

# SMART DATA STREAM GUIDE: PROVIDER PORTAL

[PORTAL.SMARTDATASTREAM.US](https://portal.smartdatastream.us)

SDS Provider Support

[stream.support@sdata.us](mailto:stream.support@sdata.us)

855-297-4436

**TABLE OF CONTENTS**

Users..... 4

Adding Additional Users ..... 4

Editing Users ..... 7

Admin Change Request ..... 11

My Providers..... 11

Adding a New Facility..... 11

Adding a New Provider..... 14

Quick Fill Providers/Facilities During Claim Submission..... 16

Selecting Payers ..... 16

Eligibility Search/Making a Request..... 18

Selecting Payers ..... 19

New Claim Status Inquiry/Making a Request..... 20

Claim Search ..... 22

Payer Selection..... 23

Update Plan Selection ..... 24

Update Payer for Claims Submission..... 26

Claims Submission..... 27

Upload Claims..... 28

New Claims ..... 29

Required vs Situational Claim Fields:..... 31

Resubmitting a Claim..... 43

Locate Claim Status..... 43

Actions – General Claim Management ..... 45

Edit Claim..... 47

Copy Document ..... 49

Unsubmitted Claims..... 50

ERA Enrollment ..... 50

Enrollment ..... 51

Enrollment Form Completion .....	52
Provider Enrollments.....	56
Review Remits .....	56

# USERS

**Users:** The person who's contact information was entered into the register form is automatically designated as an account administrator. They are then responsible for adding additional users and granting others admin access as necessary.

## ADDING ADDITIONAL USERS

**Adding Additional Users:** The admin creating the new user will be responsible for creating the user ID for the new user and providing them the login information.

New users can be added from the Account Management tab then using the +Add New User button on the top right of the Users page. To create a new user the admin will need:

- First Name
- Last Name
- Email
- Phone

*\*The system does NOT send an email to them with their login information after a user has been created.*

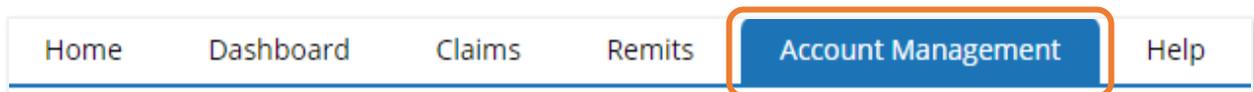
---

### ADDING NEW USERS

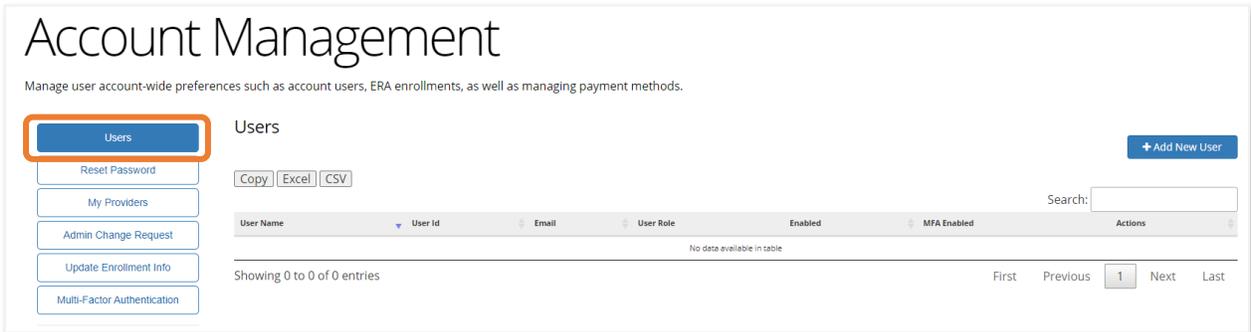
To add new users, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>User</i>
3.	Click <i>+Add New User</i> button
4.	Complete required fields
5.	Click <i>Submit</i>

Navigate and click on the *Account Management* tab.



Click **User** location on the left-hand side.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users** (highlighted)

Reset Password  
My Providers  
Admin Change Request  
Update Enrollment Info  
Multi-Factor Authentication

Users

Copy Excel CSV

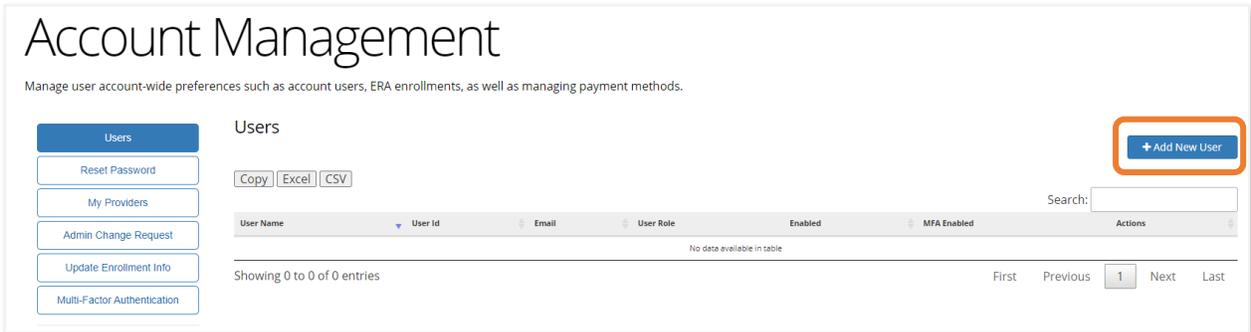
Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table						

Showing 0 to 0 of 0 entries

First Previous 1 Next Last

Click **+Add New User** button on the right-hand side of the screen.



Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

Users

Reset Password  
My Providers  
Admin Change Request  
Update Enrollment Info  
Multi-Factor Authentication

Users

Copy Excel CSV

Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table						

Showing 0 to 0 of 0 entries

First Previous 1 Next Last

**+Add New User** (highlighted)

Complete all necessary fields including \* asterisked fields. All Usernames will begin with a channel ID. It is necessary to add additional username information after the channel ID that will be specific for the new user being created.

### Add New User ✕

Clearinghouse Admin users may use this page to create new Smart Data Stream portal users. A temporary password will be emailed to them immediately upon submission and will last 24 hours. You will need to tell the user the username that you created for them.

<h4>User Information</h4> <p>First Name</p> <hr/> <p>Last Name</p> <hr/> <p>Username* CHIBC-</p> <hr/> <p>Phone Number</p> <hr/> <p>Email Address</p> <hr/> <p>Role</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">ClearingHouse User ▼</div>	<h4>Account Security Reminders</h4> <ul style="list-style-type: none"><li>✓ <b>Accounts with administrative privileges MUST NOT be created for a third party such as a vendor.</b></li><li>✓ Accounts should be assigned to individuals. No general or shared accounts</li><li>✓ Always validate the identity of the individual for whom you are creating an account or assigning privileges</li><li>✓ Enter the user's individual e-mail address, not the address of an administrator or manager, and not a shared e-mail box or mailing list</li><li>✓ Users should be assigned the least access privileges necessary</li><li>✓ Review active user accounts regularly, and disable or remove any that are no longer needed</li></ul>
--	--

\*All usernames will start with your channel ID.

# EDITING USERS

**Editing Users:** This page allows you to view, edit, remove and add restrictions for the existing user. Clicking on Add Restrictions button will add a new form to enter required permission information. Similarly, clicking on the pencil button allows editing existing permissions, and the cross button allows removing existing permissions.

<p><u>User Roles:</u></p> <ul style="list-style-type: none"> <li>Clearinghouse Admin can: Add/Edit Users, Remove Users, and Adjust User Permissions</li> <li>Clearinghouse User: Can perform function on the site as designated by their account admin except viewing <i>other users</i>.</li> </ul>	<p><u>Permissions:</u></p> <ul style="list-style-type: none"> <li>Allow users to edit the ERA Enrollments and upload files.</li> <li>Can be restricted based on transaction type, TIN, and NPI.</li> </ul>
--	--

---

## EDITING USER ROLES AND PERMISSIONS

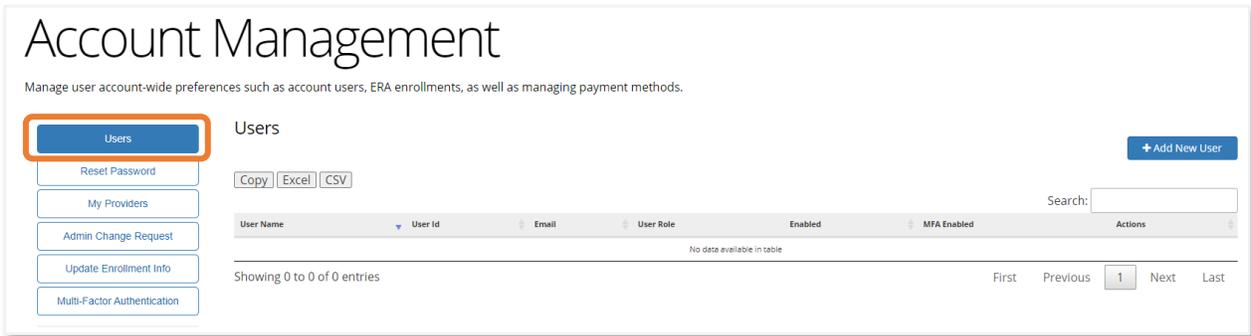
To edit user roles and permissions, complete the following steps:

Step	Task
1.	Navigate and click on the <b>Account Management</b> tab
2.	Click <b>User</b>
3.	Click <b>Edit User</b>
4.	Update required fields
5.	Click <b>Save User</b>

Navigate and click on the **Account Management** tab.



Click **User** located on the left-hand side.



**Account Management**  
Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users** + Add New User

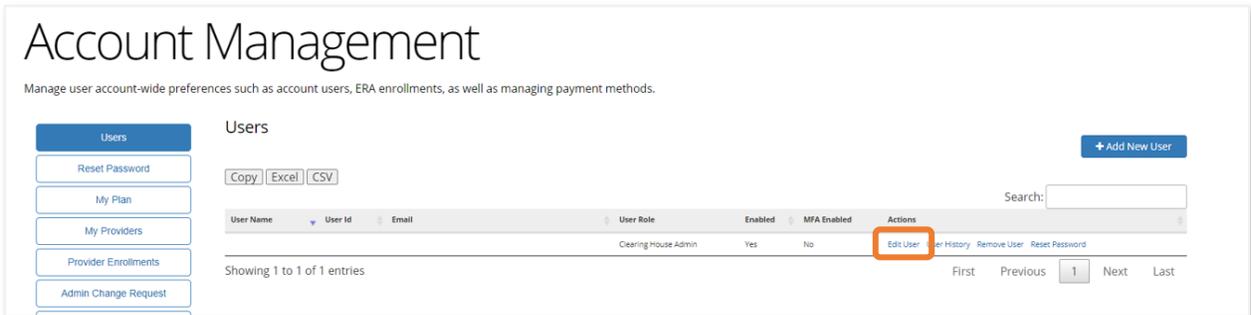
Copy Excel CSV

Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
No data available in table						

Showing 0 to 0 of 0 entries First Previous 1 Next Last

Click **Edit User** for the user needing updated, located beneath Actions.



**Account Management**  
Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

**Users** + Add New User

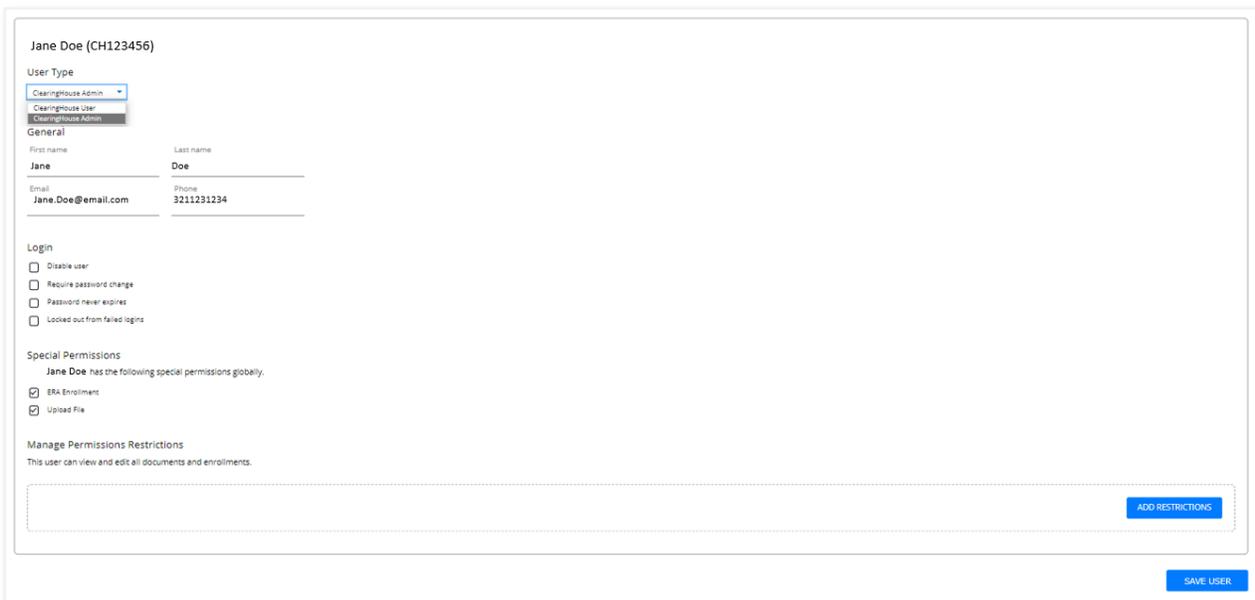
Copy Excel CSV

Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
			Clearing house Admin	Yes	No	<a href="#">Edit User</a> <a href="#">User History</a> <a href="#">Remove User</a> <a href="#">Reset Password</a>

Showing 1 to 1 of 1 entries First Previous 1 Next Last

The edit User screen appears. Verify the correct user is listed before making any changes.



**Jane Doe (CH123456)**

User Type  


- Clearinghouse Admin
- Clearinghouse User
- Clearinghouse Admin

**General**

First name: **Jane** Last name: **Doe**

Email: **Jane.Doe@email.com** Phone: **3211231234**

**Login**

Disable user  
 Require password change  
 Password never expires  
 Locked out from failed logins

**Special Permissions**  
 Jane Doe has the following special permissions globally.
 

- ERA Enrollment
- Upload File

**Manage Permissions Restrictions**  
 This user can view and edit all documents and enrollments.

[ADD RESTRICTIONS](#)

[SAVE USER](#)

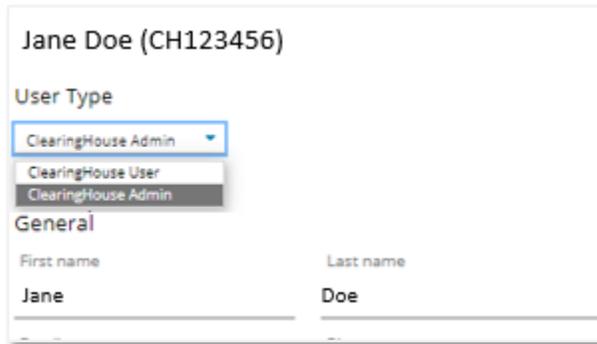
---

## CLEARINGHOUSE ADMINISTRATOR VS CLEARINGHOUSE USER

To update a user to an Administrator or an Administrator to a user, complete the following steps:

Step	Task
1.	Locate <b>User Type</b>
2.	Click the dropdown
3.	Click <b>Save User</b>

Locate **User Type** and click the appropriate dropdown option.



### User Type:

- Clearinghouse Admin: Can Add/Edit Users, Remove Users, and Adjust User Permissions
- Clearinghouse User: Can perform functions on the site as designated by their account admin except viewing other users

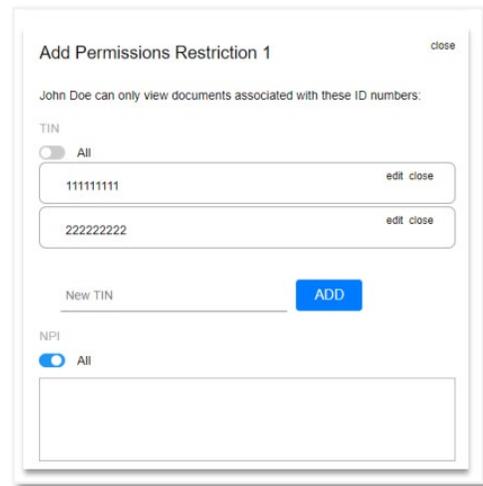
Once the appropriate option is selected click the  button if completed or if other functions need to be completed, complete those updates before saving. Other functions include:

- Disable user
- Require password change
- Password never expires
- Locked from failed logins
  - Uncheck box to unlock user account
- Special permissions

- ERA Enrollment
- Upload File
- Add Restrictions
  - Can restrict based on transaction type, TIN, and NPI

### RESTRICTION EXAMPLE 1

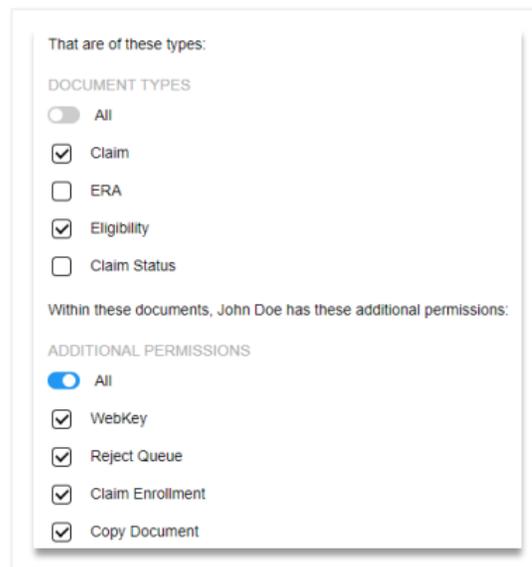
John Doe is allowed to view documents associated with TINs 111111111 and 222222222 as well as any NPIs associated with those two TINs. They are not allowed to view a document that comes in with TIN 333333333.



The screenshot shows a dialog box titled "Add Permissions Restriction 1" with a "close" button in the top right corner. Below the title, it states: "John Doe can only view documents associated with these ID numbers:". Under the "TIN" section, there is a toggle switch for "All" (which is turned off) and two input fields containing the TINs "111111111" and "222222222", each with an "edit close" link to its right. Below these fields is a "New TIN" input field and a blue "ADD" button. Under the "NPI" section, there is a toggle switch for "All" (which is turned on) and an empty input field below it.

### RESTRICTION EXAMPLE 2

John Doe is allowed to access the Claims and Eligibility pages. He cannot see any ERAs or make any Claim Status requests from this account. He is allowed all claim submission tools.



The screenshot shows a configuration panel titled "That are of these types:". Under "DOCUMENT TYPES", there is a toggle switch for "All" (turned off) and four checkboxes: "Claim" (checked), "ERA" (unchecked), "Eligibility" (checked), and "Claim Status" (unchecked). Below this, it says "Within these documents, John Doe has these additional permissions:". Under "ADDITIONAL PERMISSIONS", there is a toggle switch for "All" (turned on) and five checkboxes: "WebKey" (checked), "Reject Queue" (checked), "Claim Enrollment" (checked), and "Copy Document" (checked).

## ADMIN CHANGE REQUEST

If the administrator is leaving the position for any reason, they should grant a new user/users access to the administrator functions.

- If the administrator leaves and a new administrator was not designated, fill out the Admin Change Request form
- A member of the support team will contact your practice within x days to confirm the information submitted and ensure the new administrator has the correct access

## MY PROVIDERS

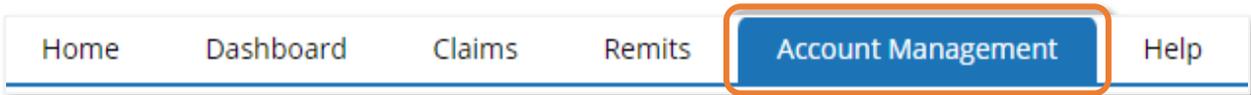
**My Provider:** Is a page to help make the claim submission process as simple as possible. Multiple providers and facilities can be listed for a quick selection during the claim submission process.

## ADDING A NEW FACILITY

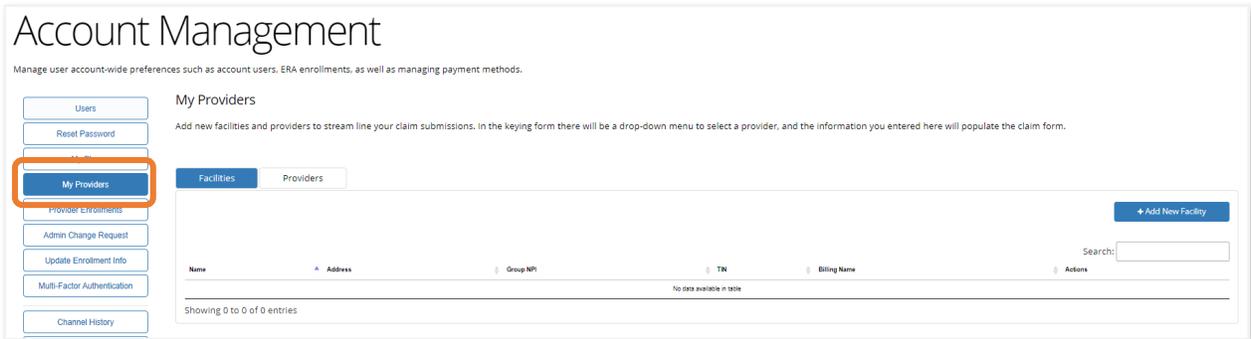
To add new facility, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Providers</i>
3.	Click <i>+Add New Facility</i> button
4.	Complete required fields
5.	Optional <i>Select Affiliated Providers</i>
6.	Click <i>Save</i>

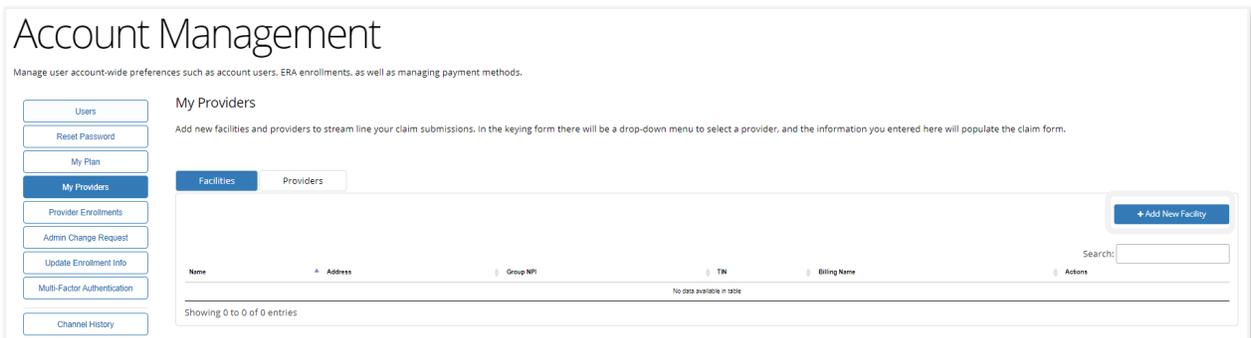
Navigate and click on the *Account Management* tab.



Click *My Providers* located on the left-hand side.



Click *+Add New Facility* button located on the top right of the My Providers page.



Enter Required fields marked with an \* asterisk and any additional information that would be pertinent for the account. The Add New Facility form has two sections Facility Information and Billing Information.

---

## ADDING FACILITY INFORMATION

Claims form submission will auto populate information based on the +Add New Facility enrollment:

- Facility information will populate within box 32 for the professional claims form
- NPI number will populate within box 32a
- The Qualifier and Other ID number will populate box 33b

---

## ADDING BILLING INFORMATION

Claims form submission will auto populate information based on the +Add New Facility enrollment:

- The Billing Information section will populate boxes 33 and 25 on the professional claims form.
- NPI will populate within box 33a
- The Qualifier and Other ID number will populate on box 33b
- TIN will populate on box 25

---

## ADDING ASSOCIATED PROVIDERS

If provider(s) are already added to the account, select the provider(s) that will be affiliated with the facility.



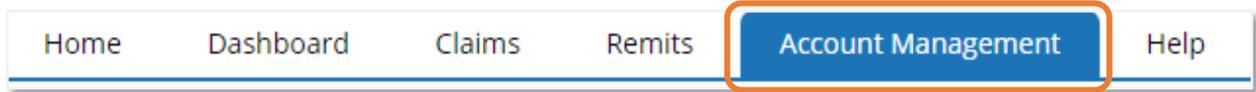
Once all information has been added and any optional providers have been associated with the facility be sure to click **Save**.

# ADDING A NEW PROVIDER

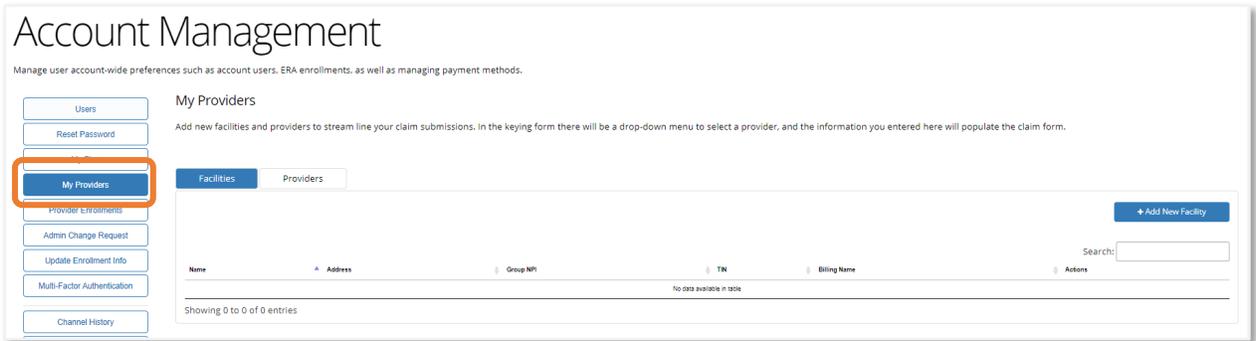
To add new provider, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Providers</i>
3.	Click the <i>Providers</i> tab
4.	Click <i>+Add New Provider</i> button
5.	Complete required fields
6.	Optional <i>Select Affiliated Facility</i>
6.	Click <i>Save</i>

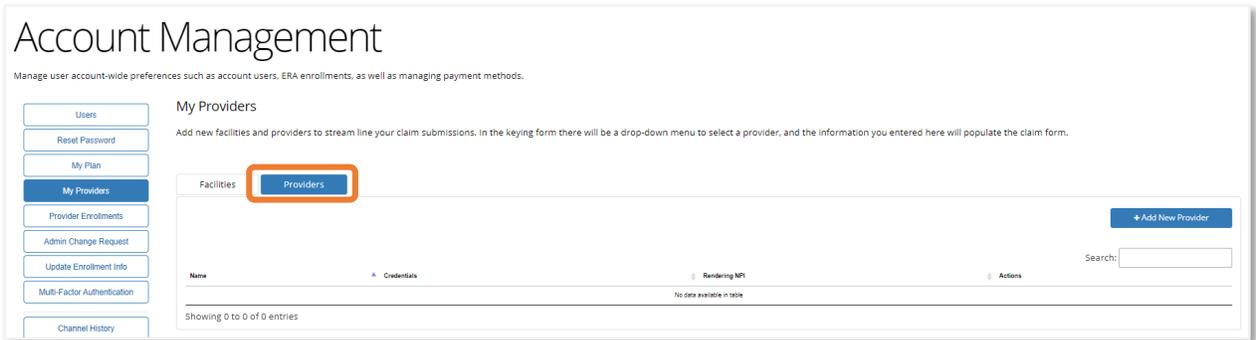
Navigate and click on the *Account Management* tab.



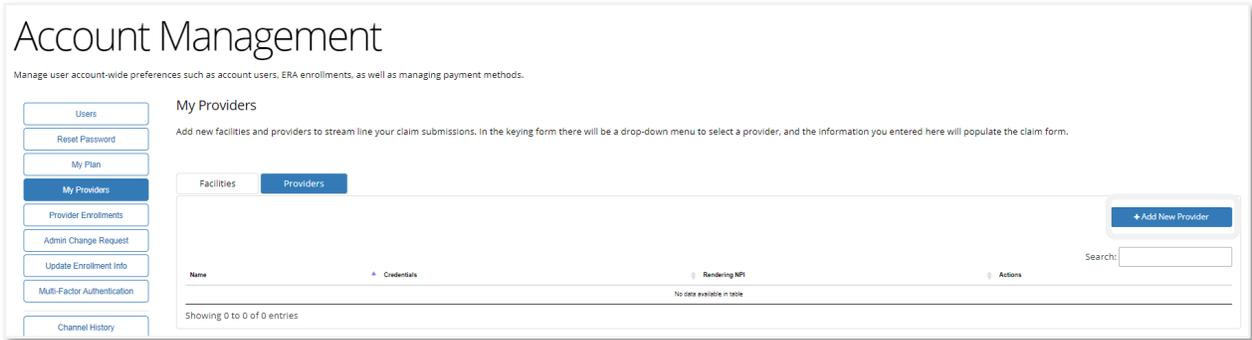
Click *My Providers* located on the left-hand side.



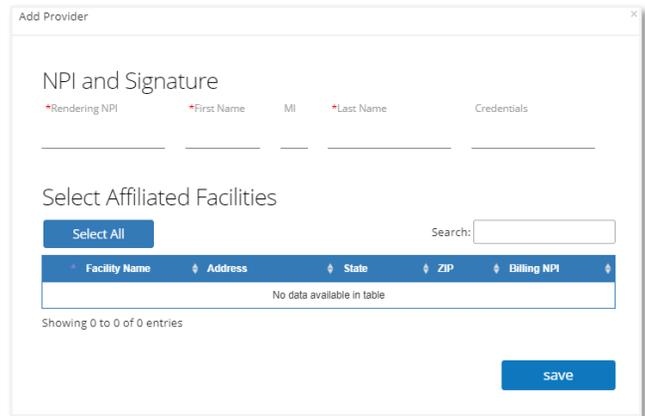
Click *Providers* tab located towards the top.



Click **+Add New Provider** button.



Enter Required fields marked with an \*asterisk and any additional information that would be pertinent for the account.



## ADDING AFFILIATED FACILITIES

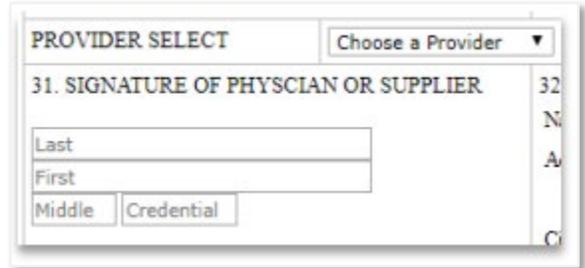
If facilities are already added to the account, select the facilities the provider will be affiliated with.



Once all information has been added and any optional facilities have been associated to the provider be sure to click **Save**.

## QUICK FILL PROVIDERS/FACILITIES DURING CLAIM SUBMISSION

Claims can be submitted while quickly filling in the provider information. Utilizing the ***Provider Select*** label within the drop-down menu above box 31, the menu will list the Provider Name and Facility Name as options. Click on the appropriate option to use on the claim to immediately fill out boxes 25, 31, 32, and 33.



## SELECTING PAYERS

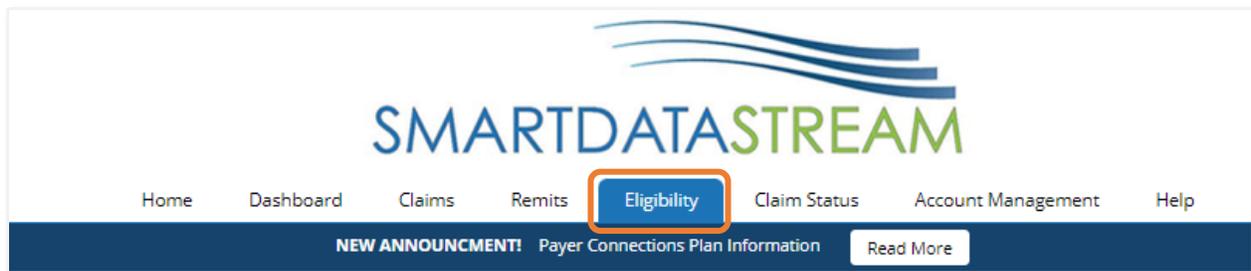
Not all accounts have elected eligibility search. If this is an option added to the account providers can verify patient eligibility.

Before eligibility can be checked a payer needs to be searched.

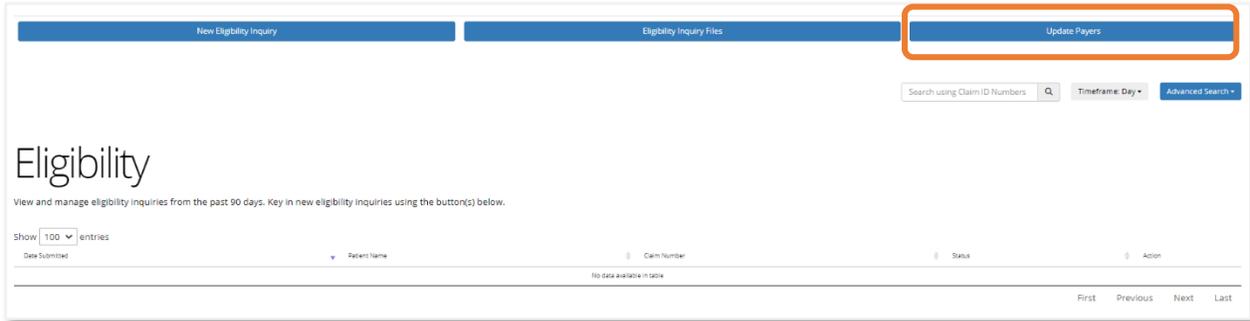
To search for a payer, complete the following steps:

Step	Task
1.	Navigate and click on the <b><i>Eligibility</i></b> tab
2.	Click <b><i>Update Payers</i></b>
3.	Select the Payer/Payers
4.	Click <b><i>Submit</i></b>

Navigate and click on the ***Eligibility*** tab.

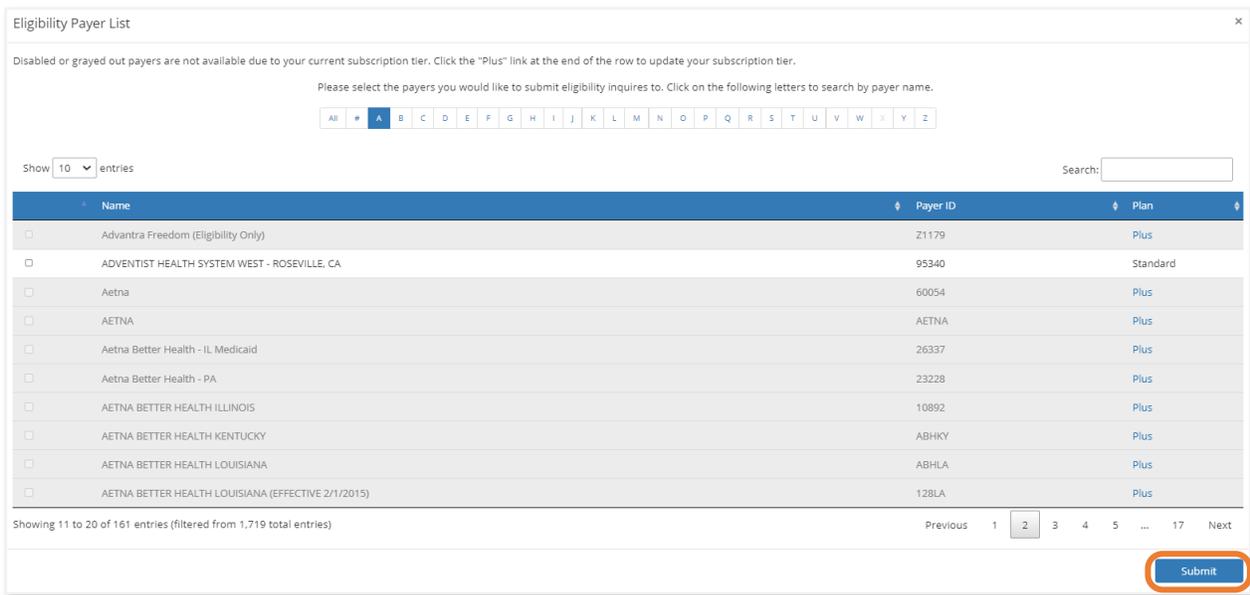


Click **Update Payers** to choose the Payer/Payers to search eligibility for.



The screenshot shows the 'Eligibility Inquiry Files' tab in a software interface. The 'Update Payers' button is highlighted with an orange rectangular box. Below the tabs, there is a search bar with 'Search using Claim ID Numbers', a 'Timeframe: Day' dropdown, and an 'Advanced Search' button. The main heading is 'Eligibility' with a subtext: 'View and manage eligibility inquiries from the past 90 days. Key in new eligibility inquiries using the button(s) below.' Below this is a 'Show 100 entries' dropdown and a table header with columns: Date Submitted, Payer Name, Claim Number, Status, and Action. The table content is currently empty, showing 'No data available in table'.

Select the Payer/Payers and click **Submit**.



The screenshot shows the 'Eligibility Payer List' window. It includes a message: 'Disabled or grayed out payers are not available due to your current subscription tier. Click the "Plus" link at the end of the row to update your subscription tier.' Below this is a search instruction: 'Please select the payers you would like to submit eligibility inquiries to. Click on the following letters to search by payer name.' A navigation bar contains letters A through Z, with 'A' highlighted. There is a 'Show 10 entries' dropdown and a search input field. The main part of the window is a table with columns: Name, Payer ID, and Plan. The table lists various payers, including Advantra Freedom, ADVENTIST HEALTH SYSTEM WEST, and several Aetna plans. The 'Plan' column shows 'Plus' for Advantra Freedom and most Aetna plans, and 'Standard' for ADVENTIST HEALTH SYSTEM WEST. At the bottom, there is a pagination bar showing 'Showing 11 to 20 of 161 entries (filtered from 1,719 total entries)' and a 'Submit' button highlighted with an orange box.

Name	Payer ID	Plan
Advantra Freedom (Eligibility Only)	Z1179	Plus
ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA	95340	Standard
Aetna	60054	Plus
AETNA	AETNA	Plus
Aetna Better Health - IL Medicaid	26337	Plus
Aetna Better Health - PA	23228	Plus
AETNA BETTER HEALTH ILLINOIS	10892	Plus
AETNA BETTER HEALTH KENTUCKY	ABHKY	Plus
AETNA BETTER HEALTH LOUISIANA	ABHLA	Plus
AETNA BETTER HEALTH LOUISIANA (EFFECTIVE 2/1/2015)	128LA	Plus



Some payers are only available through the SDS Plus plan which you may enroll for by either clicking on Plus under the plan column or by going to Account Management and clicking My Plan.

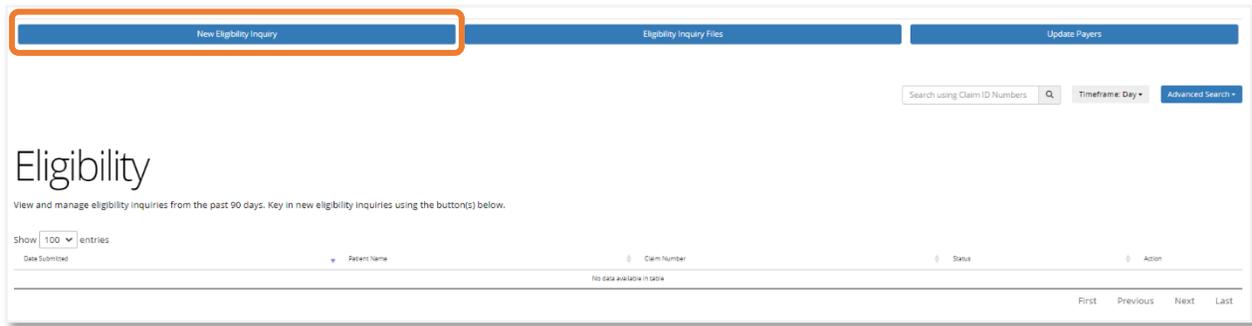
# ELIGIBILITY SEARCH/MAKING A REQUEST

Now that a Payer has been updated/selected. A **New Eligibility Inquiry** needs to be completed.

To search for a New Eligibility Inquiry, complete the following steps:

Step	Task
1.	Navigate and click on the <b>New Eligibility Inquiry</b> tab
2.	Select the relevant payer from the <b>Destination</b> drop down
2.	Complete the required fields
4.	Click <b>Submit Request</b>

Click on the **New Eligibility Inquiry** tab.



On the form select the relevant payer from the **Destination** drop down menu and then fill out the member's/patient's information. Most payers require DOB, First and Last Name, and Member ID, but there are a few that just require DOB and member ID.

**Select Payer**

Destination

**Member Information**

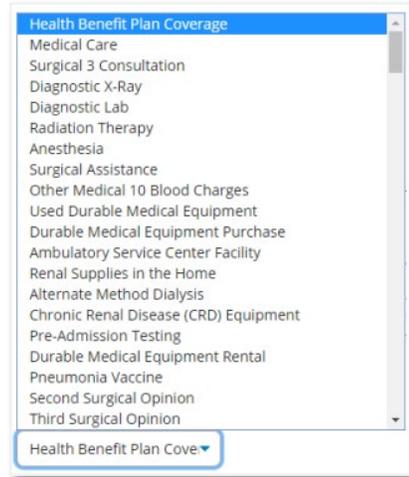
Last Name	First Name	Middle Initial
*Date of Birth mm/dd/yyyy	Member ID	
Date of Service 11/22/2019	Insured <input type="text" value="Yes"/>	

**Service Information**

Service Type



To check for a specific service type eligibility, use the Service Information Type drop down menu.



## SELECTING PAYERS

To check claim status, a payer needs to be searched.

To search for a payer, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims Status</i> tab
2.	Click <i>Update Payers</i>
3.	Select the Payer/Payers
4.	Click <i>Submit</i>

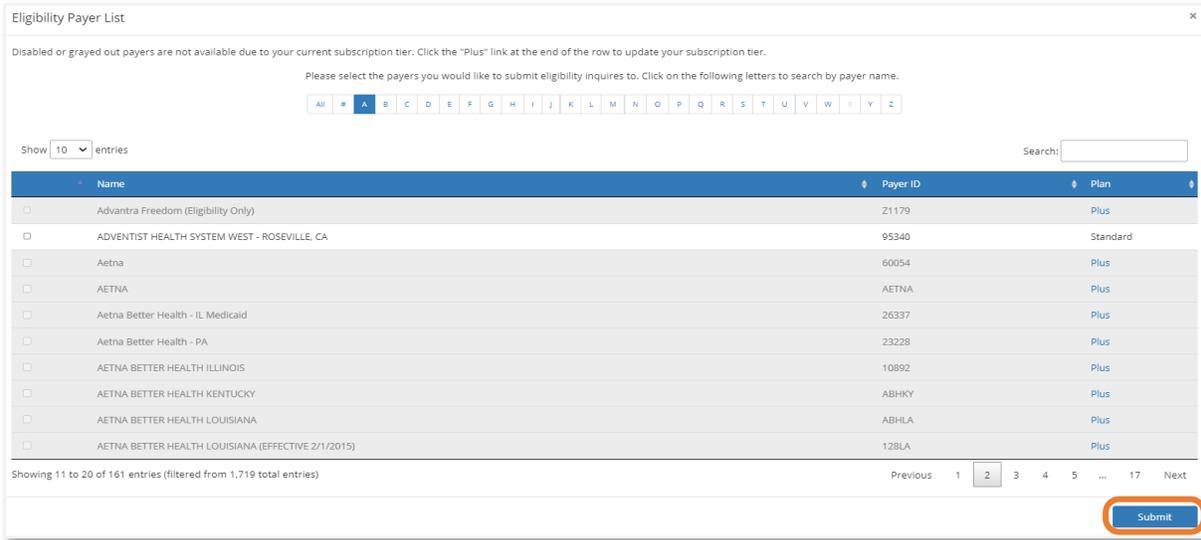
Navigate and click on the *Claims Status* tab.



Click *Update Payers* to choose the Payer/Payers to search claim status.



Select the Payer/Payers and click **Submit**.



Eligibility Payer List

Disabled or grayed out payers are not available due to your current subscription tier. Click the "Plus" link at the end of the row to update your subscription tier.

Please select the payers you would like to submit eligibility inquiries to. Click on the following letters to search by payer name.

AB # A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Show 10 entries

Name	Payer ID	Plan
<input type="checkbox"/> Advantra Freedom (Eligibility Only)	Z1179	Plus
<input type="checkbox"/> ADVENTIST HEALTH SYSTEM WEST - ROSEVILLE, CA	95340	Standard
<input type="checkbox"/> Aetna	60054	Plus
<input type="checkbox"/> AETNA	AETNA	Plus
<input type="checkbox"/> Aetna Better Health - IL Medicaid	26337	Plus
<input type="checkbox"/> Aetna Better Health - PA	23228	Plus
<input type="checkbox"/> AETNA BETTER HEALTH ILLINOIS	10892	Plus
<input type="checkbox"/> AETNA BETTER HEALTH KENTUCKY	ABHKY	Plus
<input type="checkbox"/> AETNA BETTER HEALTH LOUISIANA	ABHLA	Plus
<input type="checkbox"/> AETNA BETTER HEALTH LOUISIANA (EFFECTIVE 2/1/2015)	128LA	Plus

Showing 11 to 20 of 161 entries (filtered from 1,719 total entries)

Previous 1 2 3 4 5 ... 17 Next

**Submit**



Some payers are only available through the SDS Plus plan which you may enroll for by either clicking on Plus under the plan column or by going to Account Management and clicking My Plan.

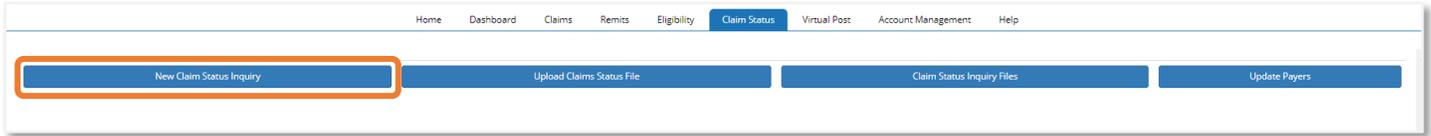
## NEW CLAIM STATUS INQUIRY/ MAKING A REQUEST

Now that a Payer has been updated/selected. A **New Claim Status Inquiry** needs to be completed.

To search for a New Claim Status Inquiry, complete the following steps:

Step	Task
1.	Navigate and click on the <b>New Claim Status Inquiry</b> tab
2.	Select the relevant payer & provider from the <b>Destination &amp; Provider Billing ID</b> drop down menus
2.	Complete the required patient fields
4.	Click <b>Submit Request</b>

Click on the *New Claim Status Inquiry* tab.



On the form select the relevant payer and provider from the **Destination** and **Provider Billing ID** drop down menus.

- The Provider Billing ID options can be updated/added from the My Providers page.

Fill out the member's/patient's information.

- Most payers require DOB, First and Last Name, and Member ID, but there are a few that just require DOB and member ID.



Claim Status Inquiry is intended to only provide basic status information and will not have adjudication or benefit break down information included.

**Select Payer**

Destination  
American Republic/Amer

**Select Provider Billing NPI**

\*Provider Billing ID  
1234567893

**Member Information**

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*Member ID \_\_\_\_\_  
mm/dd/yyyy

**Claim Information**

\*Date of Service Start Date \_\_\_\_\_ Date of Service End Date \_\_\_\_\_  
mm/dd/yyyy

Total Charge \_\_\_\_\_ Procedure Code \_\_\_\_\_

[Submit Request](#)

## CLAIM STATUS

Now that the payer and patient information has been added a list of claims will appear to verify claim status.

### Claim Status

View and manage claim status inquiries from the past 90 days. Key in new claim status inquiries using the button(s) below.

Show 100 entries

Date Submitted	Patient Name	Claim Number	Status	Action
6/27/2023 9:59:36 AM		SDS29714000001936	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001938	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001940	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001942	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001944	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001946	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001948	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001950	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001952	Accepted	> [Icons]
6/27/2023 9:59:36 AM		SDS29714000001954	Accepted	> [Icons]

# CLAIM SEARCH

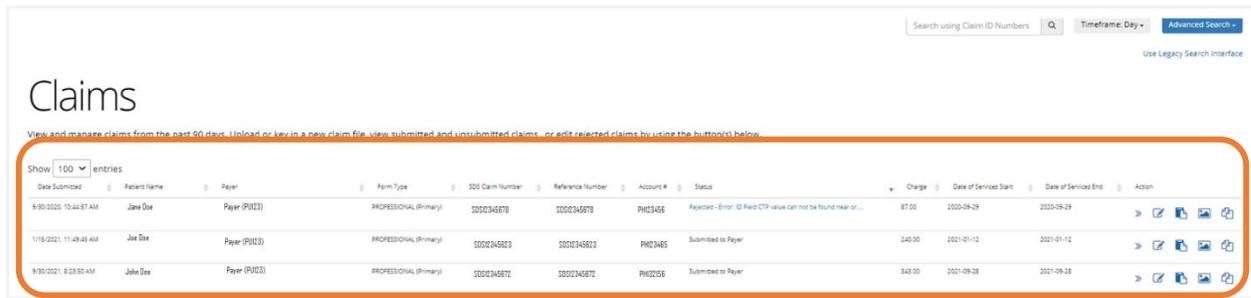
To search for a claim submitted within the last 90 days, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab

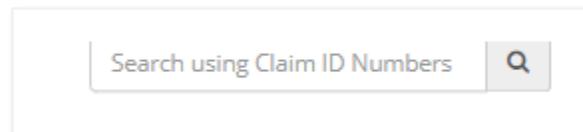
Navigate and click on the *Claims tab*.



A list of claims will appear.



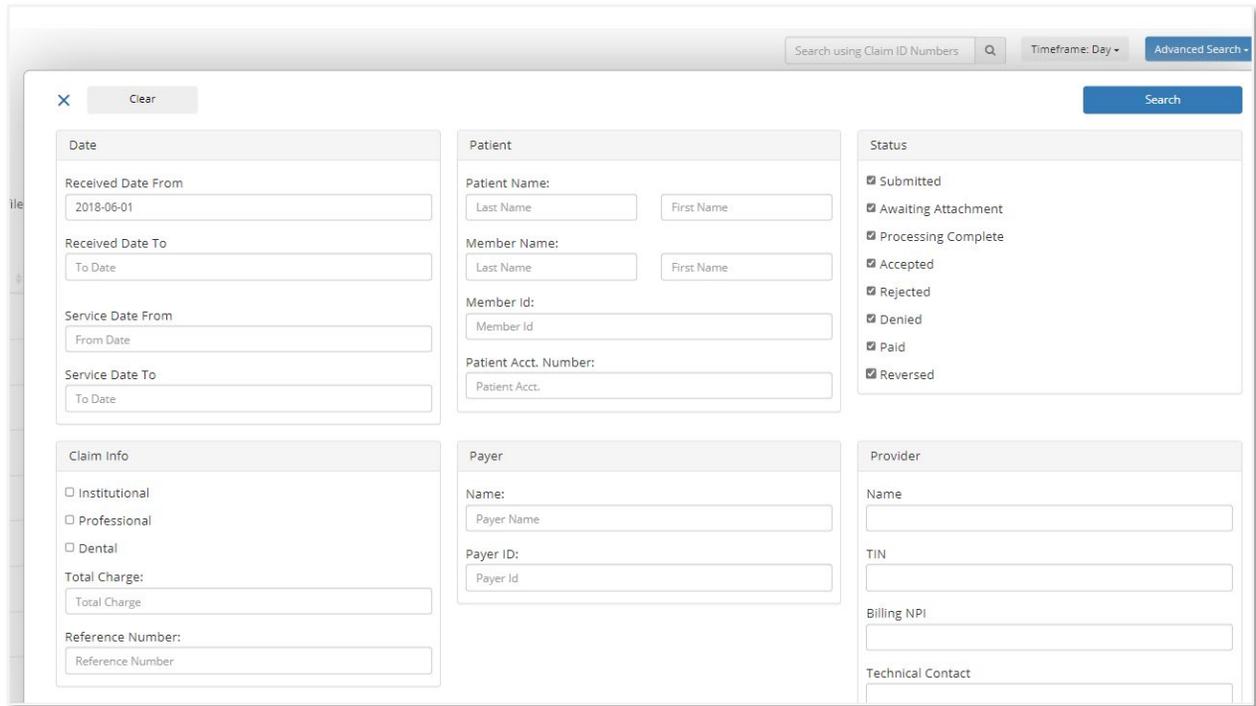
If the claim number is available, use the claim number search located in the top right-hand side of the screen.



## ADVANCED CLAIM SEARCH

Advanced claim search can be used if the claim number is not known. The user can select dates of service, patient information, status, claim information (claim type), payer, and provider information associated with the claim.

Once the advanced search information is entered click the **Search** button to review results.



The screenshot shows the 'Advanced Search' interface with the following sections:

- Date:** Received Date From (2018-06-01), Received Date To (To Date), Service Date From (From Date), Service Date To (To Date).
- Patient:** Patient Name (Last Name, First Name), Member Name (Last Name, First Name), Member Id (Member Id), Patient Acct. Number (Patient Acct.).
- Status:** Submitted, Awaiting Attachment, Processing Complete, Accepted, Rejected, Denied, Paid, Reversed (all checked).
- Claim Info:** Institutional, Professional, Dental (checkboxes); Total Charge (Total Charge); Reference Number (Reference Number).
- Payer:** Name (Payer Name), Payer ID (Payer Id).
- Provider:** Name, TIN, Billing NPI, Technical Contact.

## PAYER SELECTION

Prior to submitting claims, a payer must be selected.

There are two categories of payers, Standard and Plus:

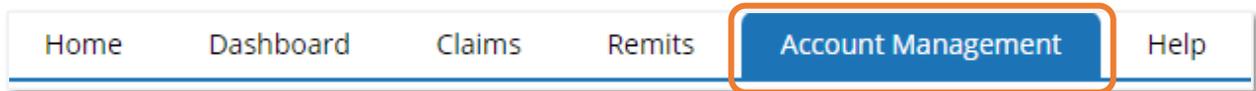
- **Standard:** Free unlimited claims submission with limited participating payers.
- **Plus:** Unlimited claims submission with a monthly fee associated per each NPI. Access to all SDS participating payers.

# UPDATE PLAN SELECTION

To update the plan selection from Standard to Plus, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Account Management</i> tab
2.	Click <i>My Plan</i>
3.	Click the <i>Select</i> button
4.	Read Terms of Service and Confirm Payer list
5.	Click the <i>Accept</i> button

Navigate and click on the *Account Management* tab.



Click *My Plan* located on the left-hand side.

## Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

- Users
- Reset Password
- My Plan
- My Providers
- Provider Enrollments
- Admin Change Request
- Update Enrollment Info
- Multi-Factor Authentication
- Channel History
- Create Provider Account

### My SDS Plan

**Standard**

**Free**

- No Fees or Contracts
- Direct SDS ERA Payer Connections
- Direct SDS Claim Status Connections
- Direct SDS Eligibility Inquiry Connections
- Direct SDS Claim Payer Connections

SELECT

[See Available Payers](#)

**Plus**

**\$75<sup>/NPI</sup>/mo**

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

SELECT

[See Available Payers](#)

Click the **Select** button for either the Standard or Plus plan.

# Account Management

Manage user account-wide preferences such as account users, ERA enrollments, as well as managing payment methods.

Users

Reset Password

**My Plan**

My Providers

Provider Enrollments

Admin Change Request

Update Enrollment Info

Multi-Factor Authentication

Channel History

Create Provider Account

## My SDS Plan

**Standard**

**Free**

- No Fees or Contracts
- Direct SDS ERA Payer Connections
- Direct SDS Claim Status Connections
- Direct SDS Eligibility Inquiry Connections
- Direct SDS Claim Payer Connections

**SELECT**

[See Available Payers](#)

**Plus**

**\$75/NPI/mo**

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

**SELECT**

[See Available Payers](#)

Read the Terms of Service and confirm Payers list. If you agree to all the Terms of Service and the payers listed suit the needs for claims submission, click **Accept**.

SDS Plus Plan

**\$75/NPI/mo**

- No Fees or Contracts
- All Claim Status Connections
- Medicare, Medicaid, and Government Payers
- All Claim Payer Connections
- ERA Payer Enrollment Assistance
- All ERA Payer Connections
- All Eligibility Inquiry Connections

**View SDS Payer List**

Contact our support with any questions!

[stream.support@sdata.us](mailto:stream.support@sdata.us)  
855-297-4436 opt. 2  
Available Mon-Fri 9am 5pm CST

\*Please confirm that the payers you need to bill are currently available on the SDS Payer List for the transaction types you're interested in. If you do not see the payer that you are looking for, please contact stream.support@sdata.us with the payer's information to see if it can be made available. We do not offer refunds in the case of signing up and then finding that the payer \*needed is unavailable through SDS.

By clicking ACCEPT you agree to the following Terms of Service

SMART DATA SOLUTIONS SERVICE MONTHLY SUBSCRIPTION AGREEMENT

PLEASE CAREFULLY REVIEW THE FOLLOWING END USER LICENSE AGREEMENT OF SMART DATA SOLUTIONS AND ANY AND ALL TERMS OF USE THAT REFERENCE THIS AGREEMENT (HEREINAFTER "AGREEMENT"). THIS AGREEMENT IS A LEGALLY BINDING CONTRACT BETWEEN SUBSCRIBER AND Smart Data Solutions (AS DEFINED BELOW). THIS AGREEMENT EXPRESSLY INCORPORATES ANY AND ALL TERMS OF USE THAT REFERENCE THIS AGREEMENT. THIS AGREEMENT GOVERNS ALL USE OF SMART DATA SOLUTIONS RANGE OF SERVICES, SOFTWARE AND ANY ASSOCIATED SERVICES, BOTH ONLINE AND OFFLINE.

**ACCEPT**

# UPDATE PAYER FOR CLAIMS SUBMISSION

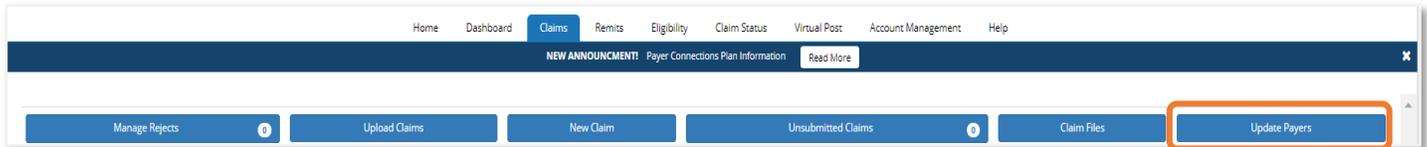
To update the payer for claims submission, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Click <i>Update Payers</i>
3.	Locate the Payer to be selected
4.	Check the box next to the correct Payer
5.	Click <i>Submit</i> button

Navigate and click on the *Claims tab*.



Click *Update Payers* located on the right-hand side.



Locate the payer and check the box next to the payer for this claim submission. Click the **Submit** button.

Claim Payer List

Disabled or grayed out payers are not available due to your current subscription tier. Click the "Plus" link at the end of the row to update your subscription tier.

Please select the payers you would like to submit claims to. Click on the following letters to search by payer name.

Show  entries Search:

<input type="checkbox"/>	Name	Payer ID	Professional	Institutional	Dental	Plan
<input type="checkbox"/>	A & I BENEFIT PLAN ADMINISTRATORS	93044	Y	Y	N	Plus
<input type="checkbox"/>	A Plus Staffing	J1239	Y	Y	N	Plus
<input type="checkbox"/>	A Plus Staffing (ALL States) (Auto Only)	A0280A	Y	Y	N	Plus
<input type="checkbox"/>	A Plus Staffing (ALL States) (WC Only)	A0280W	Y	Y	N	Plus
<input type="checkbox"/>	A-1 Services & Mobile Home Repair (ALL) AUTO ONLY	WC186A	N	Y	N	Plus
<input type="checkbox"/>	A-1 Truck And Trailer Repair (ALL) AUTO ONLY	WC187A	N	Y	N	Plus
<input type="checkbox"/>	A-1 Truck And Trailer Repair (ALL) WC ONLY	WC187W	N	Y	N	Plus
<input checked="" type="checkbox"/>	A-G Administrators LLC	11370	Y	Y	Y	Standard
<input type="checkbox"/>	A.B.F Freight (Fontana, CA) (ALL) AUTO ONLY	WC183A	N	Y	N	Plus
<input type="checkbox"/>	A.B.F Freight (Fontana, CA) (ALL) WC ONLY	WC183W	N	Y	N	Plus

Showing 1 to 10 of 788 entries (filtered from 9,233 total entries) Previous  2 3 4 5 ... 79 Next



Disabled or grayed out payers are not available due to the current subscription tier. To update the subscription, click the **Plus** link at the end of the row to update the subscription tier from Standard to Plus for full payer access.

## CLAIMS SUBMISSION

There are two ways to submit a claim through the Smart Data Stream (SDS) Clearinghouse Portal.

- **Upload Claims:** used for uploading EDI/837 files
- **New Claim:** a direct data entry form to enter claims directly into the system

# UPLOAD CLAIMS

Use this interface to upload Claims in EDI format. Once the Claims have been uploaded and checked for basic compliance, they will appear in the screen. Review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once all claims have been added and reviewed, click the release button, and the claims will be routed to the payer along with the any attachments.

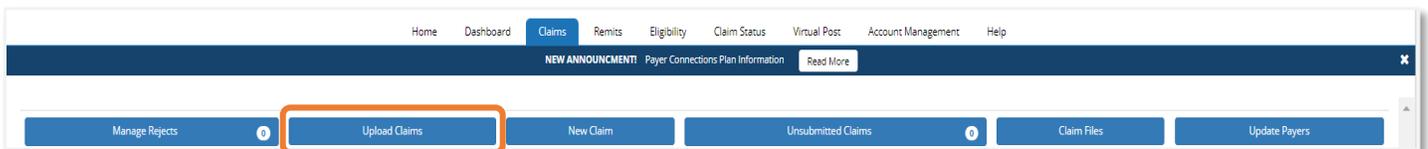
To use the upload claims feature, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Click <i>Upload Claims</i>
3.	Click <i>Choose File</i> button
4.	Click <i>Upload</i> button

Navigate and click on the *Claims tab*.



Click *Upload Claims*.



Click **Choose File** button. Attach all claims and supporting attachments/documents. Click **Upload** button.

Upload Claims

Use this interface to upload Claims in EDI format. Once the Claims have been uploaded and checked for basic compliance, they will appear below. Please review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once this has been completed please click the release button and the claims will be routed to the payer along with the attachment.

Please drop your file here or

Choose File NO FILE CHOSEN

Upload

## NEW CLAIMS

Use New Claims if wanting to submit using the forms on our SDS site.

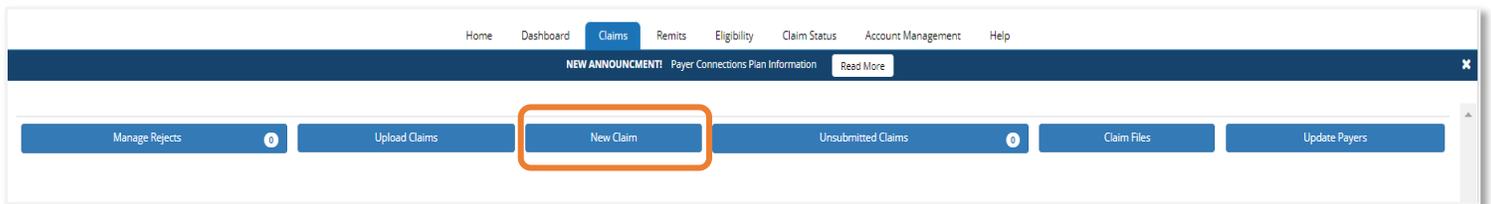
To use the New Claim feature, complete the following steps:

Step	Task
1.	Navigate and click on the <b>Claims</b> tab
2.	Click <b>New Claims</b>
3.	Click <b>Choose a Payer</b> dropdown
4.	Choose either <b>Professional, Institutional, or Dental</b> claim form
5.	Complete required fields and click <b>Submit document</b>

Navigate and click on the *Claims* tab.

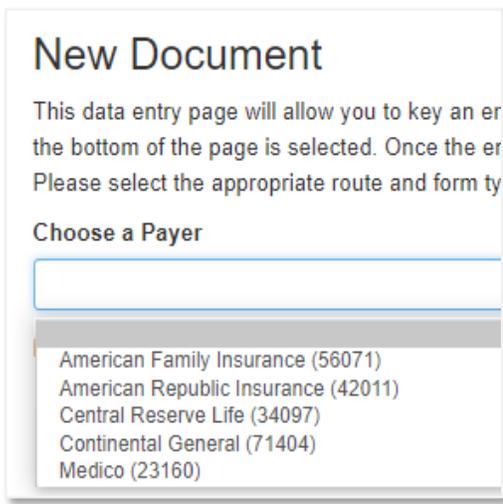


Click *New Claims*.



Click the dropdown to choose a payer for the claim.

- The claim form will auto populate, if there is only one payer on the account and the payer only accepts one type of claim.
- If the correct payer is not listed, click the *Click here to add or remove payers*.
  - See Update Payer for Claim Submission section for guidance on adding a new payer.



Not seeing the payer you're looking for? [Click here to add or remove payers](#)

The claim forms are modeled after their paper counterparts:

- CMS1500 – Professional Claim
- UB04 – Institutional Claim

Once a payer is chosen, choose the claim form either *Professional, Institutional, or Dental* claim.

Create a blank claim

Professional  Institutional  Dental



If ***Use old interface*** is selected the old interface claims form will display. This is not the recommended method to submitting claims. The recommended method is to use the new interface.

Now that the claim form has been selected and all information entered. Ensure information added is accurate. To submit the claim click ***Submit Document*** located at the bottom of the claim form.

Submit Document

## REQUIRED VS SITUATIONAL CLAIM FIELDS

While filling out the claims form utilizing the preferred new interface, ensure the required yellow fields are filled out as well as any Situational fields that are pertinent to the claim's submission.

---

### BILLING INFORMATION

The Provider information is required:

- Name
- TaxID
- EIN/SSN
- NPI
- Address 1
  - City
  - State
  - Zip
- Payer Assignment Code
- Situational fields can include secondary and tertiary payer information
-

---

## PATIENT INFORMATION

The patient information is required:

- Last and First Name
- Address 1
  - City
  - State
  - Zip
- Relationship to Subscriber
- DOB
  - Format MM-DD-YYYY
- Gender
- Member ID
  - Situational fields can include Group Number and Plan Name
- Add Subscriber information when relationship to subscriber is not at least 18 years of age.

---

## CLAIM INFORMATION

The required claim information includes:

- POS
- Benefits Assignment
- Information Release
- Situational fields can include prior authorization or referral number

---

## CLAIM DATES & ATTACHMENTS

There are no required claim information or attachments, however; Situational information can be added as relevant.

---

## DIAGNOSIS CODES

The required diagnosis information includes:

- Code A
  - Add any other pertinent diagnosis codes

---

## SERVICE LINE ITEMS

The required service line-item information includes:

- Code A
  - Format MM-DD-YYYY
- CPT
  - Modifier's are not required but recommended if applicable
- CPT
- DiagPtr – Diagnosis code pointer
- Charge
- Units
- POS - Place of Service
- Add a service line as applicable

---

## OTHER SITUATIONAL LINES

Other Situational lines based on services received:

- Referring Provider
- Rendering Provider
- Service Facility Location
- Supervising Provider
- Transportation Information
- Ambulance Information

## PROFESSIONAL CLAIMS FORM

Updated claims form (recommended method of submission):

Payer Responsibility

Primary
Secondary
Tertiary

---

Billing Information

Name

Tax ID

EIN/STN

Taxonomy Code

NPI

Secondary ID

Secondary ID Qualifier

Address 1

Address 2

City

State

ZIP

CLIA Number

Payer Assignment Code

Pay To Information

Secondary Payer Information

Tertiary Payer Information

Patient Information

Last name

First name

MI

Suffix

Address 1

Address 2

City

State

ZIP

Relationship to Subscriber

DOB MM-DD-YYYY

Gender

Member ID

Group Number

Plan Name

Subscriber Information

Claim Information

Revision Control #

POS

Frequency Code

Benefits Assignment

Information Release

Signature Source

Special Program Code

EPST Code

Patient Program

Referral Number

Prior Authorization

Original Reference Number

Anesthesia Related Procedure

Accident Cause 1

Accident Cause 2

State

Claim Dates (Format MM-DD-YYYY)

Initial Treatment MM-DD-YYYY	Last Seen MM-DD-YYYY	Illness Onset MM-DD-YYYY	Acute Manifestation MM-DD-YYYY
Last Menstrual MM-DD-YYYY	Last X-Ray MM-DD-YYYY	Hearing/Vision BX MM-DD-YYYY	Disability Begin MM-DD-YYYY
Disability End MM-DD-YYYY	Last Worked MM-DD-YYYY	Returns To Work MM-DD-YYYY	Hospital Admission MM-DD-YYYY
Hospital Discharge MM-DD-YYYY	Assumed Care MM-DD-YYYY	Property Casualty MM-DD-YYYY	Repeater Received MM-DD-YYYY

Attachments

Diagnosis Codes

A	B	C	D	E	F
Code A is required					
G	H	I	J	K	L

### Service Line Items

Line #: \_\_\_\_\_

From DOS: IMA-00-YYYY      To DOS: IMA-00-YYYY      CPT: \_\_\_\_\_      Mod1: \_\_\_\_\_      Mod2: \_\_\_\_\_

From DOS is required      CPT is required

Mod3: \_\_\_\_\_      Mod4: \_\_\_\_\_      DiagPr: \_\_\_\_\_      Charge(S): \_\_\_\_\_      Units: \_\_\_\_\_      Unit Type: \_\_\_\_\_

Diagnosis code pointer is required      Charge(S) is required      Units is required

POS: \_\_\_\_\_      Emerg: \_\_\_\_\_      CLIA: \_\_\_\_\_      Note: \_\_\_\_\_

POS is required

Description: \_\_\_\_\_

Copy Service Line    Remove Service Line

Add Line

Total Charge \$  
0.00

Referring Provider: \_\_\_\_\_

---

### Rendering Provider

Last name: \_\_\_\_\_      First Name: \_\_\_\_\_      Middle Name: \_\_\_\_\_

NPI: \_\_\_\_\_      Taxonomy: \_\_\_\_\_      Secondary ID Type: \_\_\_\_\_      Secondary ID: \_\_\_\_\_

Service Facility Location: \_\_\_\_\_

Supervising Provider: \_\_\_\_\_

Transportation Information: \_\_\_\_\_

Ambulance Information: \_\_\_\_\_

Validate/Preview    Form    ES    Save Progress    Save As Template    Submit Document

Old interface claims form (not recommended submission method):

<b>Notes</b>			
1. Type OTHER		1a. INSURED'S ID NUMBER	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Last First Middle		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Last First Middle	
3. PATIENT'S BIRTH DATE YYYY/MM/DD Sex		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE	
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE		8. RESERVED FOR NUCC USE	
6. PATIENT RELATIONSHIP TO INSURED (Self)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: Employment? No Auto Accident? No Other Accident? No	
a. OTHER INSURED'S POLICY OR GROUP NUMBER (None)		a. INSURED'S BIRTH DATE YYYY/MM/DD Sex	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? No	
14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) YYYY/MM/DD QUAL		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed	
15. OTHER DATE QUAL YYYY/MM/DD		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION YYYY/MM/DD TO YYYY/MM/DD	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Last First		17a. NPI	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES YYYY/MM/DD TO YYYY/MM/DD		19. RESERVED FOR LOCAL USE	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A B C D E F G H I J K L ICD-10		20. OUTSIDE LAB? \$ CHARGES No 0.00	
22. RESUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER	
24. A DATES OF SERVICE B POS C. EMG D. PROC MODIFIER E DIAG F CHARGE G. D.U H EPSDT I QUAL J. PROVIDER ID			
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO	
27. ACCEPT ASSIGNMENT? No		28. TOTAL CHARGE \$ 0.00	
29. AMOUNT PAID \$ 0.00		30. RSVD for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER Last First Middle Credential		32. SERVICE FACILITY LOCATION INFORMATION Name Address City State Zip Phone a. NPI b.	
33. BILLING PROVIDER INFORMATION Name Address City State Zip Phone a. NPI b.			
Save Progress		Save Billing Information	
		Submit Document	

## INSTITUTIONAL CLAIMS FORM

Updated claims form (recommended method of submission):

### Billing Information

<small>Name</small>	<small>Tax ID</small>	<small>Secondary ID</small>	<small>Secondary ID Qualifier</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Name is required</small>	<small>Tax ID is required</small>		
<small>Taxonomy Code</small>	<small>NPI</small>	<small>NPI is required when Secondary ID Qualifier is blank</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>Address 1</small>	<small>Address 2</small>	<small>City</small>	<small>State</small> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Address 1 is required</small>		<small>City is required</small>	<small>State is required</small> <small>ZIP is required</small>
<small>Signature on file?</small>	<small>Pager Assignment Code</small>		
<input type="text"/>	<input type="text"/>		

### Pay To Information

### Other Insurance Information

Select Other Insurance

### Patient Information

<small>Last name</small>	<small>First name</small>	<small>MI</small>	<small>Suffix</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Last name is required</small>	<small>First name is required</small>		
<small>Address 1</small>	<small>Address 2</small>	<small>City</small>	<small>State</small> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Address 1 is required</small>		<small>City is required</small>	<small>State is required</small> <small>ZIP is required</small>
<small>Relationship to Subscriber</small>	<small>DOB MM-DD-YYYY</small>	<small>Gender</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>Relationship to Subscriber is required</small>	<small>DOB is required</small>	<small>Gender is required</small>	
<small>Member ID</small>	<small>Group Number</small>	<small>Plan Name</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>Member ID is required</small>			

### Subscriber Information

### Claim Information

<small>Patient Control #</small>	<small>Facility Code (Type of Bill)</small>	<small>Frequency Code</small>	<small>Benefit Assignment</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>0000020999979</small>	<small>Facility Code is required</small>	<small>Frequency Code is required</small>	<small>Benefit Assignment is required</small>
<small>Information Release</small>	<small>Admission Type</small>	<small>Admission Source</small>	<small>Patient Status Code</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Information Release is required</small>	<small>Admission Type is required</small>	<small>Admission Source is required</small>	<small>Patient Status Code is required</small>
<small>EPST Code</small>	<small>Referral Number</small>	<small>Prior Authorization</small>	<small>Original Reference Number</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Accident State</small>	<small>PCS Code</small>	<small>Note</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Claim Dates (Format MM-DD-YYYY)

### Attachments

### Diagnosis Codes ^

Main  Patient Reason Code  External Cause of Injury  Other

---

Principal Diagnosis  Principal Diagnosis PDA Indicator  Admitting Diagnosis

Principal Diagnosis Code is required

---

### Other Codes v

---

### Service Line Items

Line 1:  Main  COB  NDC

---

Revenue Code	From DOE MM-DD-YYYY	To DOE MM-DD-YYYY	
Revenue code is required	From DOE is required		
NCPDR/Reason/HPPS Code	Mod1	Mod2	Mod3 Mod4
Charge(s)	Non-Covered Charge(s)	Units	Unit Type UNIT
Charge(s) is required		Units is required	

Note

---

Add Line
Remove Line

Total Charge \$

---

Add Line
Remove Line

Total Charge \$

Total Charge is required

---

Attending Provider v  
 Operating Provider v  
 Referring Provider v  
 Rendering Provider v  
 Service Facility Location v

Validate/Preview
Norm
ED

Save Progress

Save As Template

Submit Document



## DENTAL CLAIMS FORM

Updated claims form (recommended method of submission):

**Payer Responsibility**

Primary Secondary Tertiary

^

**Billing Information**

Copy from Billing

Last Name <small>Last Name is required</small>	First Name	Middle Name	NPI <small>NPI is required when Secondary ID is blank</small>
Address 1 <small>Address 1 is required</small>	Address 2	City <small>City is required</small>	State <small>State is required</small>
Phone Number	Tax ID/ESN <small>Tax ID/ESN is required</small>	EIN/ESN <small>EI = Employer Identification Number</small>	License Number <small>License is required</small>
Secondary ID	Secondary ID Qualifier	Payer Assignment Code <small>A = Assigned</small>	Taxonomy Code <small>ZIP is required</small>

Pay To Information v

Secondary Payer Information v

Tertiary Payer Information v

**Patient Information**

Last Name <small>Last Name is required</small>	First Name <small>First Name is required</small>	Middle Name	Suffix
Address 1 <small>Address 1 is required</small>	Address 2	City <small>City is required</small>	State <small>State is required</small>
Relationship to Subscriber <small>Relationship to Subscriber is required</small>	DOB <small>MM-DD-YYYY</small> <small>DOB is required</small>	Gender <small>Gender is required</small>	Member ID <small>Member ID is required</small>
Group Number	Plan Name		

**Subscriber Information**

Last Name <small>Last Name is required when Relationship to Subscriber is not S</small>	First Name <small>First Name is required when Relationship to Subscriber is not S</small>	Middle Name	Suffix
Address 1 <small>Address 1 is required when Relationship to Subscriber is not S</small>	Address 2	City <small>City is required when Relationship to Subscriber is not S</small>	State <small>State is required when Relationship to Subscriber is not S</small>
Address 1 <small>Address 1 is required when Relationship to Subscriber is not S</small>	Address 2	City <small>City is required when Relationship to Subscriber is not S</small>	State <small>State is required when Relationship to Subscriber is not S</small>

Check Eligibility

**Claim Information**

**Service Line Items**

Line 1:

Proc Date <small>MM-DD-YYYY</small> <small>Proc Date is required</small>	Area of Cavity <small>Entire Oral Cavity</small>	Tooth Surface <small>B - Buccal</small>	Tooth Number(s) or Letter(s)
Procedure Code <small>Procedure Code is required</small>	Replacement Prosthesis? <small>No</small>	Prior Placement <small>MM-DD-YYYY</small>	Fee <small>Fee is required</small>
Description			Fee

Add Line Remove Last Line

Total Fee

Referring Provider ^

Rendering Provider v

Copy from Billing

40

Last Name	First Name	MI
License Number	Provider Specialty Code	NPI
Secondary ID Type	Secondary ID	
<b>Service Facility Location</b>		
Facility Name	NPI - Type 2	Secondary ID Type
Address 1	Address 2	City
		State
		ZIP
Assistant Provider		
Supervising Provider		
Validate/Preview	Save Progress	Submit Document



## RESUBMITTING A CLAIM

There are two ways to quickly resubmit a claim depending on the status, **Edit Claim** and **Copy Document**.

**Edit Claim** - is used if the claim is in one of the following statuses:

- Rejected
- Action Required
- Loading
- Awaiting Attachment
- Template

**Copy Document** - is used if the claim is in any other status not listed within *Edit Claim*. *Copy Document* creates a new claim while having all the previously entered information pre-populated.

## LOCATE CLAIM STATUS

To locate claim status, complete the following steps:

Step	Task
1.	Navigate and click on the <i>Claims</i> tab
2.	Search for the claim
3.	Review the <i>Status</i> field

Navigate and click on the *Claims tab*.



Search for and locate the claim from the list. Review the **Status** field.

Search using Claim ID Numbers  Timeframe: Day Advanced Search

Use Legacy Search Interface

## Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

Show 100 entries

Date Submitted	Patient Name	Payer	Form Type	SSS Claim Number	Reference Number	Account #	Status	Charge	Date of Services Start	Date of Services End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (PHI23)	PROFESSIONAL (Primary)	0002345678	0002345678	PHI23456	Rejected - Error: ID Field CTP value can not be found near or...	87.00	2020-08-29	2020-09-29	>    
1/16/2021 11:49:45 AM	Jane Doe	Payer (PHI23)	PROFESSIONAL (Primary)	0002345679	0002345679	PHI23456	Submitted to Payer	240.00	2021-01-12	2021-01-12	>    
9/30/2021 8:23:50 AM	Jane Doe	Payer (PHI23)	PROFESSIONAL (Primary)	0002345680	0002345680	PHI23456	Submitted to Payer	343.00	2021-09-28	2021-09-28	>    

If the claim number is available, use the claim number search located in the top right-hand side of the screen.

Search using Claim ID Numbers  

## ADVANCED CLAIM SEARCH

Advanced claim search can be used if the claim number is not known. The user can select dates of service, patient information, status, claim information (claim type), payer, and provider information associated with the claim.

Once the advanced search information is entered click the **Search** button to review results.

Search using Claim ID Numbers  Timeframe: Day Advanced Search

**Date**

Received Date From:

Received Date To:

Service Date From:

Service Date To:

**Patient**

Patient Name:

Member Name:

Member Id:

Patient Acct. Number:

**Status**

Submitted

Awaiting Attachment

Processing Complete

Accepted

Rejected

Denied

Paid

Reversed

**Claim Info**

Institutional

Professional

Dental

Total Charge:

Reference Number:

**Payer**

Name:

Payer ID:

**Provider**

Name:

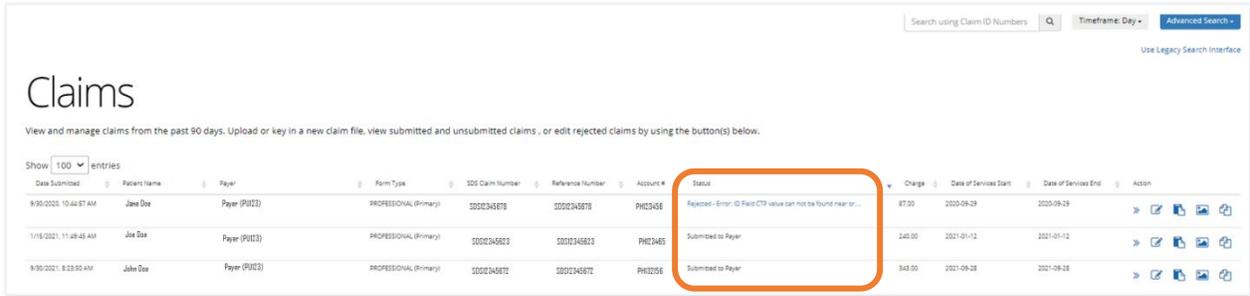
TIN:

Billing NPI:

Technical Contact:

## IDENTIFYING CLAIM STATUS

Review the claim status to determine which method to use to resubmit the claim, either *Edit Claim* or *Copy Document*.



Search using Claim ID Numbers  Timeframe: Day  Use Legacy Search Interface

### Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

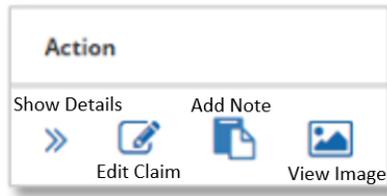
Show 100 entries

Date Submitted	Patient Name	Payer	Form Type	SSS Claim Number	Reference Number	Account #	Status	Charge	Date of Services Start	Date of Services End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	SS02345678	SS02345678	PH03456	Rejected - Error: ID Race CTR value can not be found near or...	\$7.00	2020-09-29	2020-09-29	>> 📄 📝 🖼️ 📎
1/18/2021 11:49:48 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	SS02345678	SS02345678	PH03456	Submitted to Payer	240.00	2021-01-12	2021-01-12	>> 📄 📝 🖼️ 📎
9/30/2021 8:23:50 AM	Jane Doe	Payer (PH03)	PROFESSIONAL (Primary)	SS02345678	SS02345678	PH03456	Submitted to Payer	340.00	2021-09-28	2021-09-28	>> 📄 📝 🖼️ 📎

# ACTIONS – GENERAL CLAIM MANAGEMENT

At the end of every claim row, there is a set of actions that can be taken which include:

- Show Details
- Edit Claim
- Add Note
- View Image



## SHOW DETAILS

The Show Details button will expand an information section that includes Claim Information, Payment Information, and Additional Actions.

Claim Information		Payment Information		Additional Actions
Patient Name :	JOHN DOE	Payer Name :	American Republic Insurance	 View EDI
Member Id :	555555555	Provider Name :		 Copy Document
Payer Claim Number :	SDS1695700000019	Check Number :		 Transaction Details
Patient Account Number :	NA	Check Date :		 Download EDI
Total Charge :	50.00	Paid Amount :		

Additional Actions includes useful options:

- **View EDI**
  - Looks at the raw EDI/837 data that was uploaded/created in the system.
- **Copy Document**
  - Creates a duplicate of the originally submitted claim and allows a user to change any information that needs to be updated.
  - Useful for repeat patients- allows for updating the service information; however, patient information will remain.
- **Transaction Details**
  - Shows the file name received, the file that it was exported in, along with time stamps and response files.
- **Download EDI**
  - Downloads the 837 file to store in a separate system.

## EDIT CLAIM

Allows users to change the data of a claim before it enters adjudication.

- If a claim status is listed as Accepted, Submitted, or Processing Complete, using the Edit Claim button WILL NOT resend the claim.

## VIEW IMAGE

View Image will populate a readable version of the EDI, presented as either a CMS1500, UB04, or Dental claim depending on the type of claim that was submitted.

- If the claim has attachments, the attachments will appear as additional pages for the claim.

# EDIT CLAIM

**Edit Claim** - is used if the claim is in one of the following statuses:

- Rejected
- Action Required
- Loading
- Awaiting Attachment
- Template
- 

To Edit Claim, complete the following steps:

Step	Task
1.	Click <i>Edit Claim</i> 
2.	Enter additional information
3.	Click <i>Save Changes</i> button



Click **Edit Claim**.

Search using Claim ID Numbers  Timeframe: Day  Use Legacy Search Interface

## Claims

View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims, or edit rejected claims by using the button(s) below.

Show  entries

Date Submitted	Patient Name	Payer	Form Type	SSS Claim Number	Reference Number	Account #	Status	Charge	Date of Services Start	Date of Services End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345678	SDS12345678	PH123456	Rejected - Error: ID Field CTP value can not be found near or...	87.00	2020-09-29	2020-09-29	<input type="button" value="Edit"/> <input type="button" value="Print"/> <input type="button" value="Download"/>
1/19/2021 11:49:45 AM	Joe Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345683	SDS12345683	PH123456	Submitted to Payer	140.00	2021-01-12	2021-01-12	>> <input type="button" value="Edit"/> <input type="button" value="Print"/> <input type="button" value="Download"/>
9/30/2021 8:23:30 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345672	SDS12345672	PH123456	Submitted to Payer	342.00	2021-09-28	2021-09-28	>> <input type="button" value="Edit"/> <input type="button" value="Print"/> <input type="button" value="Download"/>

Possible error information will appear. Review error information and make any necessary adjustments.

**Editing Professional Document for: Payer (PU123)**  
 Document Number: SDS12345678

**The following problems must be corrected before the claim can be submitted:**

- Error: ID Field CTP value can not be found near or at byte offset(1043) near segment [34]  
 Segment Name: Drug Quantity (Segment ID: CTP)  
 Element Name: null  
 Element Text:
- Error: May not be able to restart parser



The Edit Claim function will populate the original input information, simply update the claims information needing added/updated.

Once everything has been entered, click **Save Changes** button located at the bottom of the page.



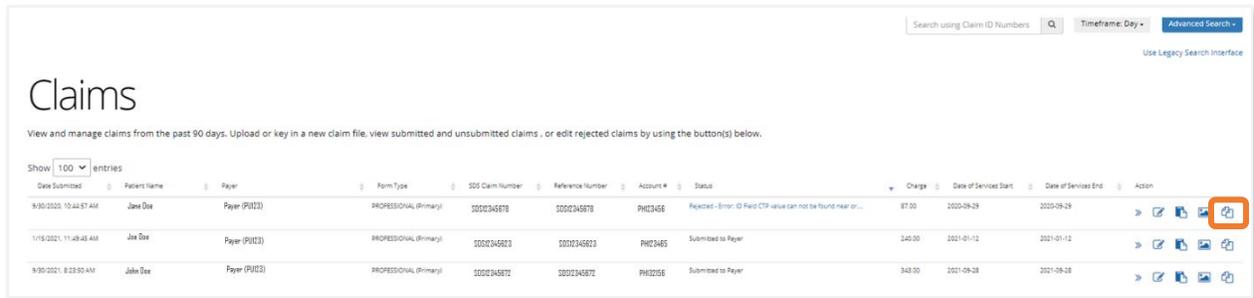
# COPY DOCUMENT

Copy Document is used for all other claim statuses that do not fall within the Edit Claim reasons.

To use the Copy document function, complete the following steps:

Step	Task
1.	Click <i>Copy Document</i> 
2.	Select a Payer from the dropdown and click <i>Copy Claim</i>
3.	Enter necessary information
4.	Click <i>Submit Document</i> button

Click *Copy Document*  .



A popup window will appear. Select a payer from the dropdown menu and click the *Copy Claim* button.





If the payer is not listed, add a new payer before using the copy document option.

The claim will copy over. The user should enter all necessary information and make any updates.

Submit Document

When the claim is ready to be submitted click the *Submit Document* button located at the bottom of the claim page.

## UNSUBMITTED CLAIMS

The Unsubmitted Claims page will show all claims that are in an Action Required status.

The columns are:

- SDS Document Number
- Original Document Number
- Claim Type
- Keying Started
- Last Update
- Actions

Claims can be edited to have them submitted/resubmitted. The interface of this page is currently under construction.

## ERA ENROLLMENT

The ERA enrollment process through Smart Data Solutions (SDS) is available for select payers that directly utilize Smart Data Solutions' services. If payer is searched but isn't available within the list of payers, please contact SDS at 855-297-4436 opt 2 or [stream.support@sdata.us](mailto:stream.support@sdata.us)

# ENROLLMENT

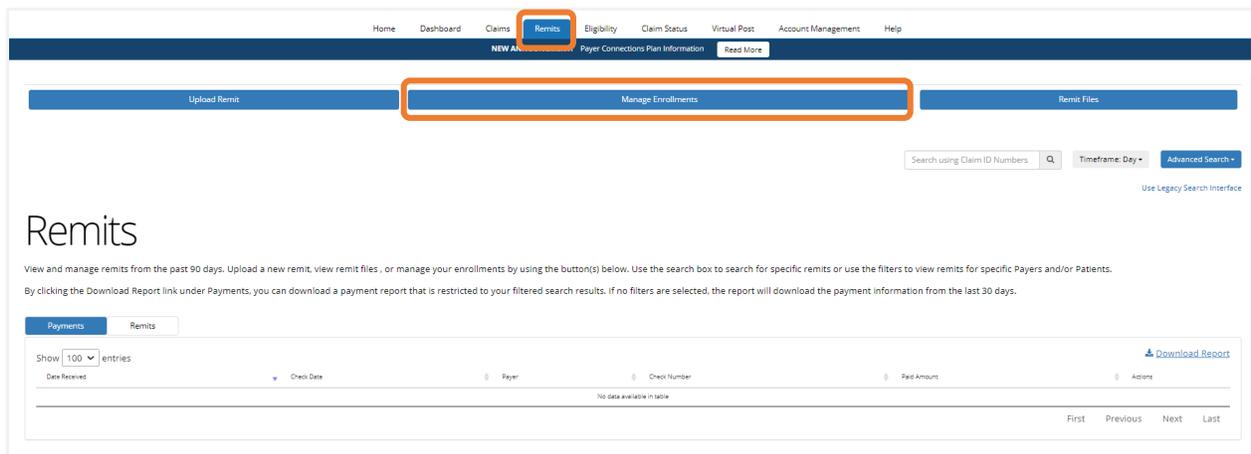
To complete the enrollment for Remits, complete the following steps:

Step	Task
1A.	Click <b><i>Start Enrollment</i></b>
1B.	Click <b><i>Remits</i></b> tab and click <b><i>Manage Enrollments</i></b>
1C.	Click <b><i>Account Management</i></b> tab and click <b><i>Provider Enrollments</i></b>

If the account was created through a specific payer/payment vendor's enrollment process, then the home page will automatically redirect to the ERA (835) Enrollment. Either Start Enrollment or Continue Enrollment will appear.



Upon navigating to the home page and the ERA (835) Enrollment Start Enrollment option doesn't appear click the ***Remits*** tab and then click ***Manage Enrollments***.



If the Remit tab doesn't appear and a user was not directed to the ERA (835) Enrollment option, click on the *Account Management* tab then *Provider Enrollments*.

## ENROLLMENT FORM COMPLETION

- Only the starred (\*) fields are required.
- Unless a user specifically wants different NPIs to have different enrollment setups, *it is recommended to only enrolling your TIN.*
  - This will enroll the user to receive all ERAs associated to that TIN regardless of the NPI associated.
- The Provider contact listed in the enrollment will receive any notifications regarding your enrollment, including the receipt of new ERAs in the account if you have them set to stay in the SDS Enrollment Portal.

## Profile

Profile Nickname

---

## Provider Information

\* Name

---

Doing Business As (DBA)

---

\* Address Line 1

---

Address Line 2

---

\* City

\* State

\* ZIP

---

## Provider Identifiers Information

\* Tax Identification Number (TIN) ⓘ

---

\* Verify TIN:

---

National Provider Identifier (NPI)

---

Verify NPI:

---

Trading Partner ID ⓘ

---

## Provider Contact Information

\* Last Name

---

\* First Name

---

\* Contact Phone

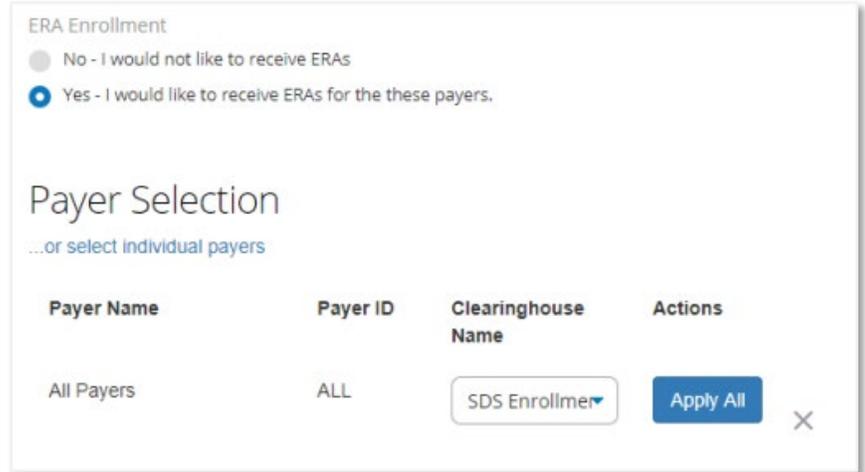
---

\* Contact Email

---

The default selection is set to enroll for all available payers and retrieve them directly from SDS.

- This is the recommended setting, if this is the setting the user would like to keep, move on to the next section.



ERA Enrollment

No - I would not like to receive ERAs

Yes - I would like to receive ERAs for the these payers.

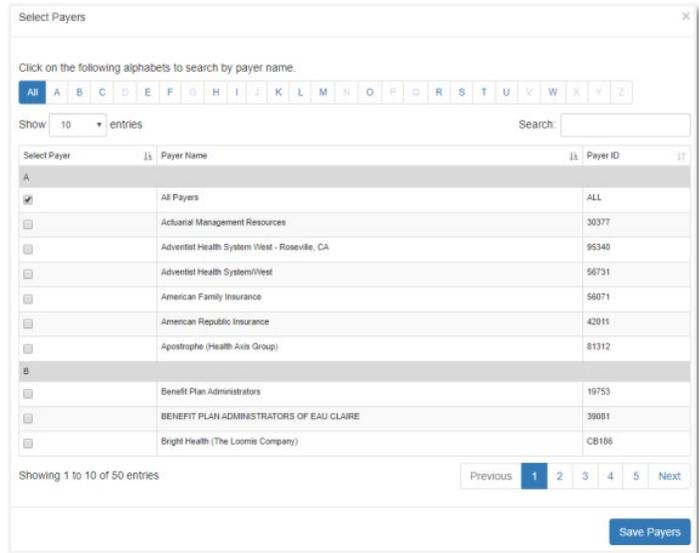
Payer Selection

[...or select individual payers](#)

Payer Name	Payer ID	Clearinghouse Name	Actions
All Payers	ALL	SDS Enrollment	Apply All

If the user would like to choose specific payers to enroll for or see which payers are available, then click on the link below Payer Selection that says “...or *select individual payers*”.

A box will appear where a user can select/view available ERA payers. If a user would like to keep the default All Payers, just select the first option. This will unselect any other options previously select as the system groups them all under All Payers. It is expected for the others to become unchecked, and they will still be enrolled.



Select Payers

Click on the following alphabets to search by payer name:

**All** A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Show 10 entries Search:

Select Payer	Payer Name	Payer ID
<input checked="" type="checkbox"/>	All Payers	ALL
<input type="checkbox"/>	Actuarial Management Resources	30377
<input type="checkbox"/>	Adventist Health System West - Roseville, CA	95340
<input type="checkbox"/>	Adventist Health System/West	56731
<input type="checkbox"/>	American Family Insurance	56071
<input type="checkbox"/>	American Republic Insurance	42011
<input type="checkbox"/>	Apostrophe (Health Avia Group)	81312
<b>B</b>		
<input type="checkbox"/>	Benefit Plan Administrators	19753
<input type="checkbox"/>	BENEFIT PLAN ADMINISTRATORS OF EAU CLAIRE	39681
<input type="checkbox"/>	Bright Health (The Loomis Company)	CB166

Showing 1 to 10 of 50 entries

Previous 1 2 3 4 5 Next

Save Payers

## INDIVIDUAL PAYERS

If a user chooses individual payers and would like them to go to another clearinghouse/billing software, use the **Apply All** button to change the Clearinghouse Name next to all payers.

Clearinghouse Name	Actions
Availity	Apply All
SDS Enrollment Portal	Apply All

Clearinghouse Name	Actions
Availity	Apply All

## DIGITAL SIGNATURE

After relevant payers have been selected, enter in a digital signature, and choose an effective date. The Reason for Submission section will default to New Enrollment if this is the first time this enrollment form has been opened. It will default to Change Enrollment if editing an existing enrollment, regardless of if new payers have been selected. This is anticipated and will not affect the payer selection. The Requested ERA Effective Date will always be at least three days out from the date of submitting the form. That is roughly the amount of time that it takes for the payer to register the enrollment.

### Submission Information

Reason for SUBMISSION ⓘ

New Enrollment  
 Change Enrollment  
 Cancel Enrollment

### Authorized Signature

\* Signature ⓘ

Submission Date

2017-09-05

\* Requested ERA Effective Date ⓘ

**Submit**

## PROVIDER ENROLLMENT

After an enrollment is submitted, a user will be directed to the Provider Enrollments page where the enrollment will show within the table. Additional enrollments can be added to the account, or the existing enrollments can be edited and reviewed.

### Provider Enrollments + Add New Provider Enrollment

Show  entries Search:

Name	TIN	NPI	Actions
Chris Health Services	444555666	1458768763	»
Chris Health Services	123131231	1111111111	»

Showing 1 to 2 of 2 entries Previous  Next

## REVIEW REMITS

To review Remit Payments and Remits, complete the following steps:

Step	Task
1.	Click <b>Remits</b> tab
2.	Click <b>Payments</b> tab or <b>Remits</b> tab

Home Dashboard Claims **Remits** Eligibility Claim Status Account Management Help

**NEW ANNOUNCEMENT!** Payer Connections Plan Information [Read More](#)

Manage Enrollments Remit Files

Search using Claim ID Numbers  Timeframe: Day [Advanced Search](#)

[Use Legacy Search interface](#)

## Remits

View and manage remits from the past 90 days, view remit files, or manage your enrollments by using the button(s) below. Use the search box to search for specific remits or use the filters to view remits for specific Payers and/or Patients.

By clicking the Download Report link under Payments, you can download a payment report that is restricted to your filtered search results. If no filters are selected, the report will download the payment information from the last 30 days.

**Payments** Remits

Show  entries [Download Report](#)

Date Received	Check Date	Payer	Check Number	Paid Amount	Actions
7/9/2023, 12:00:00 AM	06/30/2023	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	12345678910	20.51	» 📄 📁 📧 📊
7/11/2023, 12:00:00 AM	06/29/2023	MEDICO INSURANCE COMPANY	1023654789	32.90	» 📄 📁 📧 📊
6/10/2023, 12:00:00 AM	06/07/2023	MEDICO CORP LIFE INSURANCE COMPANY	235544611	10.84	» 📄 📁 📧 📊
5/31/2023, 12:00:00 AM	05/30/2023	THRIVENT FINANCIAL FOR LUTHERANS	32165498741	3.61	» 📄 📁 📧 📊
5/20/2023, 12:00:00 AM	05/18/2023	MEDICO INSURANCE COMPANY	5641234878	32.90	» 📄 📁 📧 📊