The **Claim List** displays the search results.



NOTE: If there are multiple providers for a single claim, the claim will be listed multiple times; once for each additional provider associated with the claim.

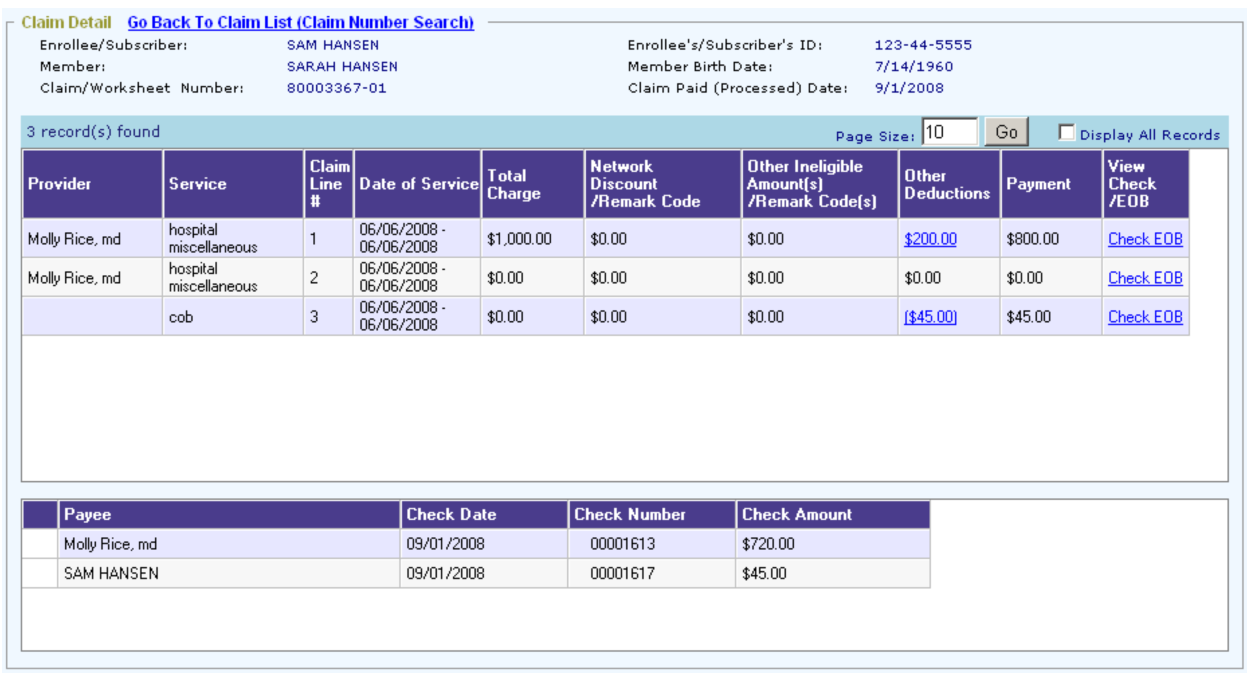
4. To see line item detail for a claim, double-click on the claim row.

   The **Claim Detail** window displays line item detail information and provider payment information for the selected claim/worksheet lines:

Viewing Pay-Plus Solutions® Documents

If you are a QBE client with an established relationship with Pay-Plus Solutions®, click the check number link in the Check Number column on the claim detail grid to display the Pay-Plus ePayment Transmittal image associated with the check number. The option, PayPlus_Setup in the ABC.xml file must be set to 1 for the image to display.

NOTE: If a claim was reprocessed, both the original claim number and the reprocessed claim number display in the top portion of the Claim Detail window. The claim number may or may not be hyperlinked to claim information depending on security setup.



Column	Description
Network Discount / Remark Code(s)	Amount of discount from the provider's network. The two-character code assigned to a standard remark entered in the claims adjudication system.
Other Ineligible Amount(s) / Remark Code(s)	Other ineligible amounts not defined elsewhere. The two-character code that identifies a claims adjudication system remark entered in

Column	Description
	Miscellaneous Code Maintenance - Standard Remarks (MM-CR).

5. To see detail about other deductions for a line, click the dollar amount link in the claim line row in the **Other Deductions** column.

   The **Other Deductions Explanation** window displays the **Type** and **Amount** of deductions for the line item:

Type	Amount
Coinsurance Share	$200.00

6. To see check or EOB information for the selected claim/worksheet line, click the **Check EOB** link at the end of the claim line row.

   NOTE: **If an outsourcing and document archive arrangement with Emdeon has been established**: The **Check EOB** link is *not* available if the **Suppress_Provider** property is set to **1** in system setup.

   If available, the linked documents are provided in Portable Document (PDF) so that they can be viewed in and printed from Adobe Acrobat Reader. To use this feature, you must have Adobe Acrobat Reader installed on your local desktop

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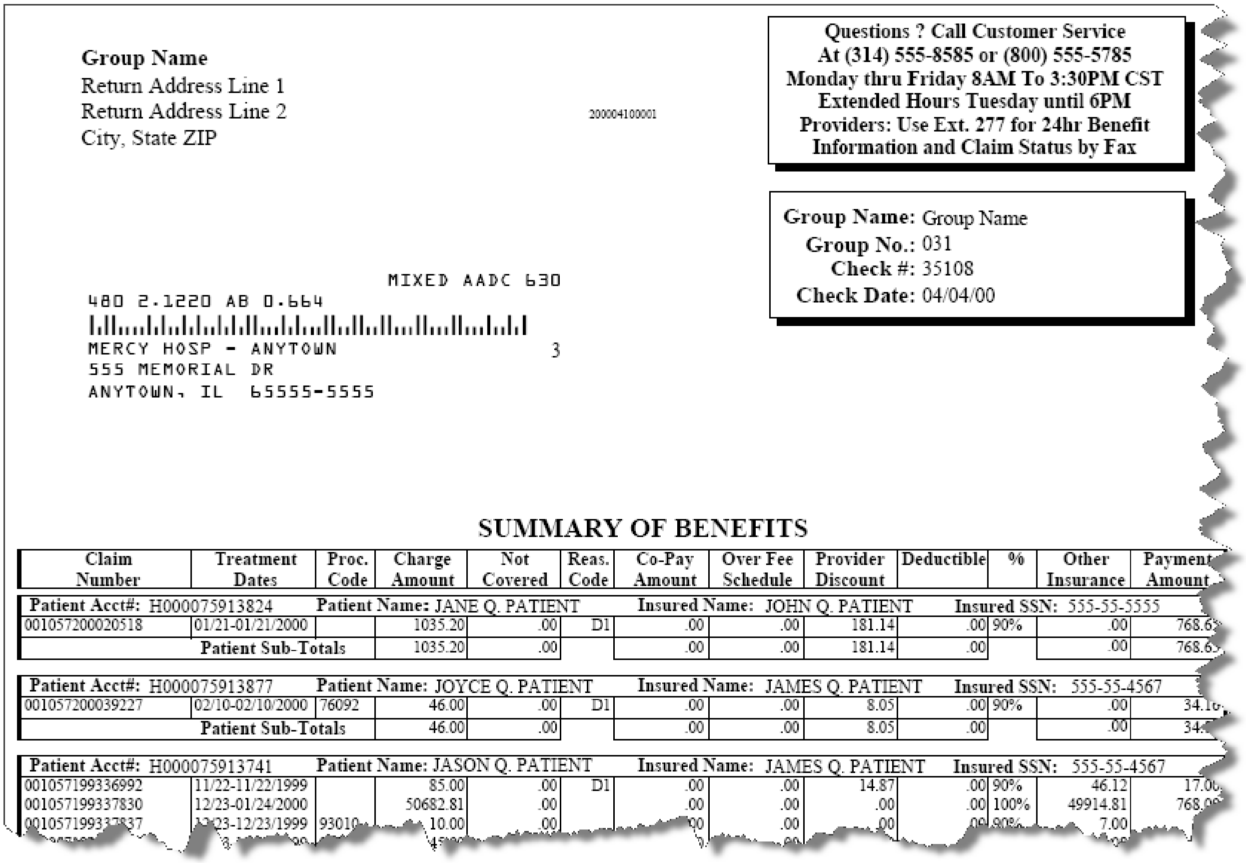
   A new window opens and displays Check or EOB details for the selected claim/worksheet line, similar to the following example:



Group Name
Return Address Line 1
Return Address Line 2
City, State ZIP

200004100001

Questions ? Call Customer Service
At (314) 555-8585 or (800) 555-5785
Monday thru Friday 8AM To 3:30PM CST
Extended Hours Tuesday until 6PM
Providers: Use Ext. 277 for 24hr Benefit
Information and Claim Status by Fax

Group Name: Group Name
Group No.: 031
Check #: 35108
Check Date: 04/04/00

MIXED AADC 630
480 2.1220 AB 0.664
MERCY HOSP - ANYTOWN 3
555 MEMORIAL DR
ANYTOWN, IL 65555-5555

SUMMARY OF BENEFITS

Claim Number	Treatment Dates	Proc. Code	Charge Amount	Not Covered	Reas. Code	Co-Pay Amount	Over Fee Schedule	Provider Discount	Deductible	%	Other Insurance	Payment Amount
Patient Acct#: H000075913824	**Patient Name:** JANE Q. PATIENT			**Insured Name:** JOHN Q. PATIENT				**Insured SSN:** 555-55-5555				
001057200020518	01/21-01/21/2000		1035.20	.00	D1	.00	.00	181.14	.00	90%	.00	768.6
	Patient Sub-Totals		1035.20	.00		.00	.00	181.14	.00		.00	768.6
Patient Acct#: H000075913877	**Patient Name:** JOYCE Q. PATIENT			**Insured Name:** JAMES Q. PATIENT				**Insured SSN:** 555-55-4567				
001057200039227	02/10-02/10/2000	76092	46.00	.00	D1	.00	.00	8.05	.00	90%	.00	34.1
	Patient Sub-Totals		46.00	.00		.00	.00	8.05	.00		.00	34.
Patient Acct#: H000075913741	**Patient Name:** JASON Q. PATIENT			**Insured Name:** JAMES Q. PATIENT				**Insured SSN:** 555-55-4567				
001057199336992	11/22-11/22/1999		85.00	.00	D1	.00	.00	14.87	.00	90%	46.12	17.0
001057199337830	12/23-01/24/2000		50682.81	.00		.00	.00	.00	.00	100%	49914.81	768.0
00105719933[illegible]37	[illegible]23-12/23/1999	93010	10.00	.00		[illegible]	.00	.00	[illegible]	[illegible]	7.00	[illegible]

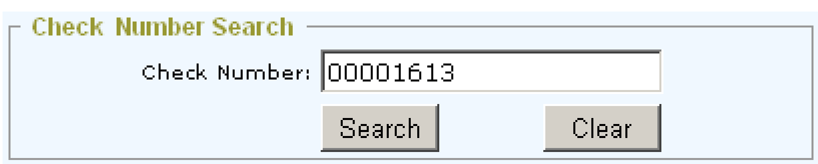
7. To return to the **Enrollee/Member Claim List**, close the new window by clicking the **X** in the upper right-hand corner of the browser window.

8. To return to the claim list, click the **Go Back To Claim List** link.

By Check Number

View claim details for a specific check number.

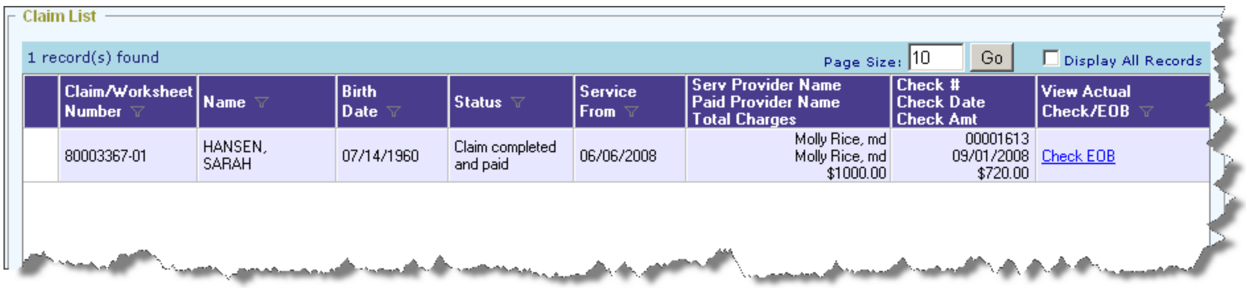
1. Enter the **Check Number** or partial check number to search for in the **Check Number Search** window.



2. To delete the check number entered, click **Clear**.

3. To search for the check number entered, click **Search**.

   The **Claim List** displays search results:



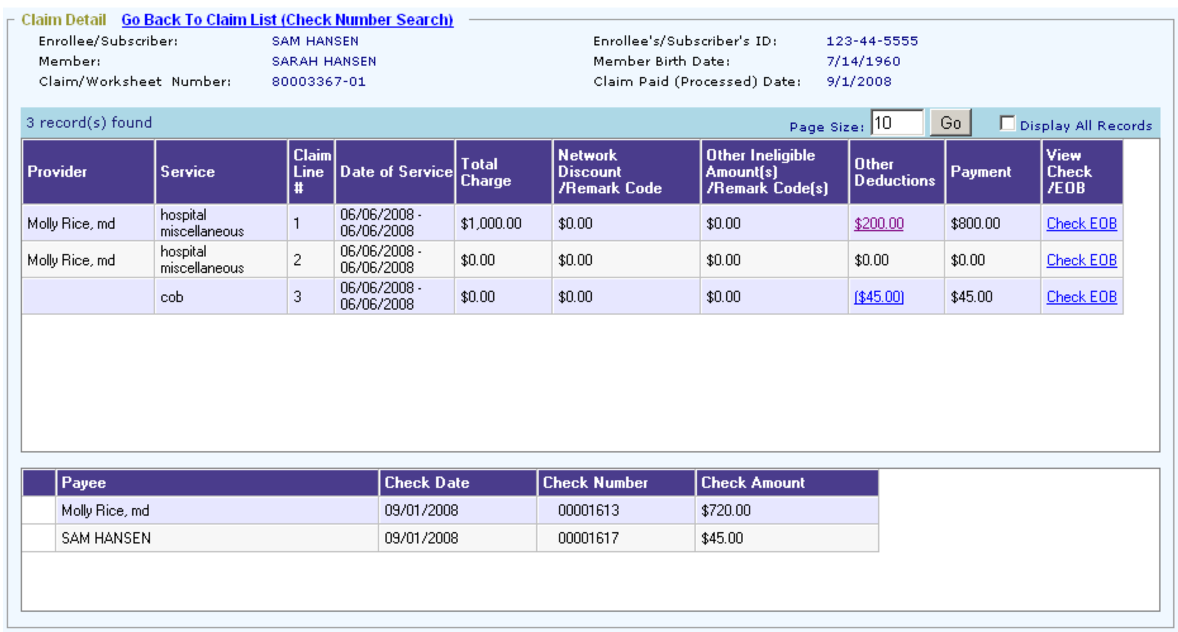
Claim List

1 record(s) found Page Size: 10 Go Display All Records

	Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name Paid Provider Name Total Charges	Check # Check Date Check Amt	View Actual Check/EOB
	80003367-01	HANSEN, SARAH	07/14/1960	Claim completed and paid	06/06/2008	Molly Rice, md Molly Rice, md $1000.00	00001613 09/01/2008 $720.00	Check EOB

4. To see claim line detail for the selected check number, double-click the row that displays the check number in the **Check #** column.

   The **Claim Detail** window displays line item detail and provider payment information for the selected check number.



Claim Detail Go Back To Claim List (Check Number Search)

Enrollee/Subscriber: SAM HANSEN
Member: SARAH HANSEN
Claim/Worksheet Number: 80003367-01
Enrollee's/Subscriber's ID: 123-44-5555
Member Birth Date: 7/14/1960
Claim Paid (Processed) Date: 9/1/2008

3 record(s) found Page Size: 10 Go Display All Records

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment	View Check /EOB
Molly Rice, md	hospital miscellaneous	1	06/06/2008 - 06/06/2008	$1,000.00	$0.00	$0.00	$200.00	$800.00	Check EOB
Molly Rice, md	hospital miscellaneous	2	06/06/2008 - 06/06/2008	$0.00	$0.00	$0.00	$0.00	$0.00	Check EOB
	cob	3	06/06/2008 - 06/06/2008	$0.00	$0.00	$0.00	($45.00)	$45.00	Check EOB

	Payee	Check Date	Check Number	Check Amount
	Molly Rice, md	09/01/2008	00001613	$720.00
	SAM HANSEN	09/01/2008	00001617	$45.00

Viewing Pay-Plus Solutions® Documents

If you are a QBE client with an established relationship with Pay-Plus Solutions®, click the check number link in the **Check Number** column on the claim detail grid to display the Pay-Plus ePayment Transmittal image associated with the check number. The option, PayPlus_Setup in the ABC.xml file must be set to 1 for the image to display.

5. To see detail about deductions for a line, click the *dollar amount link* displayed in underlined blue text in the claim line row in the **Other Deductions** column.

   The **Other Deductions Explanation** window displays the **Type** and **Amount** of deductions for the line item:

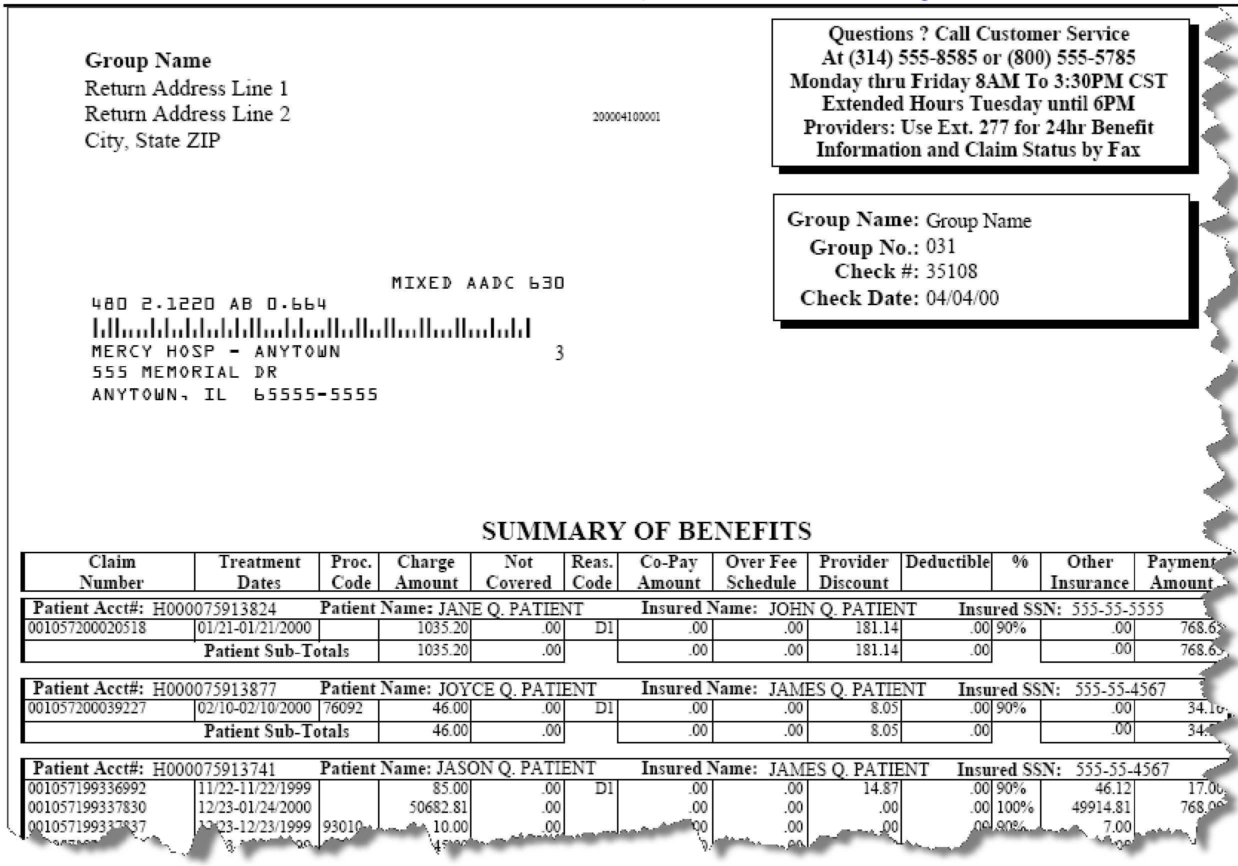
Type	Amount
Coinsurance Share	$200.00

6. To see check or EOB information for the selected claim/worksheet line, click the **Check EOB** link at the end of the claim line row.

NOTE: **If an outsourcing and document archive arrangement with Emdeon has been established**: The **Check EOB** link is *not* available if the **Suppress_Provider** property is set to **1** in system setup.

If available, the linked documents are provided in Portable Document (PDF) so that they can be viewed in and printed from Adobe Acrobat Reader. To use this feature, you must have Adobe Acrobat Reader installed on your local desktop

A new window opens and displays Check or EOB details for the selected claim/worksheet line, similar to the following example:



Group Name
Return Address Line 1
Return Address Line 2
City, State ZIP

200004100001

Questions ? Call Customer Service
At (314) 555-8585 or (800) 555-5785
Monday thru Friday 8AM To 3:30PM CST
Extended Hours Tuesday until 6PM
Providers: Use Ext. 277 for 24hr Benefit
Information and Claim Status by Fax

Group Name: Group Name
Group No.: 031
Check #: 35108
Check Date: 04/04/00

MIXED AADC 630
480 2.1220 AB 0.664
MERCY HOSP - ANYTOWN 3
555 MEMORIAL DR
ANYTOWN, IL 65555-5555

SUMMARY OF BENEFITS

Claim Number	Treatment Dates	Proc. Code	Charge Amount	Not Covered	Reas. Code	Co-Pay Amount	Over Fee Schedule	Provider Discount	Deductible	%	Other Insurance	Payment Amount
Patient Acct#: H000075913824		**Patient Name:** JANE Q. PATIENT				**Insured Name:** JOHN Q. PATIENT			**Insured SSN:** 555-55-5555			
001057200020518	01/21-01/21/2000		1035.20	.00	D1	.00	.00	181.14	.00	90%	.00	768.6
	Patient Sub-Totals		1035.20	.00		.00	.00	181.14	.00		.00	768.6
Patient Acct#: H000075913877		**Patient Name:** JOYCE Q. PATIENT				**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057200039227	02/10-02/10/2000	76092	46.00	.00	D1	.00	.00	8.05	.00	90%	.00	34.1
	Patient Sub-Totals		46.00	.00		.00	.00	8.05	.00		.00	34.
Patient Acct#: H000075913741		**Patient Name:** JASON Q. PATIENT				**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057199336992	11/22-11/22/1999		85.00	.00	D1	.00	.00	14.87	.00	90%	46.12	17.0
001057199337830	12/23-01/24/2000		50682.81	.00		.00	.00	.00	.00	100%	49914.81	768.0
0010571993[illegible]37	[illegible]23-12/23/1999	93010	10.00	.00		[illegible]00	.00	.00	[illegible]	90%	7.00	[illegible]

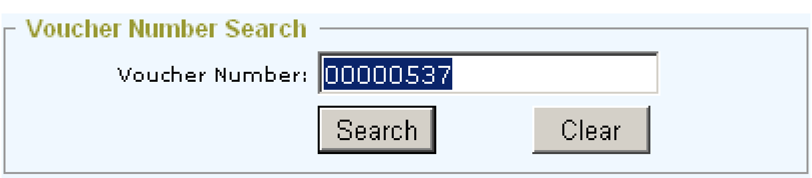
7. To return to the **Claim Detail** window, close the new window by clicking the '**X**' in the upper right-hand corner of the browser window.

8. To return to the claim list, click the **Go Back To Claim List** link.

By Voucher Number

View claim details for a specific voucher number.

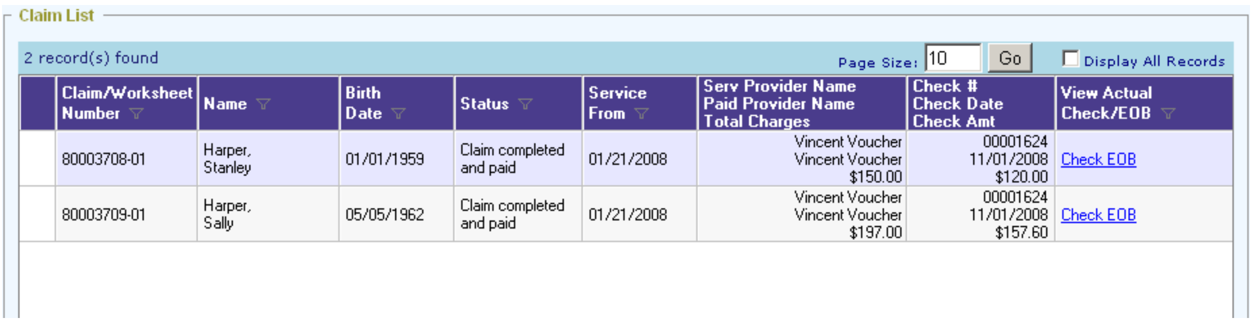
1. Enter the voucher number or partial number to search for in the **Voucher Number Search** window.



2. To clear the number entered, click **Clear**.

3. To search for claims associated with the voucher number entered, click **Search**.

   The **Claim List** window displays the claim(s) associated with the voucher number.



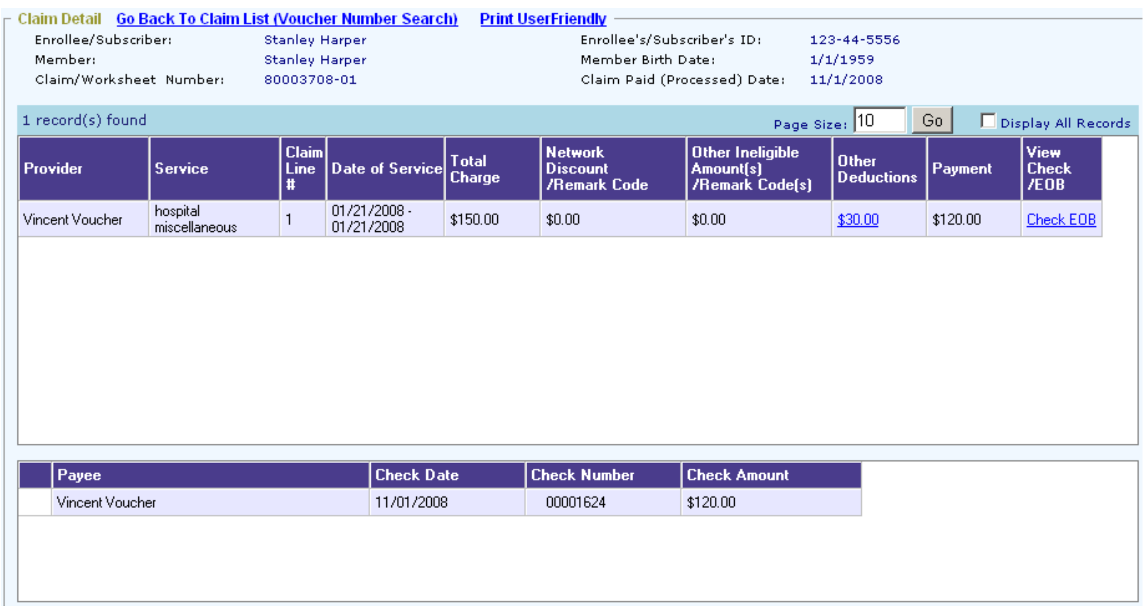
Claim List

2 record(s) found — Page Size: 10 Go — Display All Records

Claim/Worksheet Number	Name	Birth Date	Status	Service From	Serv Provider Name / Paid Provider Name / Total Charges	Check # / Check Date / Check Amt	View Actual Check/EOB
80003708-01	Harper, Stanley	01/01/1959	Claim completed and paid	01/21/2008	Vincent Voucher / Vincent Voucher / $150.00	00001624 / 11/01/2008 / $120.00	Check EOB
80003709-01	Harper, Sally	05/05/1962	Claim completed and paid	01/21/2008	Vincent Voucher / Vincent Voucher / $197.00	00001624 / 11/01/2008 / $157.60	Check EOB

4. To see claim detail for a listed claim for the voucher number, double-click the row for the claim.

   The **Claim Detail** window displays claim line detail for the claim as well as payee information, similar to the following:



Claim Detail Go Back To Claim List (Voucher Number Search) Print UserFriendly

Enrollee/Subscriber: Stanley Harper — Enrollee's/Subscriber's ID: 123-44-5556
Member: Stanley Harper — Member Birth Date: 1/1/1959
Claim/Worksheet Number: 80003708-01 — Claim Paid (Processed) Date: 11/1/2008

1 record(s) found — Page Size: 10 Go — Display All Records

Provider	Service	Claim Line #	Date of Service	Total Charge	Network Discount /Remark Code	Other Ineligible Amount(s) /Remark Code(s)	Other Deductions	Payment	View Check /EOB
Vincent Voucher	hospital miscellaneous	1	01/21/2008 - 01/21/2008	$150.00	$0.00	$0.00	$30.00	$120.00	Check EOB

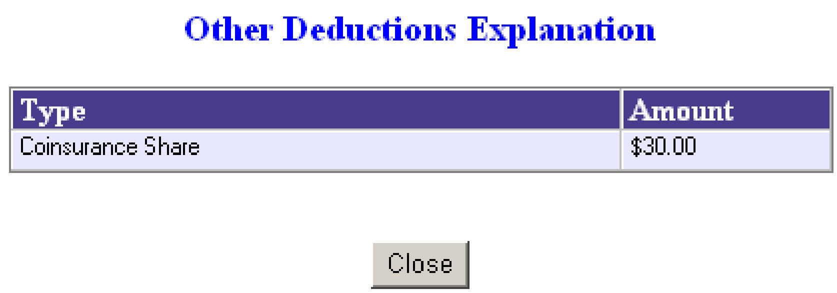
Payee	Check Date	Check Number	Check Amount
Vincent Voucher	11/01/2008	00001624	$120.00

Viewing Pay-Plus Solutions® Documents

If you are a QBE client with an established relationship with Pay-Plus Solutions®, click the check number link in the **Check Number** column on the claim detail grid to display the Pay-Plus ePayment Transmittal image associated with the check number. The option, PayPlus_Setup in the ABC.xml file must be set to 1 for the image to display.

5. To see an explanation for specific claim data shown, click the *linked dollar amount* displayed in underlined blue text.
   For *example*, to see details of the **Other Deductions** amount listed, click the linked dollar amount.

   The **Other Deductions Explanation** window displays the **Type** and **Amount** of the **Other Deductions.**

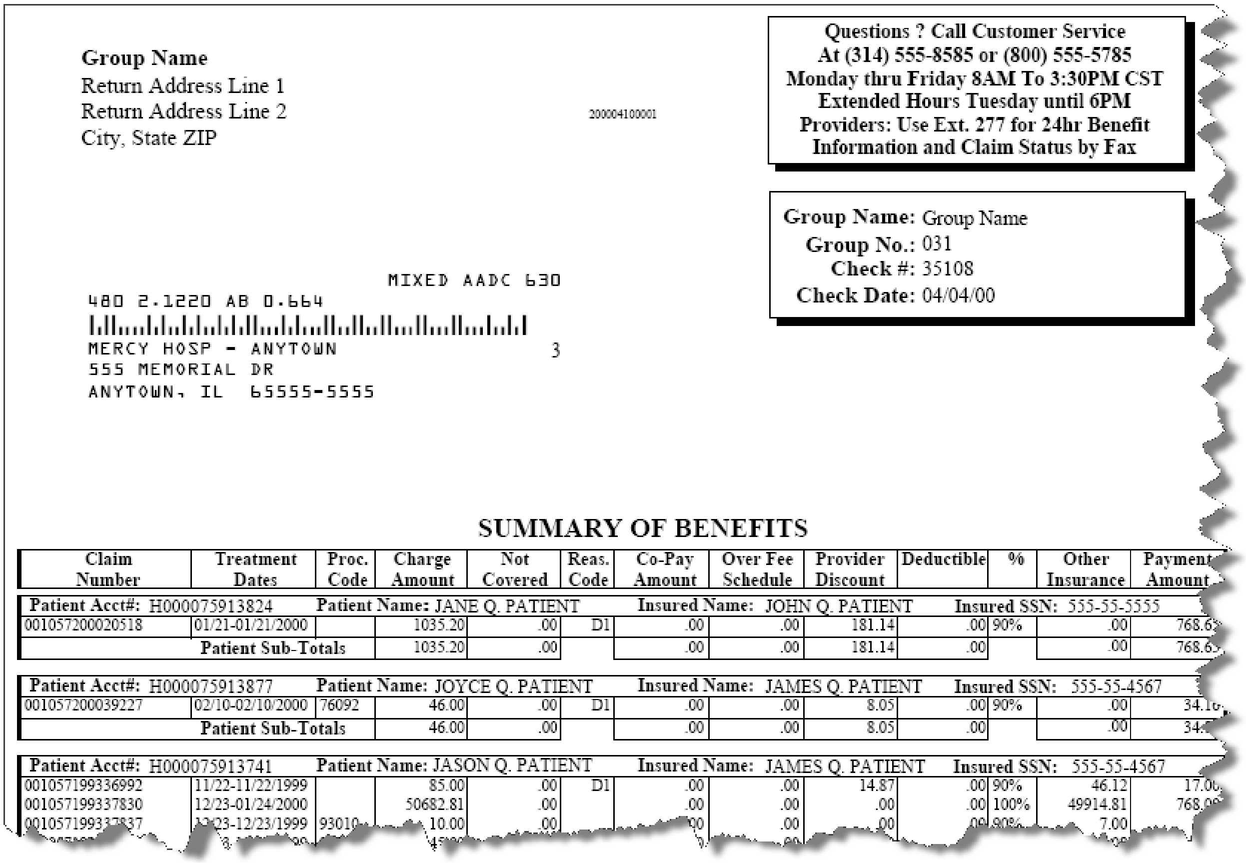


6. To see check or EOB information for the selected claim/worksheet line, click the **Check EOB** link at the end of the claim line row.

NOTE: **If an outsourcing and document archive arrangement with Emdeon has been established**: The **Check EOB** link is *not* available if the **Suppress_Provider** property is set to **1** in system setup.

If available, the linked documents are provided in Portable Document (PDF) so that they can be viewed in and printed from Adobe Acrobat Reader. To use this feature, you must have Adobe Acrobat Reader installed on your local desktop

A new window opens and displays Check or EOB details for the selected claim/worksheet line, similar to the following example:



Group Name
Return Address Line 1
Return Address Line 2
City, State ZIP

20004100001

Questions ? Call Customer Service
At (314) 555-8585 or (800) 555-5785
Monday thru Friday 8AM To 3:30PM CST
Extended Hours Tuesday until 6PM
Providers: Use Ext. 277 for 24hr Benefit
Information and Claim Status by Fax

Group Name: Group Name
Group No.: 031
Check #: 35108
Check Date: 04/04/00

MIXED AADC 630
480 2.1220 AB 0.664
MERCY HOSP - ANYTOWN 3
555 MEMORIAL DR
ANYTOWN, IL 65555-5555

SUMMARY OF BENEFITS

Claim Number	Treatment Dates	Proc. Code	Charge Amount	Not Covered	Reas. Code	Co-Pay Amount	Over Fee Schedule	Provider Discount	Deductible	%	Other Insurance	Payment Amount
Patient Acct#: H000075913824	**Patient Name:** JANE Q. PATIENT					**Insured Name:** JOHN Q. PATIENT			**Insured SSN:** 555-55-5555			
001057200020518	01/21-01/21/2000		1035.20	.00	D1	.00	.00	181.14	.00	90%	.00	768.6
Patient Sub-Totals			1035.20	.00		.00	.00	181.14	.00		.00	768.6
Patient Acct#: H000075913877	**Patient Name:** JOYCE Q. PATIENT					**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057200039227	02/10-02/10/2000	76092	46.00	.00	D1	.00	.00	8.05	.00	90%	.00	34.1
Patient Sub-Totals			46.00	.00		.00	.00	8.05	.00		.00	34.
Patient Acct#: H000075913741	**Patient Name:** JASON Q. PATIENT					**Insured Name:** JAMES Q. PATIENT			**Insured SSN:** 555-55-4567			
001057199336992	11/22-11/22/1999		85.00	.00	D1	.00	.00	14.87	.00	90%	46.12	17.0
001057199337830	12/23-01/24/2000		50682.81	.00		.00	.00	.00	.00	100%	49914.81	768.0
0010571993[illegible]	[illegible]23-12/23/1999	93010	10.00	.00		.00	.00	.00	.00	90%	7.00	

7. To return to the **Claim Detail** window, close the new window by clicking the **X** in the upper right-hand corner of the browser window.

8. To return to the claim list, click the **Go Back To Claim List** link.

Log Off

Log off from QicLink Benefits Exchange.

To exit from QicLink Benefits Exchange and return to the Log In window, click the **Log Off** menu.

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