SMARTDATASTREAM
Clearinghouse Services

SMART DATA STREAM GUIDE: PROVIDER PORTAL

PORTAL.SMARTDATASTREAM.US

SDS Provider Support

stream.support@sdata.us

855-297-4436

SMARTDATASTREAM
Clearinghouse Services

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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

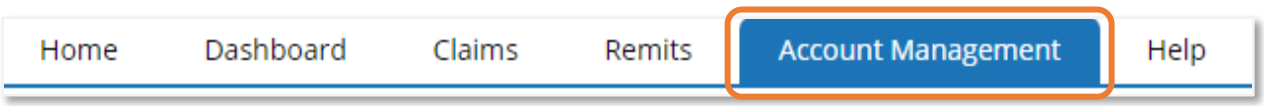
*The system does NOT send an email to them with their login information after a user has been created.

ADDING NEW USERS

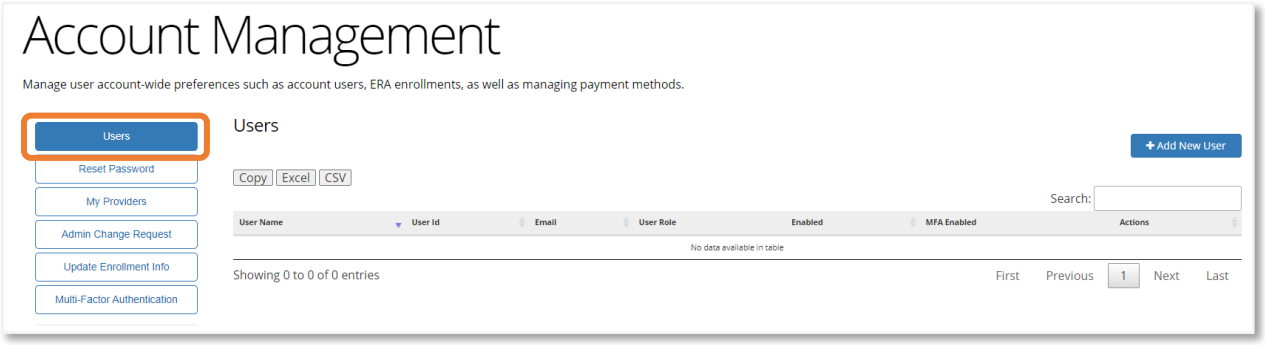
To add new users, complete the following steps:

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

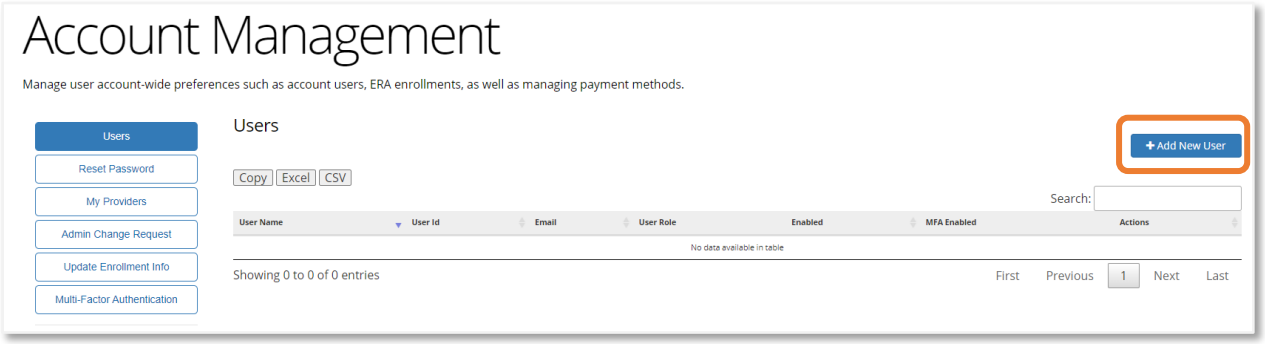
Navigate and click on the ***Account Management*** tab.



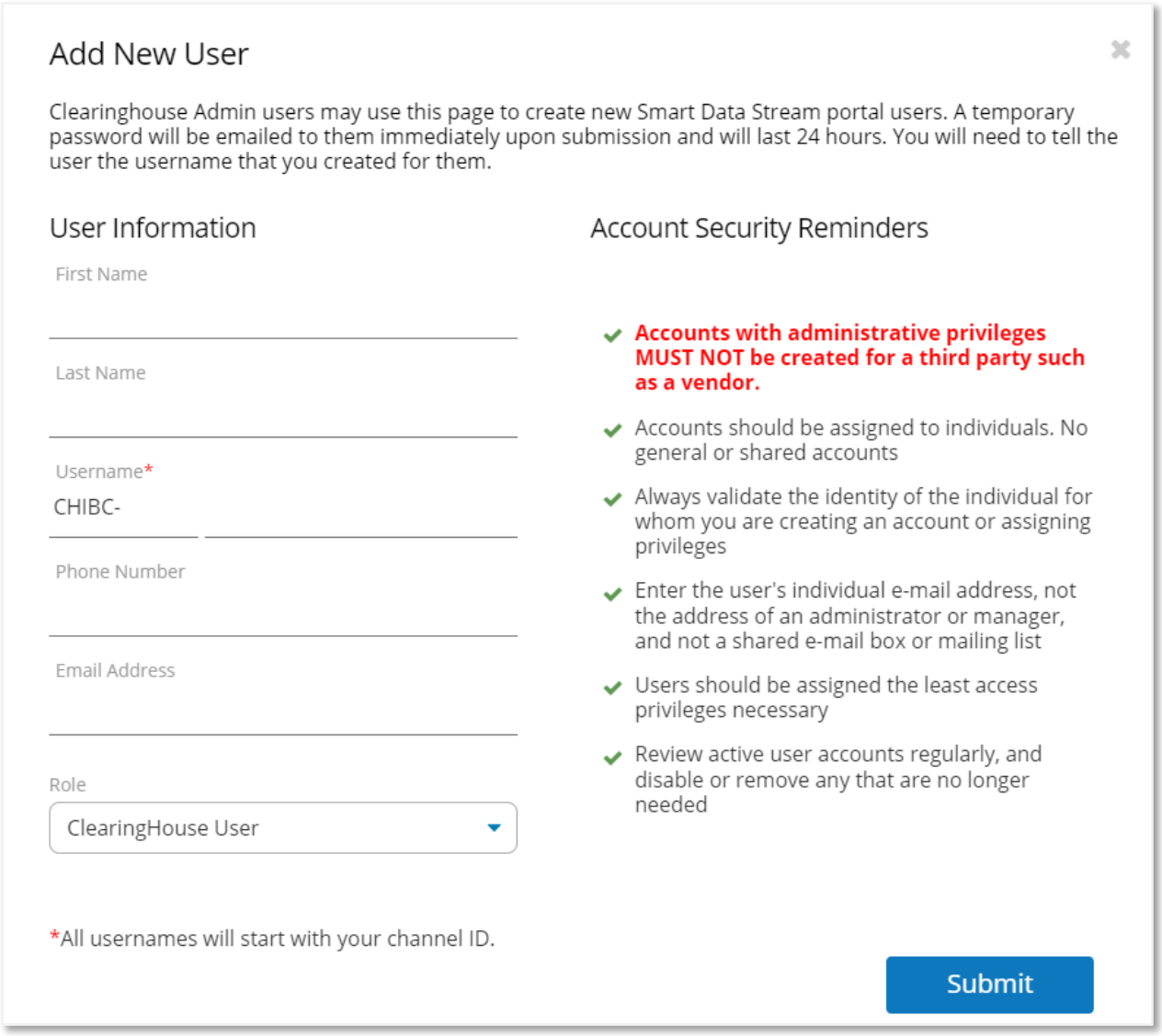
Click ***User*** location on the left-hand side.



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



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.



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.

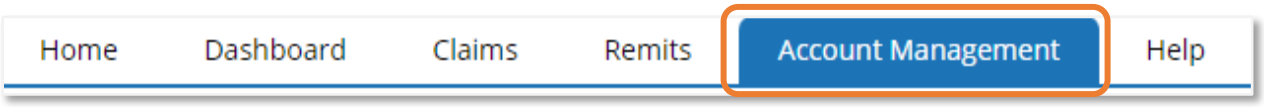
User Roles:	*Permissions:*
• Clearinghouse Admin can: Add/Edit Users, Remove Users, and Adjust User Permissions • Clearinghouse User: Can perform function on the site as designated by their account admin *except viewing other users.*	• Allow users to edit the ERA Enrollments and upload files. • Can be restricted based on transaction type, TIN, and NPI.

EDITING USER ROLES AND PERMISSIONS

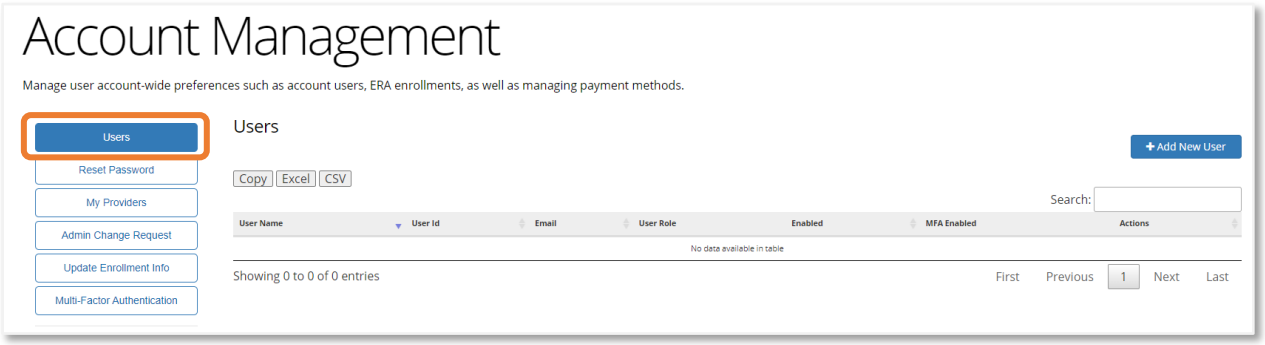
To edit user roles and permissions, complete the following steps:

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

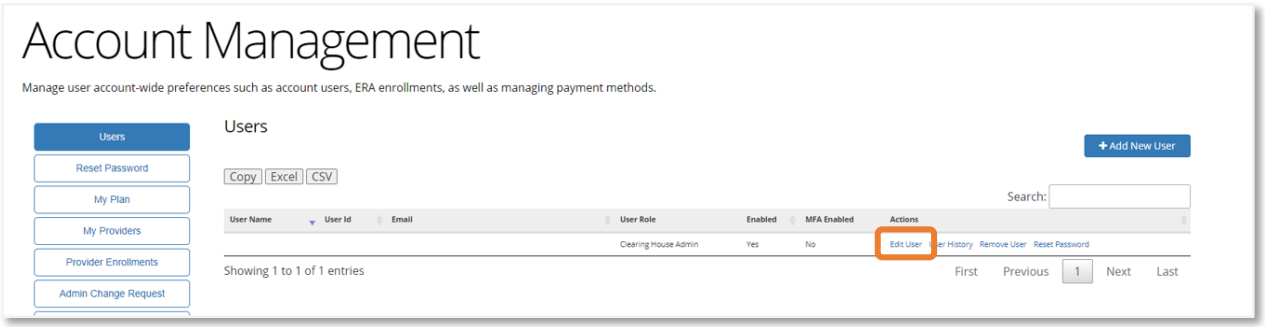
Navigate and click on the ***Account Management*** tab.



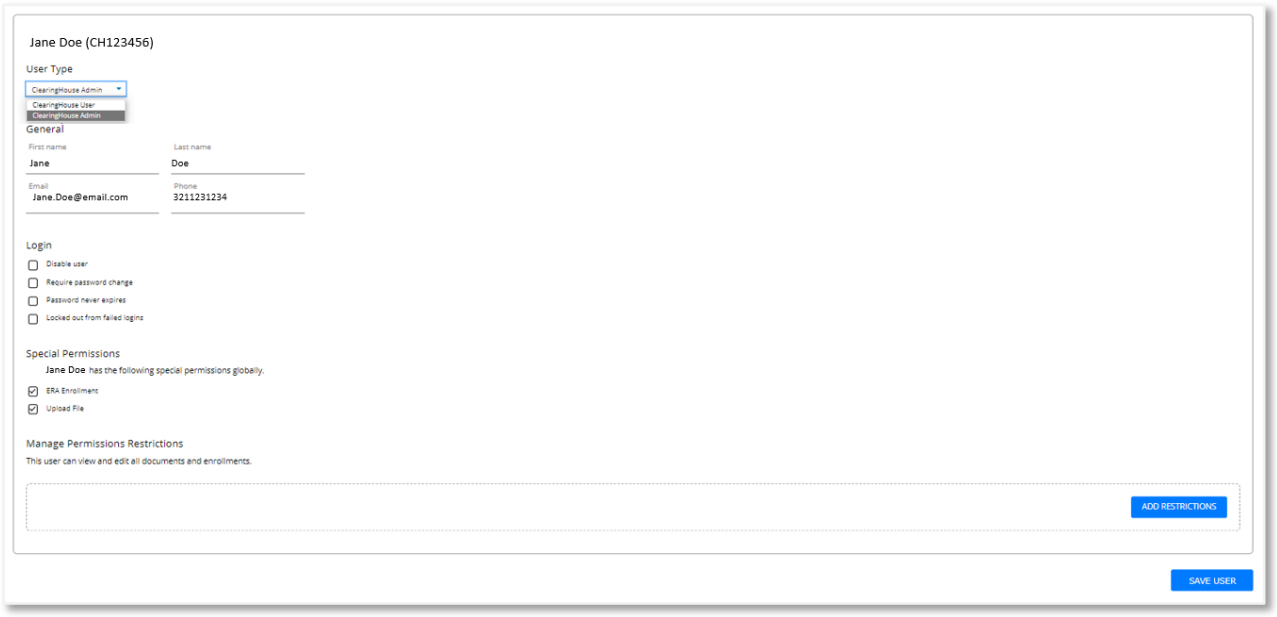
Click ***User*** located on the left-hand side.



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



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

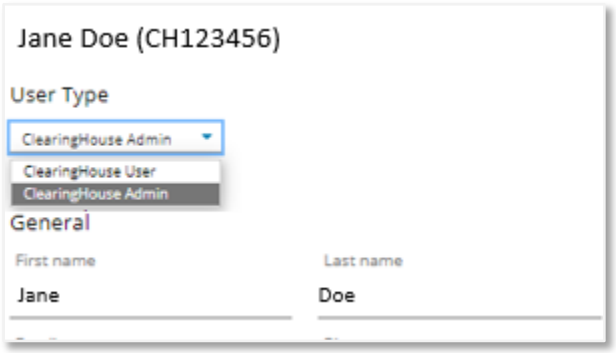


CLEARINGHOUSE ADMINISTRATOR VS CLEARINGHOUSE USER

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

Step	Task
1.	Locate ***User Type***
2.	Click the dropdown
3.	Click ***Save User***

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 SAVE USER button if completed or if other functions need to be completed, complete those updates before saving. Other functions include:

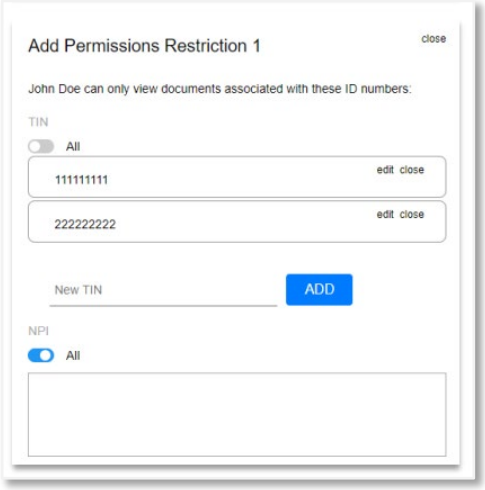
- Disable user
- Require password change
- Password never expires
- Locked from failed logins
    - Uncheck box to unlock user account
- Special permissions

- ERA Enrollment
- Upload File

- Add Restrictions
  - Can restrict based on transaction type, TIN, and NPI

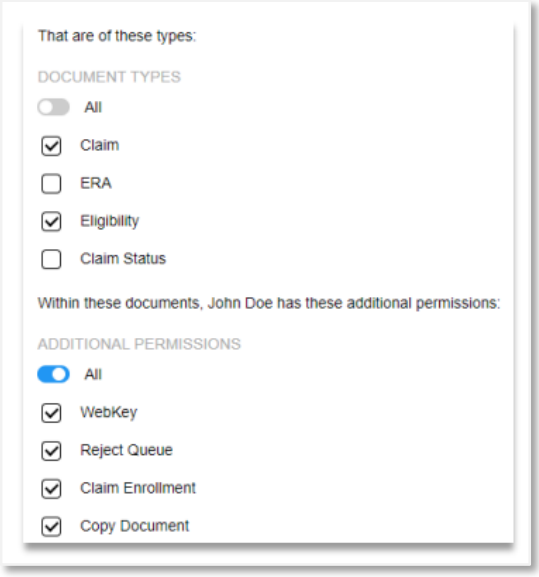
RESTRICTION EXAMPLE 1

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.



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.



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

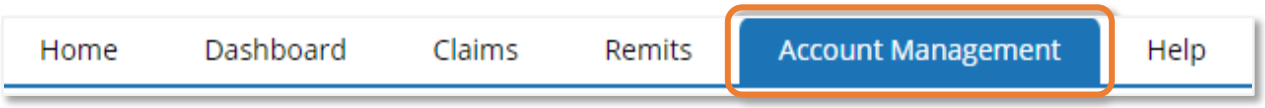
My Provider: Is a page to help make the claim submission process as simple as possible. Multiple providers and facilities can be listed for a quick selection during the claim submission process.

ADDING A NEW FACILITY

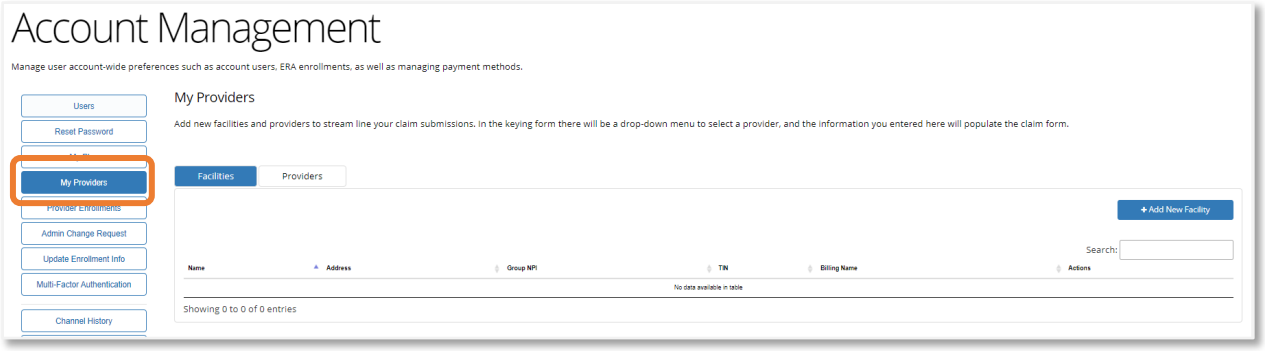
To add new facility, complete the following steps:

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

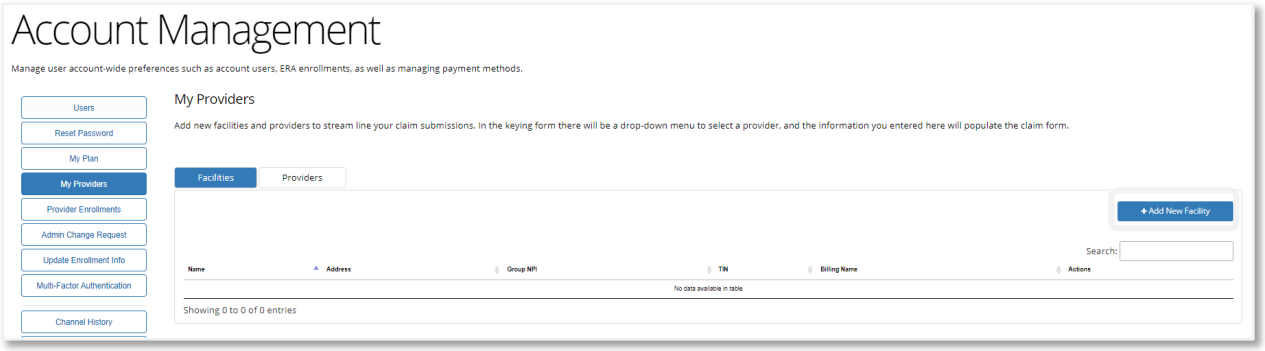
Navigate and click on the ***Account Management*** tab.



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.

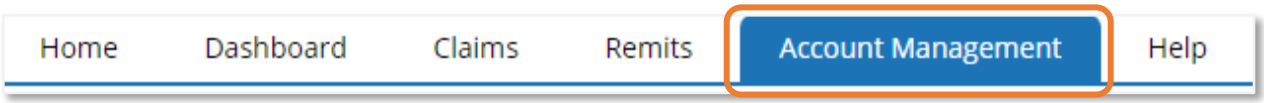
Once all information has been added and any optional providers have been associated with the facility be sure to click ***Save.***

ADDING A NEW PROVIDER

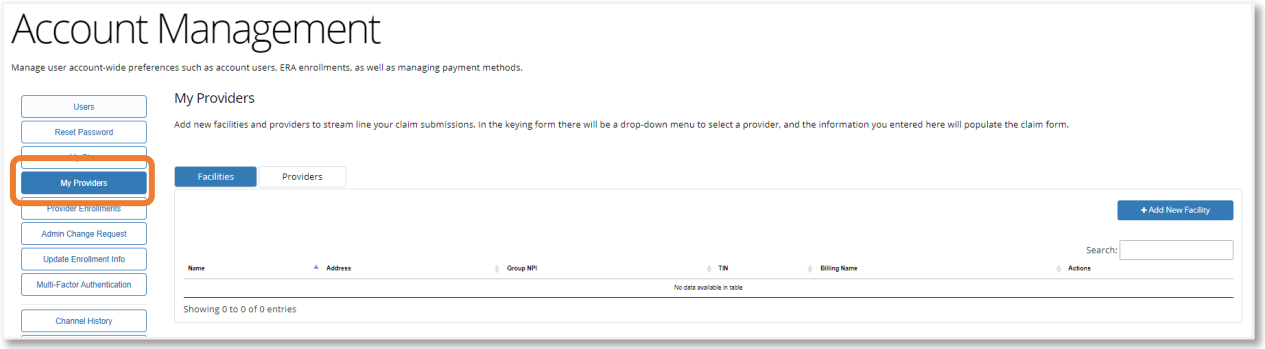
To add new provider, complete the following steps:

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

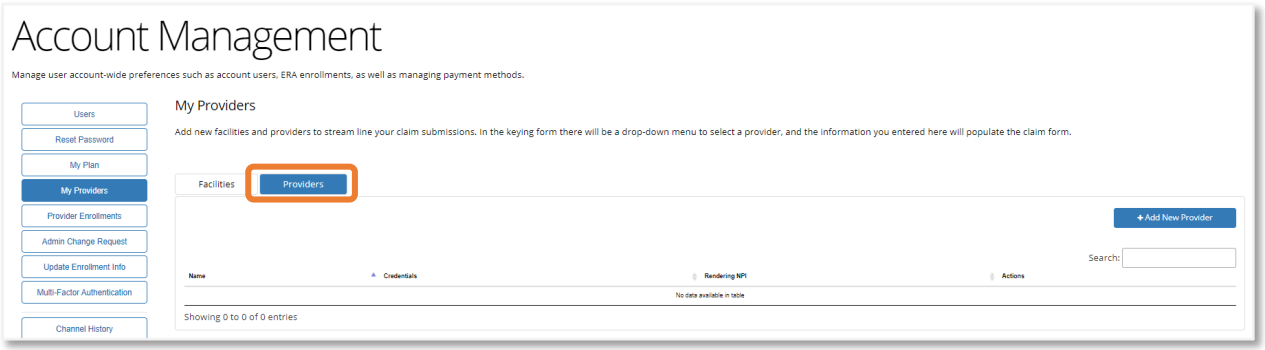
Navigate and click on the ***Account Management*** tab.



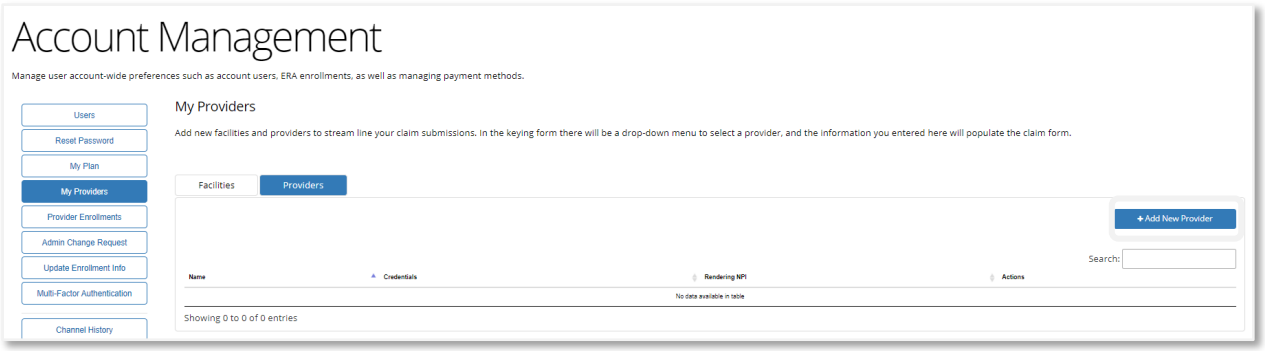
Click ***My Providers*** located on the left-hand side.



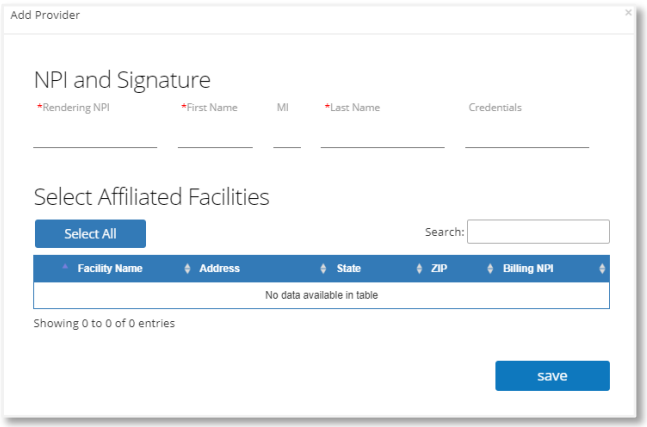
Click ***Providers*** tab located towards the top.



Click ***+Add New Provider*** button.



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



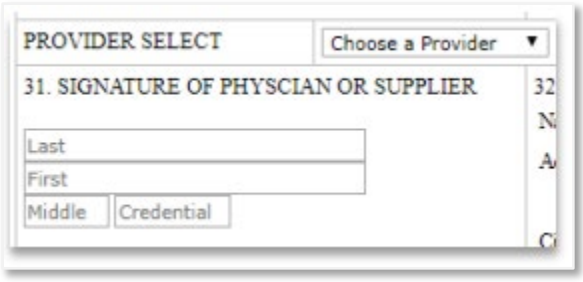
ADDING AFFILIATED FACILITIES

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

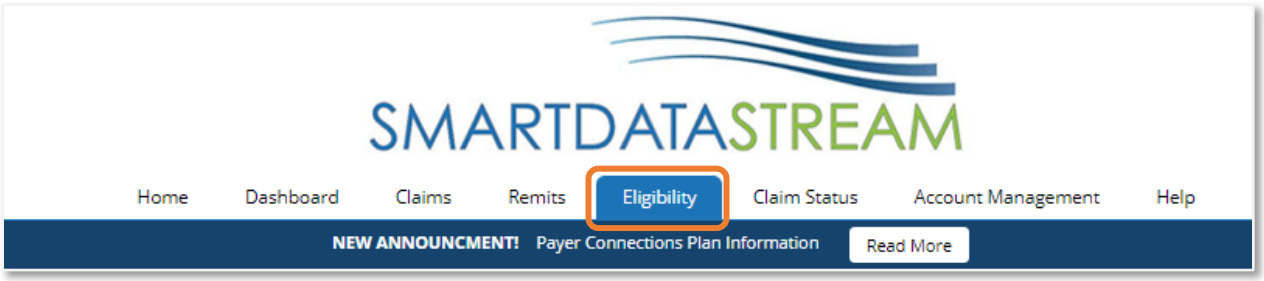
Not all accounts have elected eligibility search. If this is an option added to the account providers can verify patient eligibility.

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

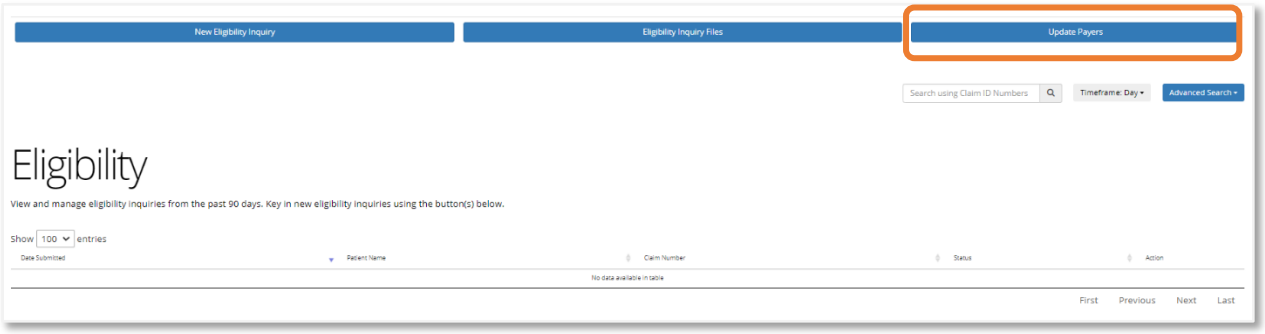
To search for a payer, complete the following steps:

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

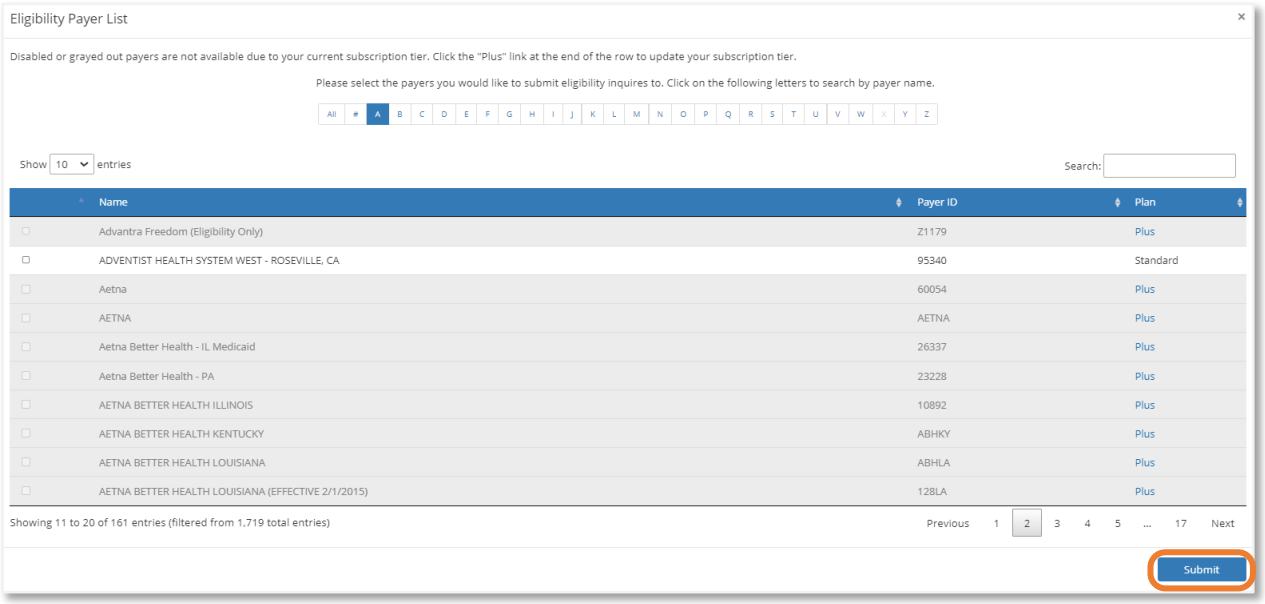
Navigate and click on the ***Eligibility*** tab.



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



Select the Payer/Payers and click ***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.

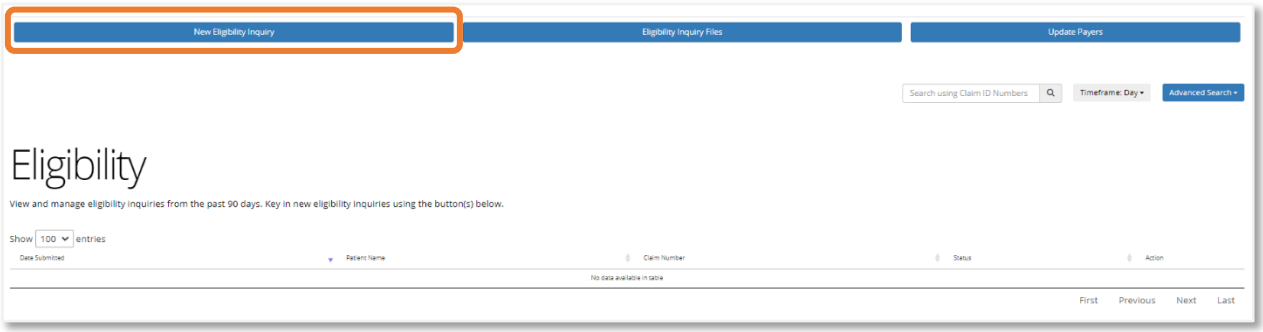
ELIGIBILITY SEARCH/MAKING A REQUEST

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

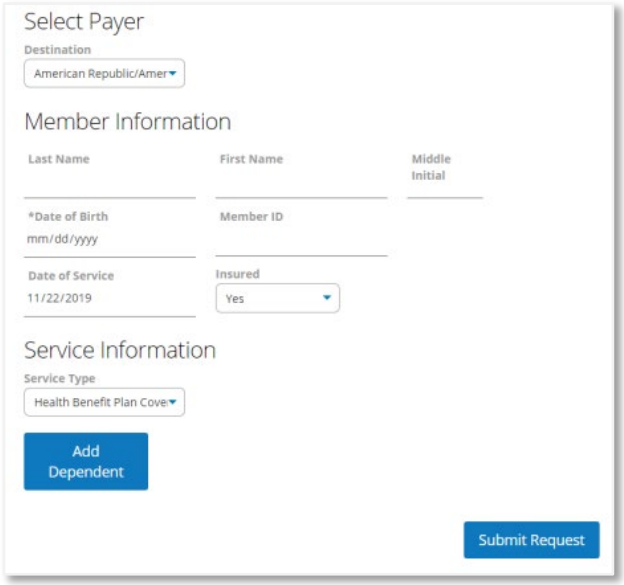
To search for a New Eligibility Inquiry, complete the following steps:

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

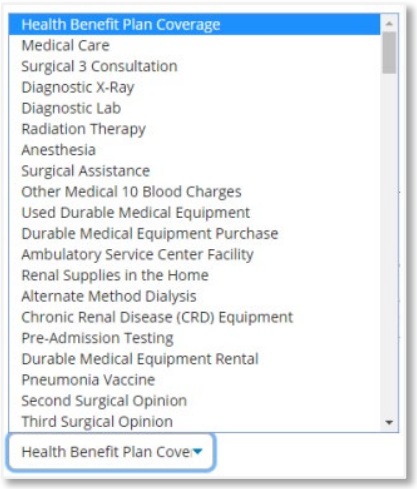
Click on the ***New Eligibility Inquiry*** tab.



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.



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



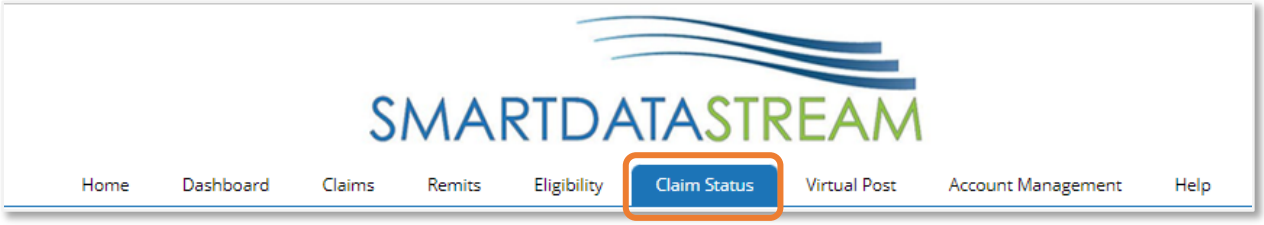
SELECTING PAYERS

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

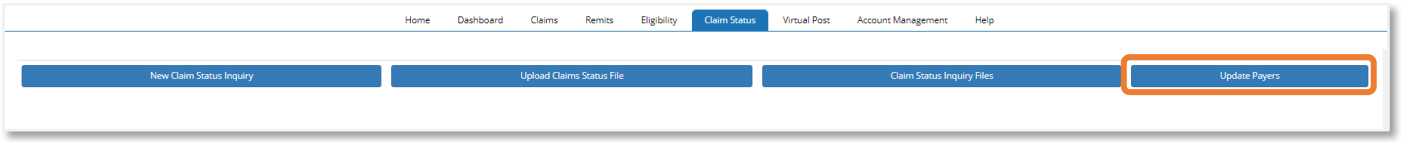
To search for a payer, complete the following steps:

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

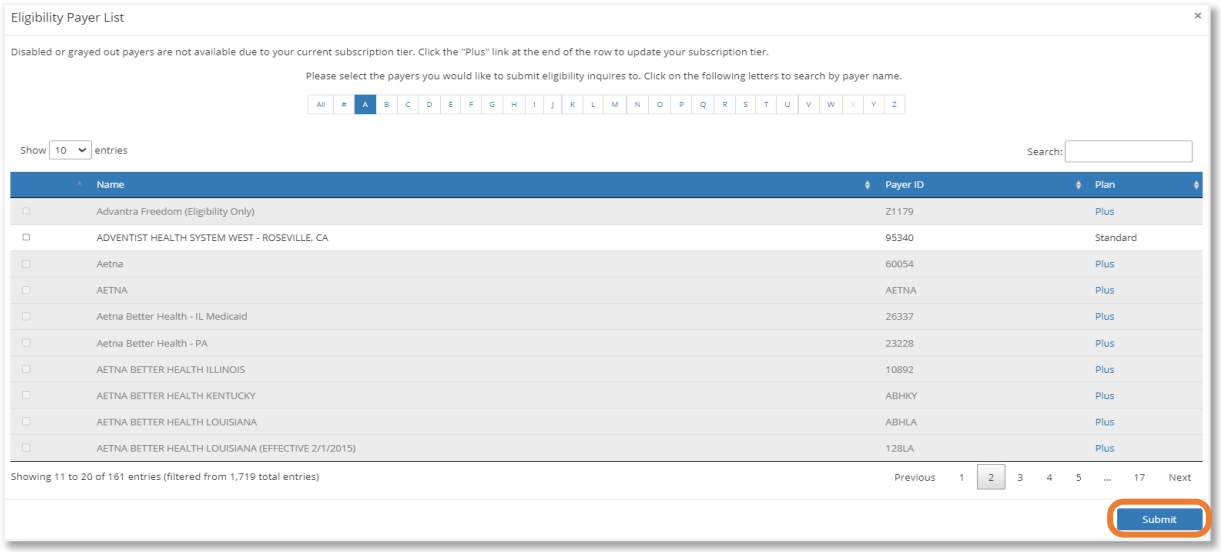
Navigate and click on the ***Claims Status*** tab.



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



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



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.

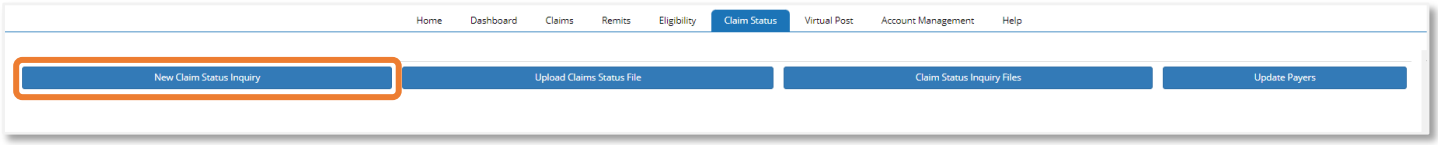
NEW CLAIM STATUS INQUIRY/ MAKING A REQUEST

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:

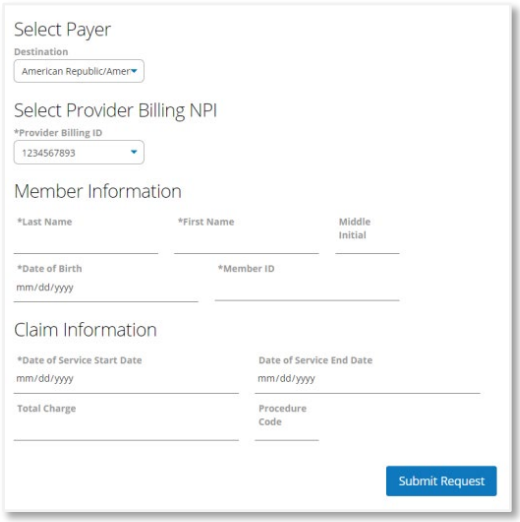
Step	Task
1.	Navigate and click on the ***New Claim Status Inquiry*** tab
2.	Select the relevant payer & provider from the ***Destination*** & **Provider Billing ID** drop down menus
2.	Complete the required patient fields
4.	Click ***Submit Request***

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.



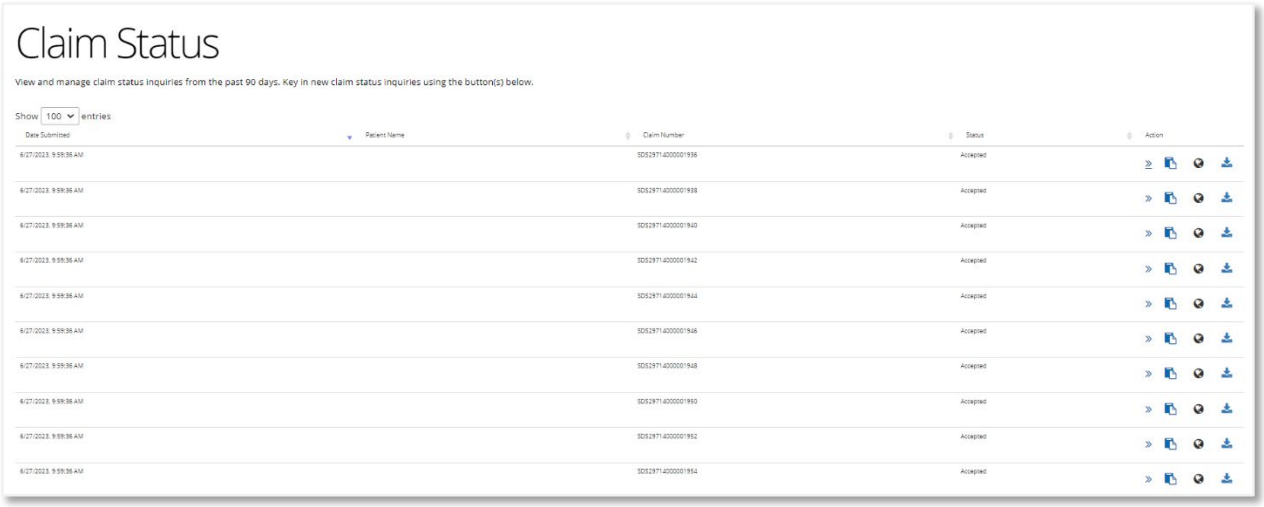
Fill out the member's/patient's information.

- 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.

CLAIM STATUS

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



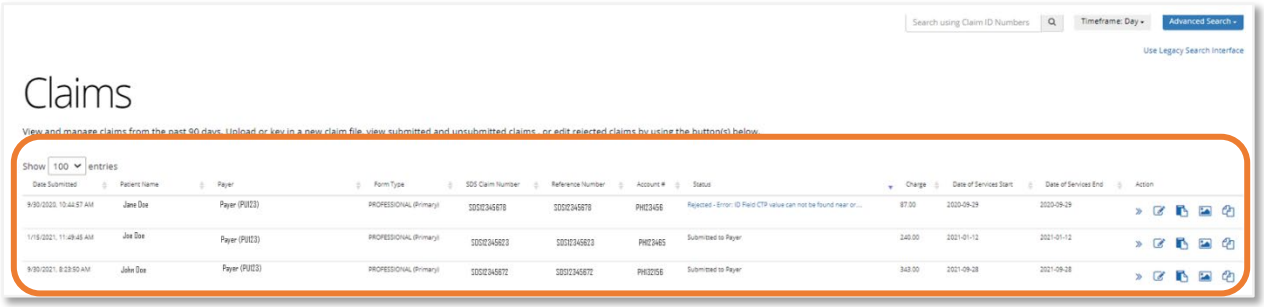
CLAIM SEARCH

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

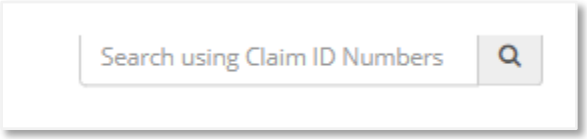
Step	Task
1.	Navigate and click on the ***Claims*** tab

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

A list of claims will appear.



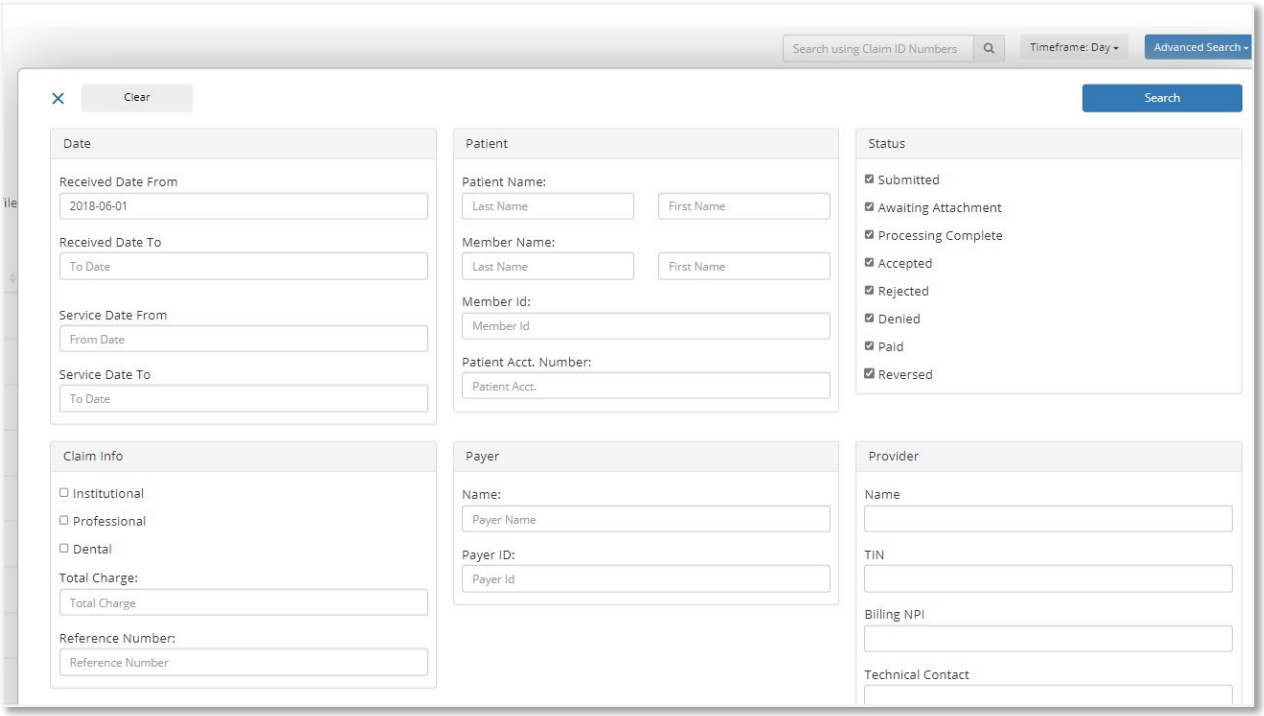
If the claim number is available, use the claim number search located in the top right-hand side of the screen.



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.



PAYER SELECTION

Prior to submitting claims, a payer must be selected.
There are two categories of payers, Standard and Plus:

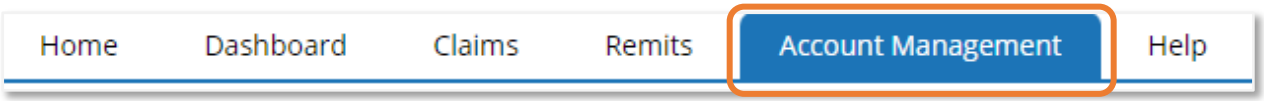
- **Standard**: Free unlimited claims submission with limited participating payers.
- **Plus**: Unlimited claims submission with a monthly fee associated per each NPI. Access to all SDS participating payers.

UPDATE PLAN SELECTION

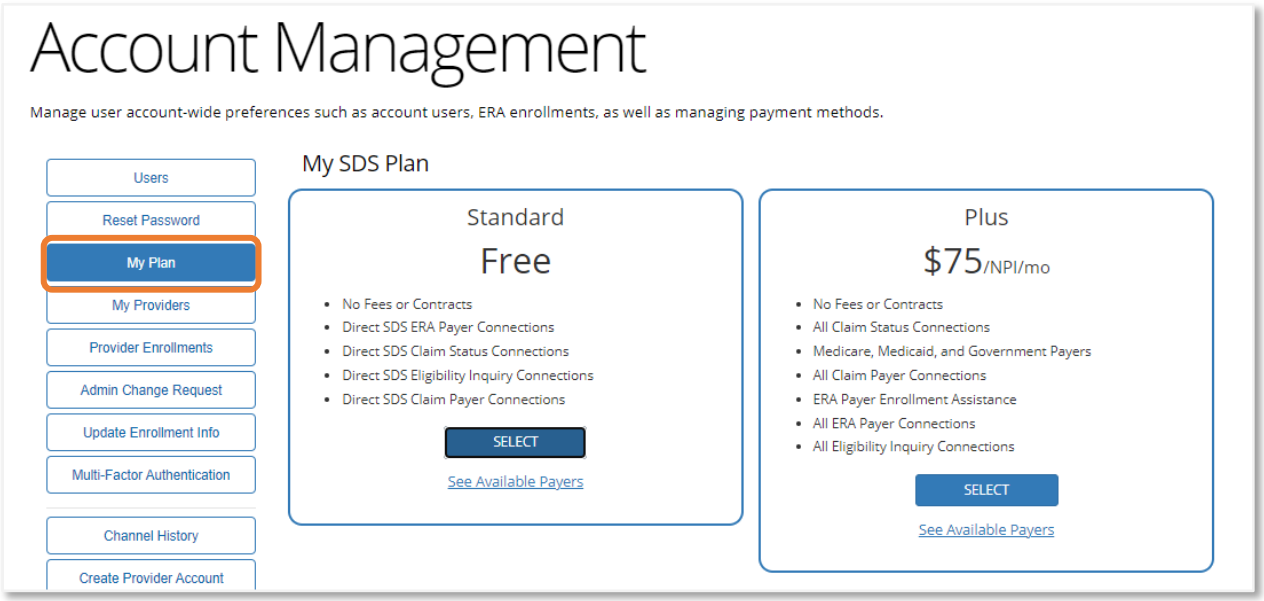
To update the plan selection from Standard to Plus, complete the following steps:

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

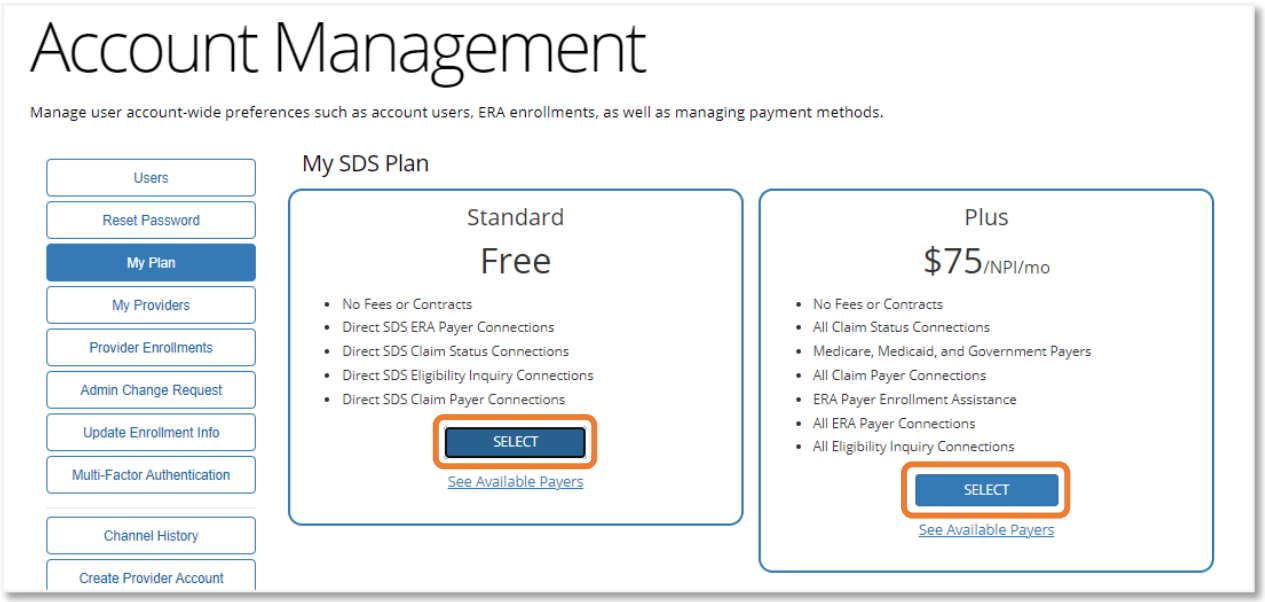
Navigate and click on the ***Account Management*** tab.



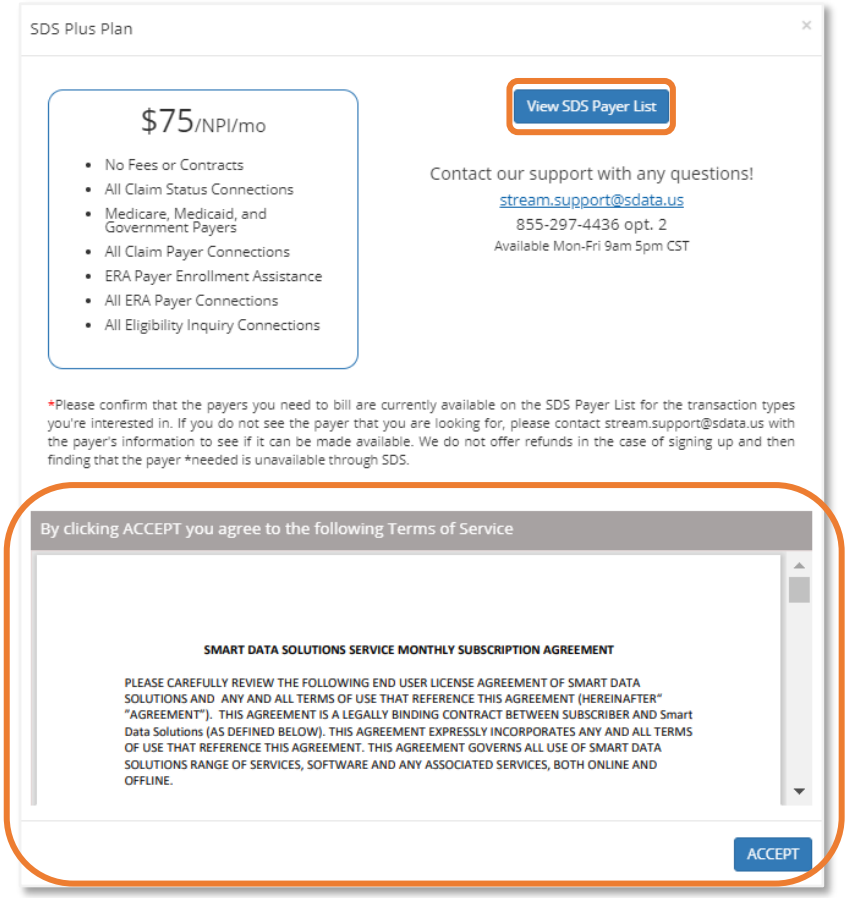
Click ***My Plan*** located on the left-hand side.



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



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.***



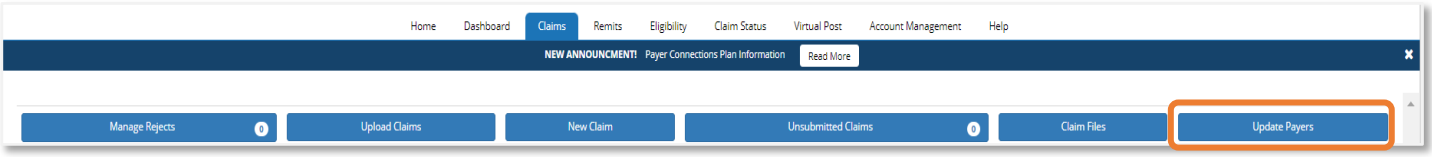
UPDATE PAYER FOR CLAIMS SUBMISSION

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

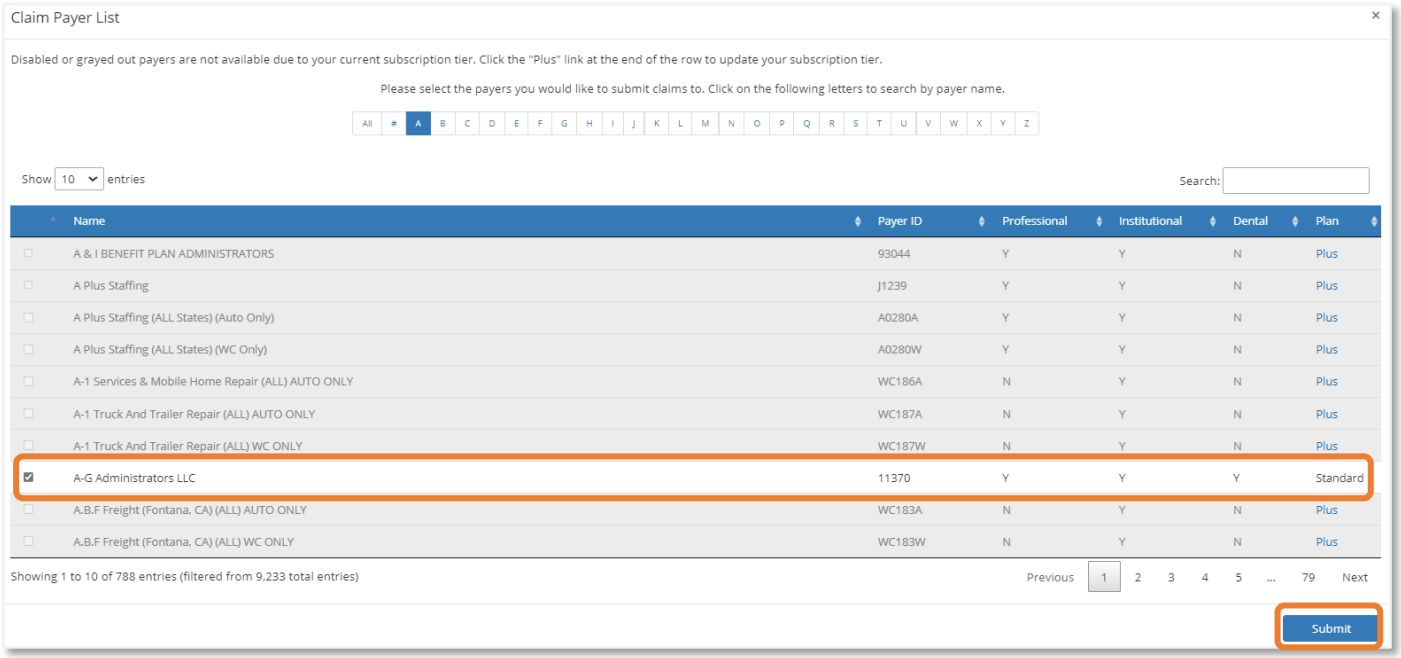
Step	Task
1.	Navigate and click on the ***Claims*** tab
2.	Click ***Update Payers***
3.	Locate the Payer to be selected
4.	Check the box next to the correct Payer
5.	Click ***Submit*** button

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.



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

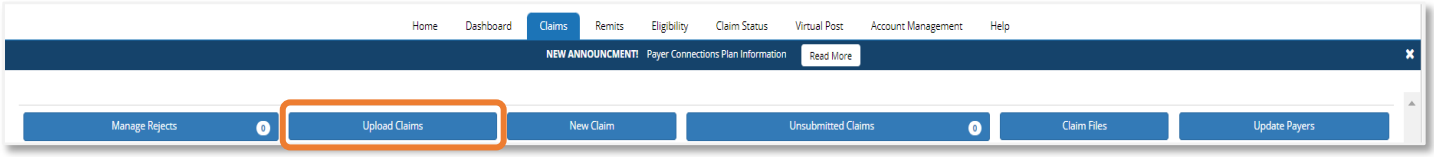
Use this interface to upload Claims in EDI format. Once the Claims have been uploaded and checked for basic compliance, they will appear in the screen. Review and add any additional attachments to the claims by clicking the upload button underneath the claim. Once all claims have been added and reviewed,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

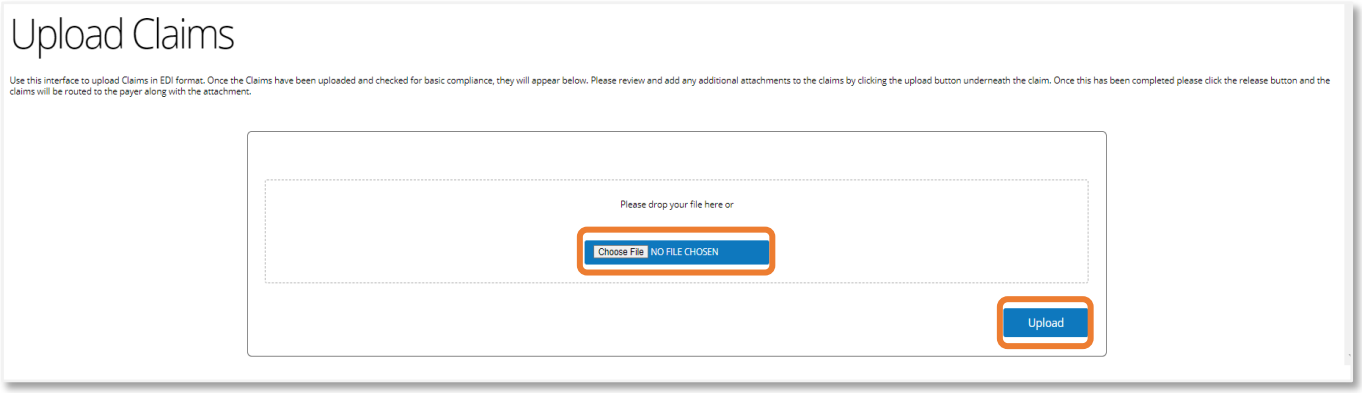
Step	Task
1.	Navigate and click on the ***Claims*** tab
2.	Click ***Upload Claims***
3.	Click ***Choose File*** button
4.	Click ***Upload*** button

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

Click ***Upload Claims***.



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



NEW CLAIMS

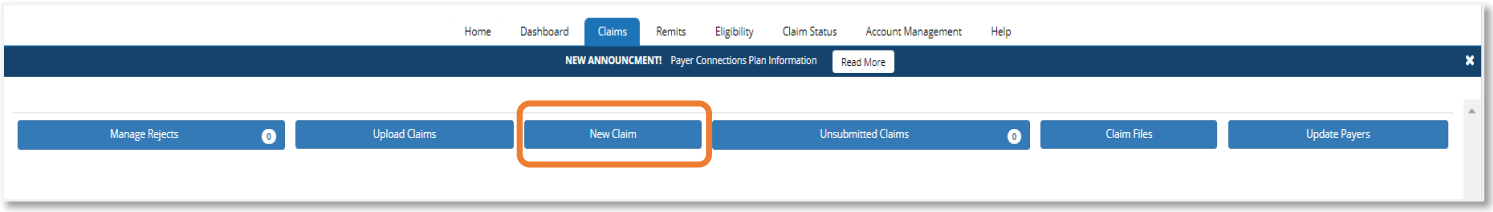
Use New Claims if wanting to submit using the forms on our SDS site.

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

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

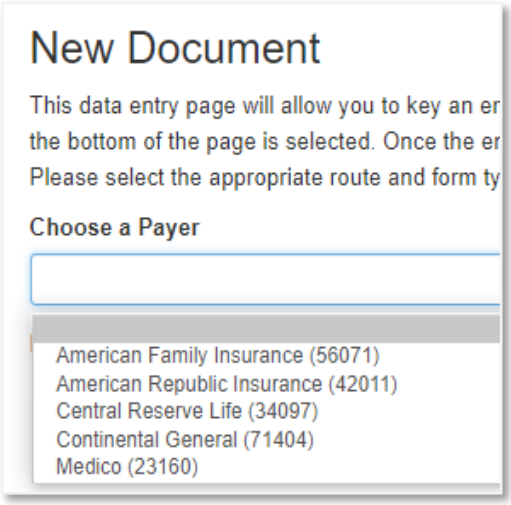
Navigate and click on the ***Claims tab.***

Click ***New Claims***.



Click the dropdown to choose a payer for the claim.

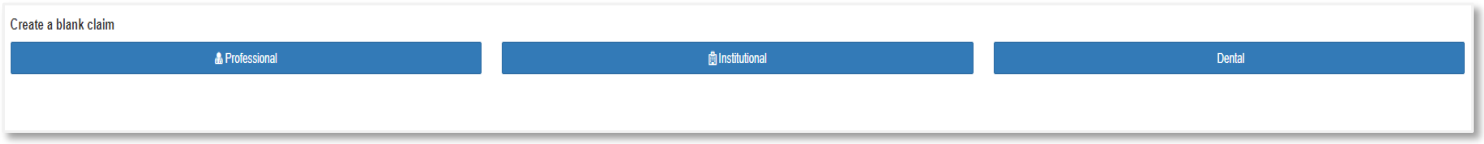
- The claim form will auto populate, if there is only one payer on the account and the payer only accepts one type of claim.
- If the correct payer is not listed, click the ***Click here to add or remove payers.***
    - See Update Payer for Claim Submission section for guidance on adding a new payer.



The claim forms are modeled after their paper counterparts:

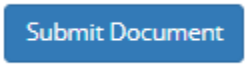
- CMS1500 – Professional Claim
- UB04 – Institutional Claim

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



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.



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

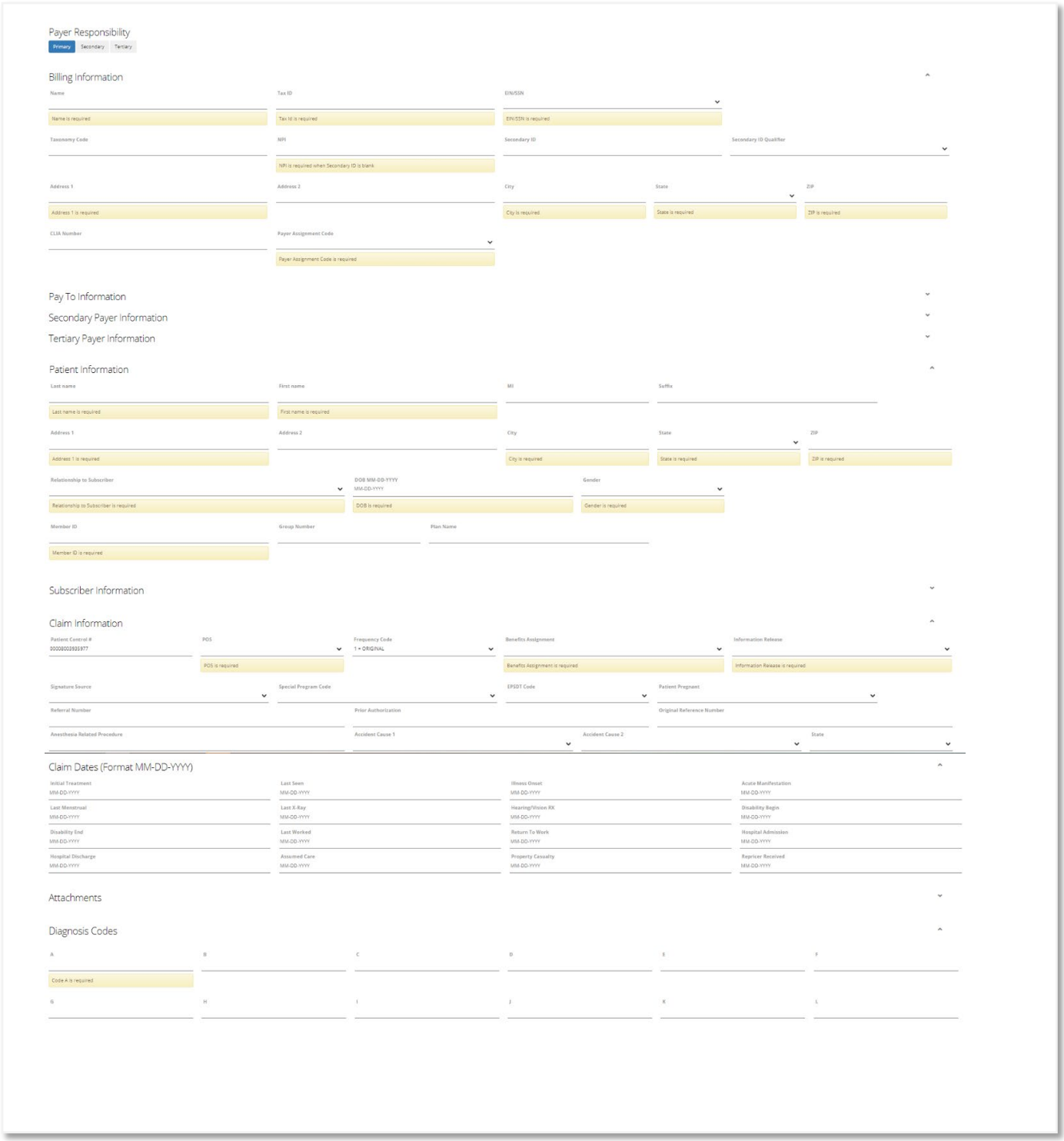
Other Situational lines based on services received:

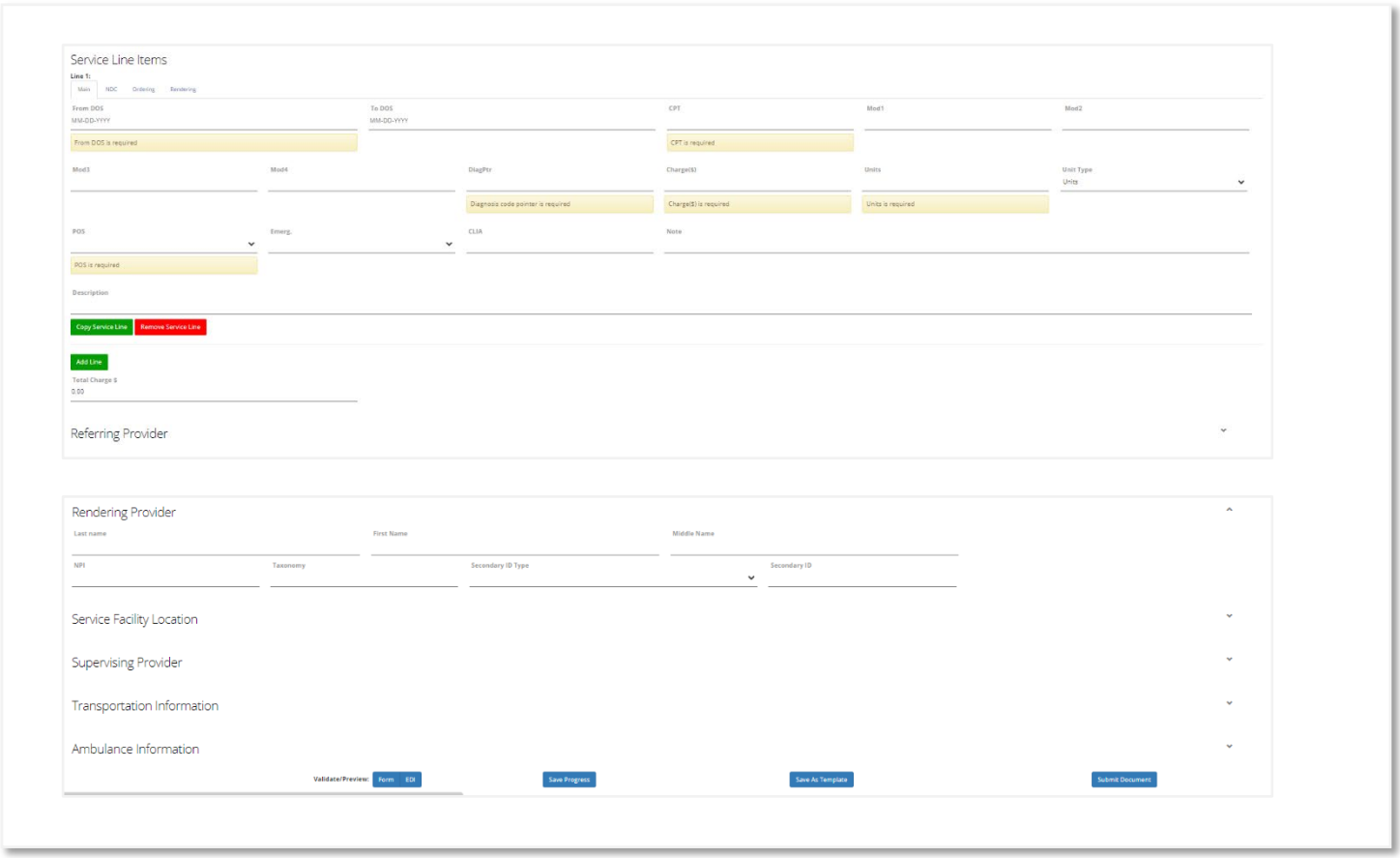
- Referring Provider
- Rendering Provider
- Service Facility Location
- Supervising Provider
- Transportation Information
- Ambulance Information

SMARTDATASTREAM
Clearinghouse Services

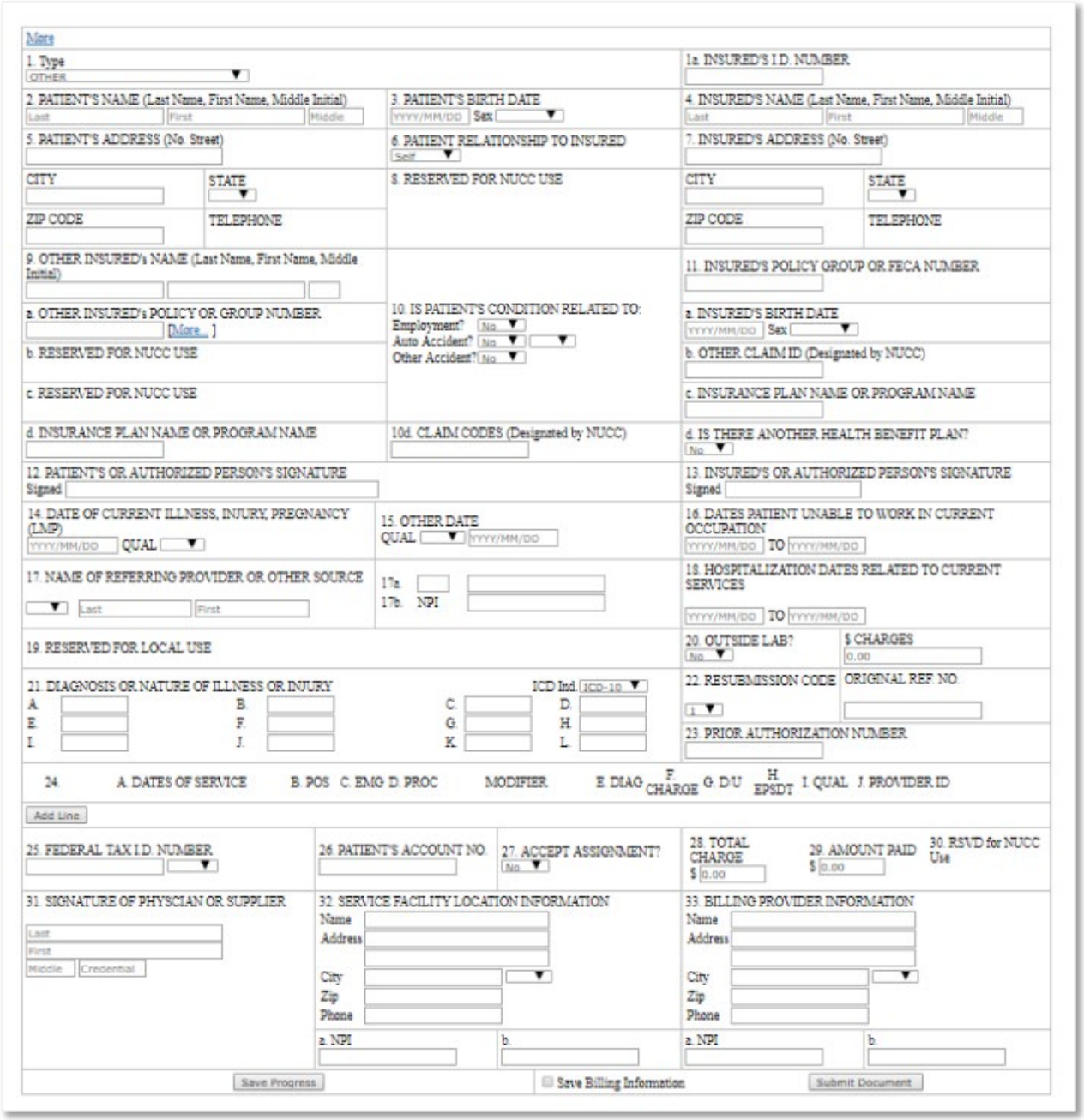
PROFESSIONAL CLAIMS FORM

Updated claims form (recommended method of submission):




Service Line Items
Line 1:
Main
NDC
Ordering
Rendering
From DOS
MM-DD-YYYY
To DOS
MM-DD-YYYY
CPT
Mod1
Mod2
From DOS is required
CPT is required
Mod3
Mod4
DiagPtr
Charge($)
Units
Unit Type
Units
Diagnosis code pointer is required
Charge($) 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
EDI
Save Progress
Save As Template
Submit Document

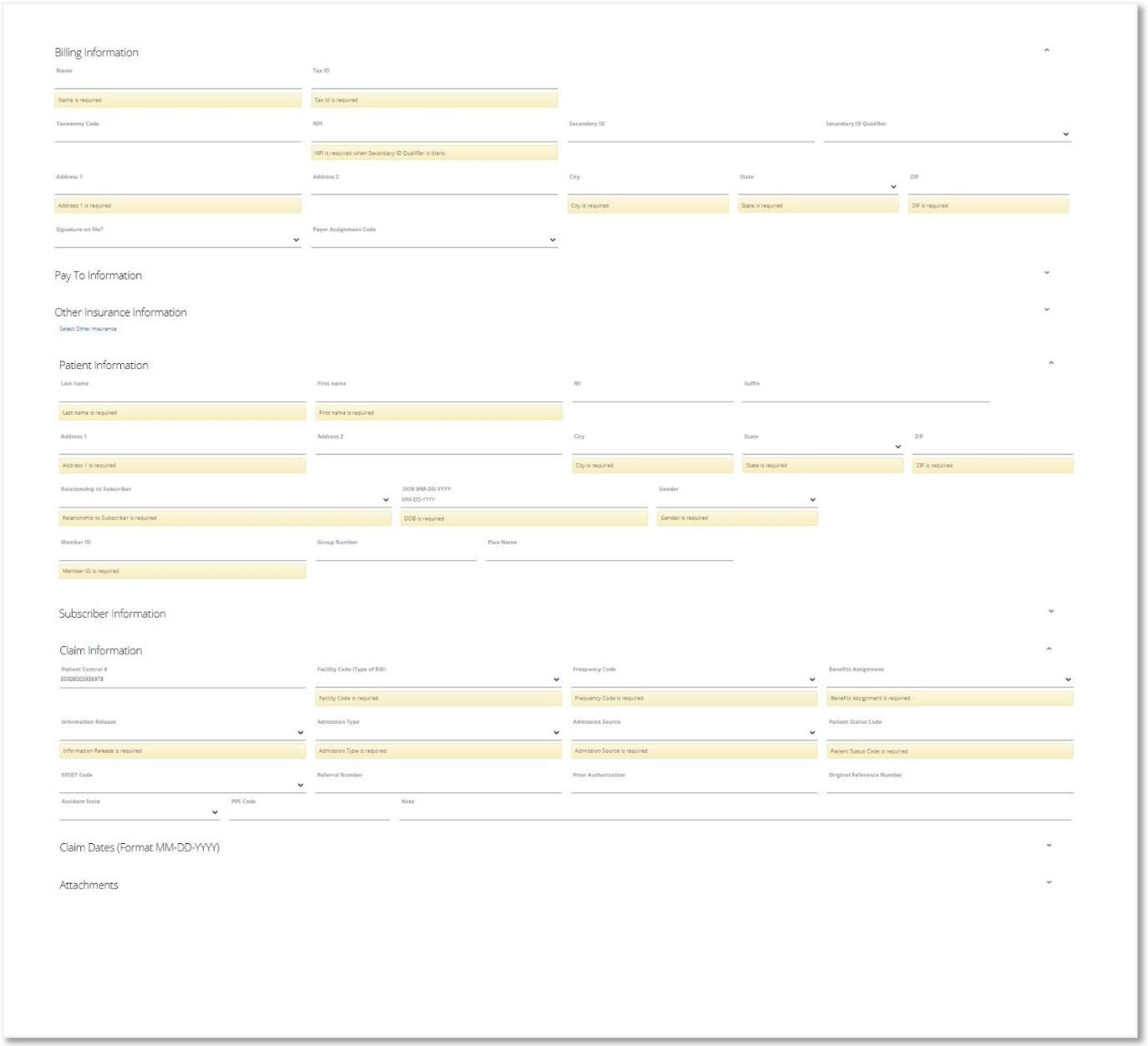
Old interface claims form (not recommended submission method):

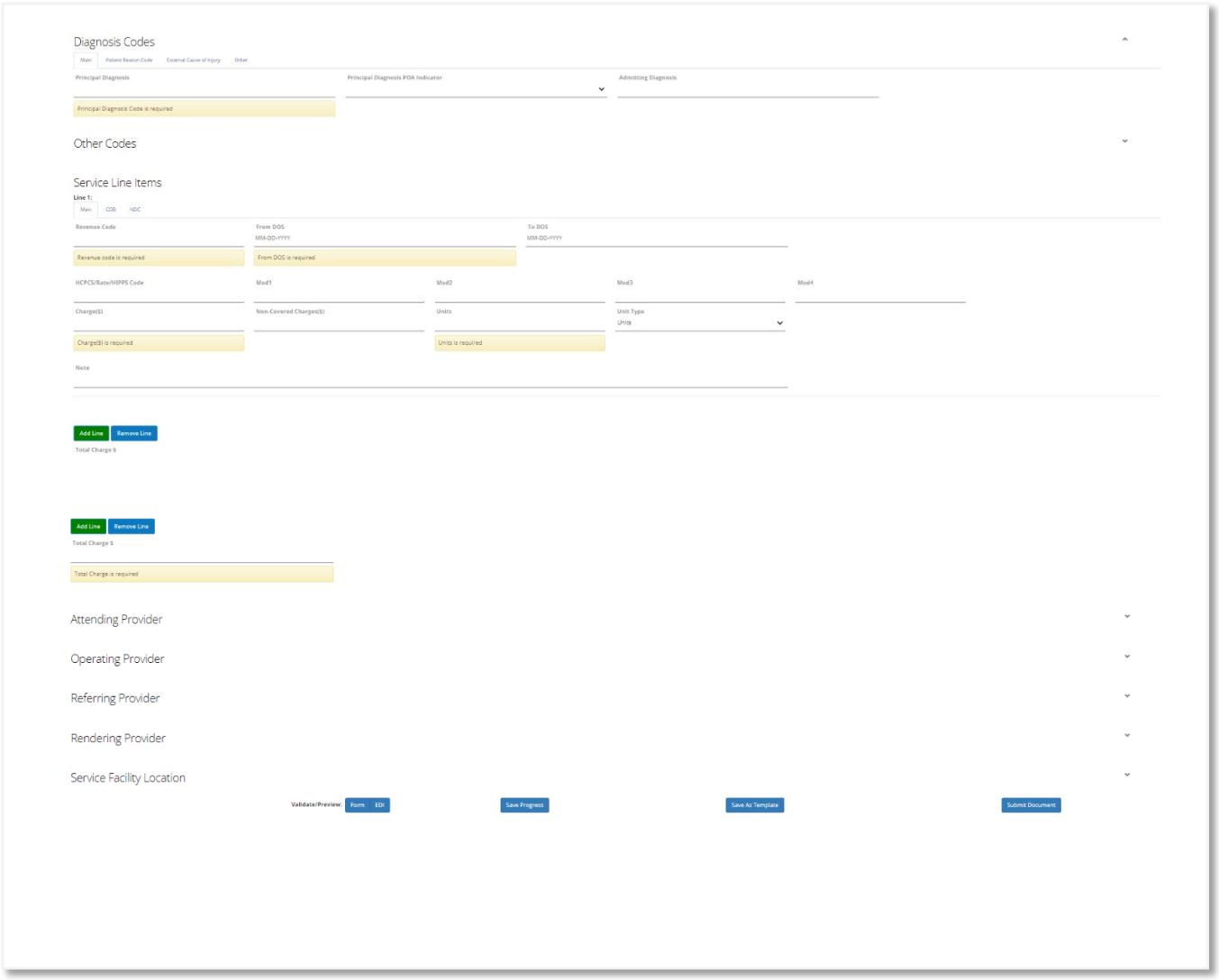


SMARTDATASTREAM
Clearinghouse Services

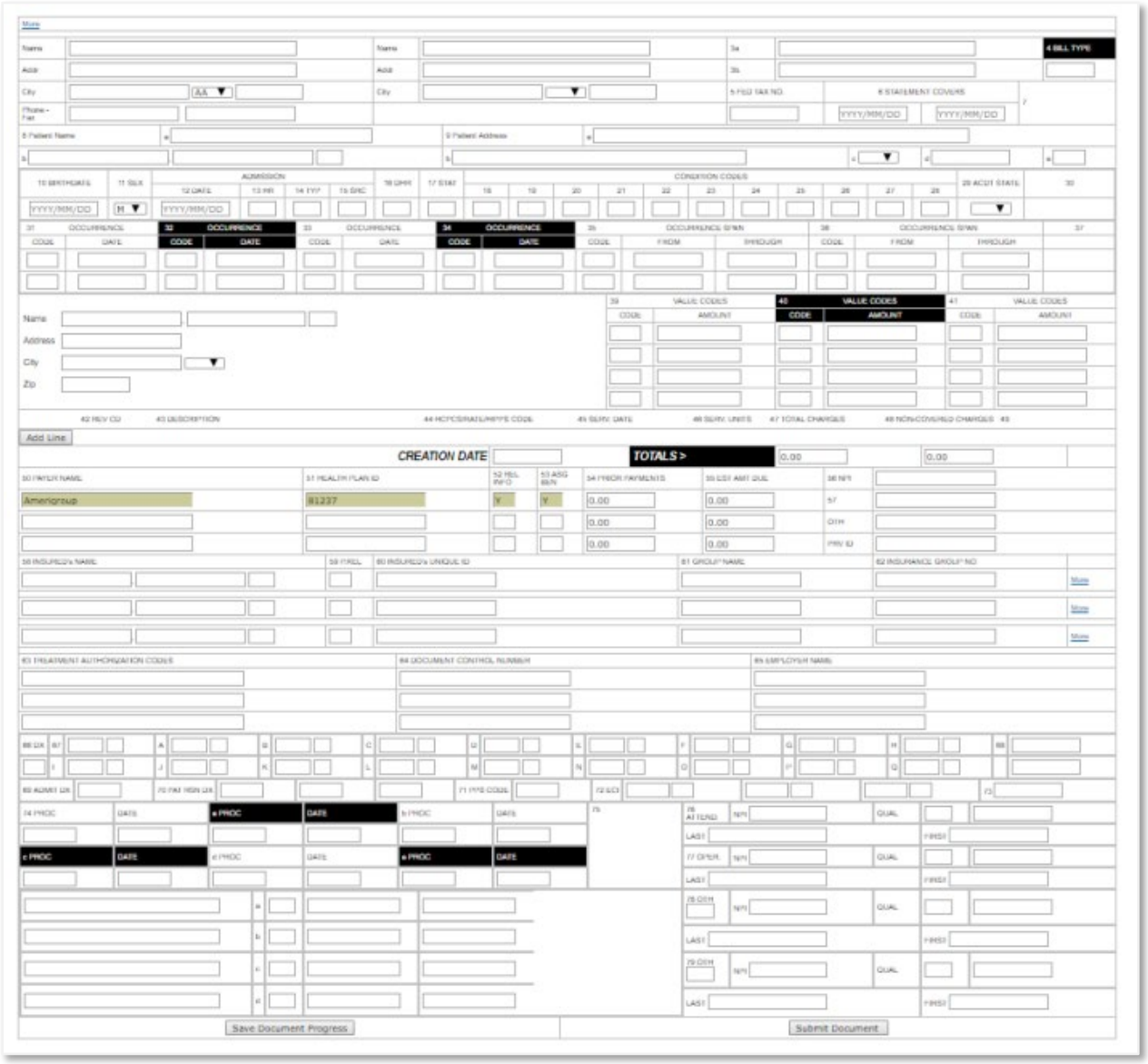
INSTITUTIONAL CLAIMS FORM

Updated claims form (recommended method of submission):




Diagnosis Codes
Main
Patient Reason Code
External Cause of Injury
Other
Principal Diagnosis
Principal Diagnosis POA Indicator
Admitting Diagnosis
Principal Diagnosis Code is required
Other Codes
Service Line Items
Line 1:
Main
CDD
NDC
Revenue Code
From DOS
MM-DD-YYYY
To DOS
MM-DD-YYYY
Revenue code is required
From DOS is required
HCPCS/Rate/HIPPS Code
Mod1
Mod2
Mod3
Mod4
Charge(s)
Non-Covered Charges(s)
Units
Unit Type
Units
Charge($) is required
Units is required
Note
Add Line
Remove Line
Total Charge $
Add Line
Remove Line
Total Charge $
Total Charge is required
Attending Provider
Operating Provider
Referring Provider
Rendering Provider
Service Facility Location
Validate/Preview:
Form
EDI
Save Progress
Save As Template
Submit Document

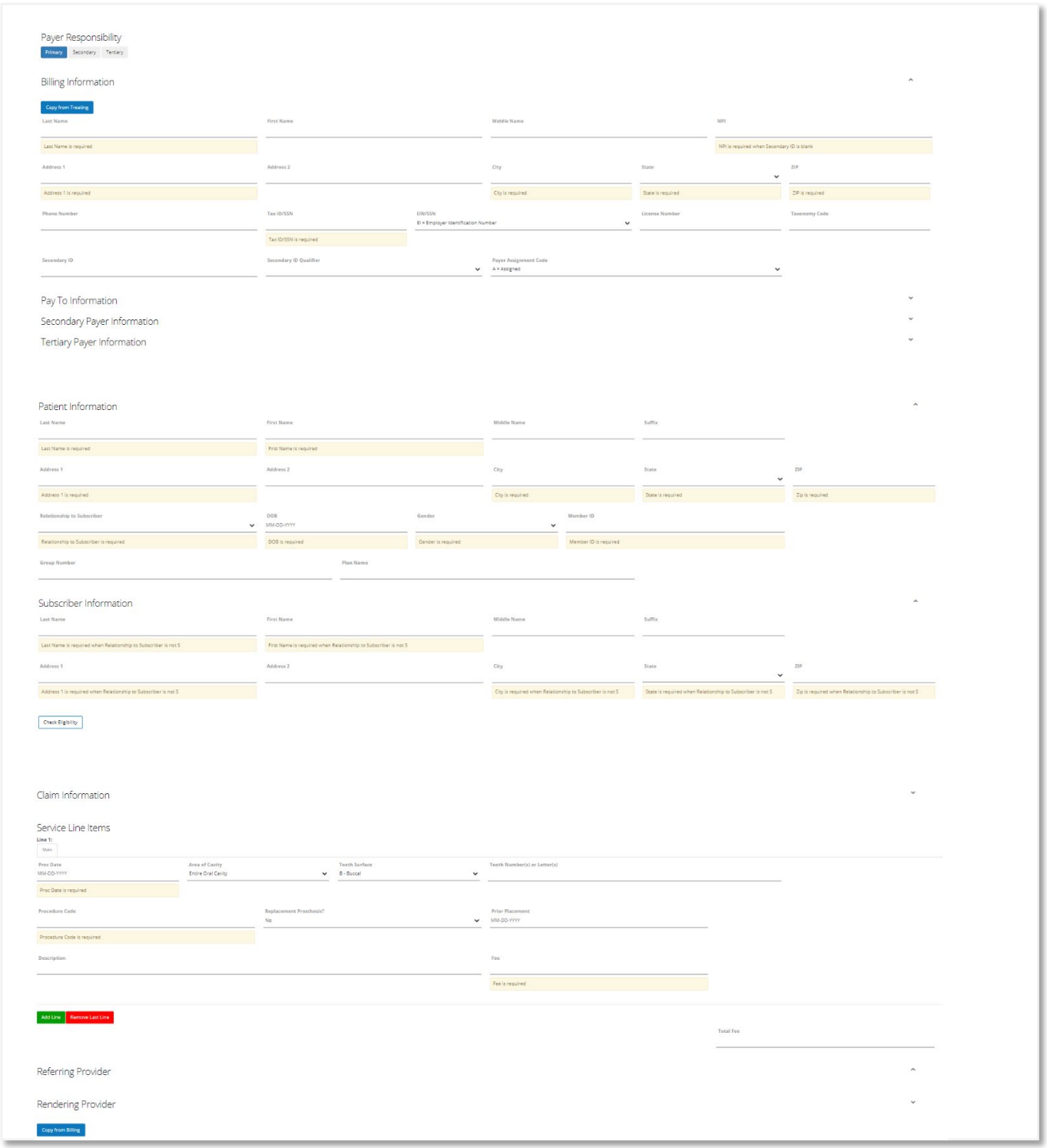
Old interface claims form (not recommended submission method):

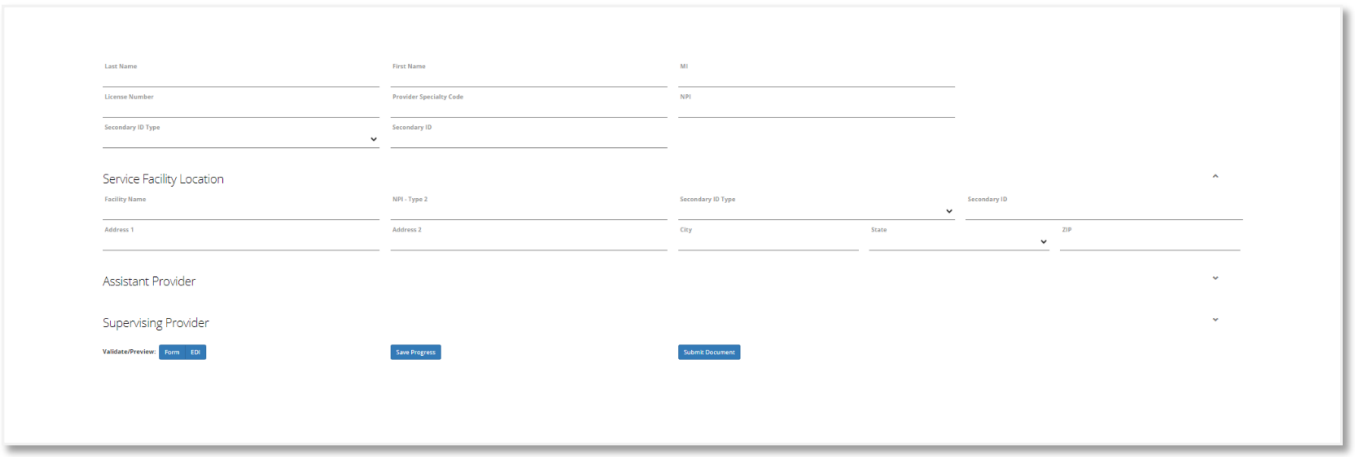


SMARTDATASTREAM
Clearinghouse Services

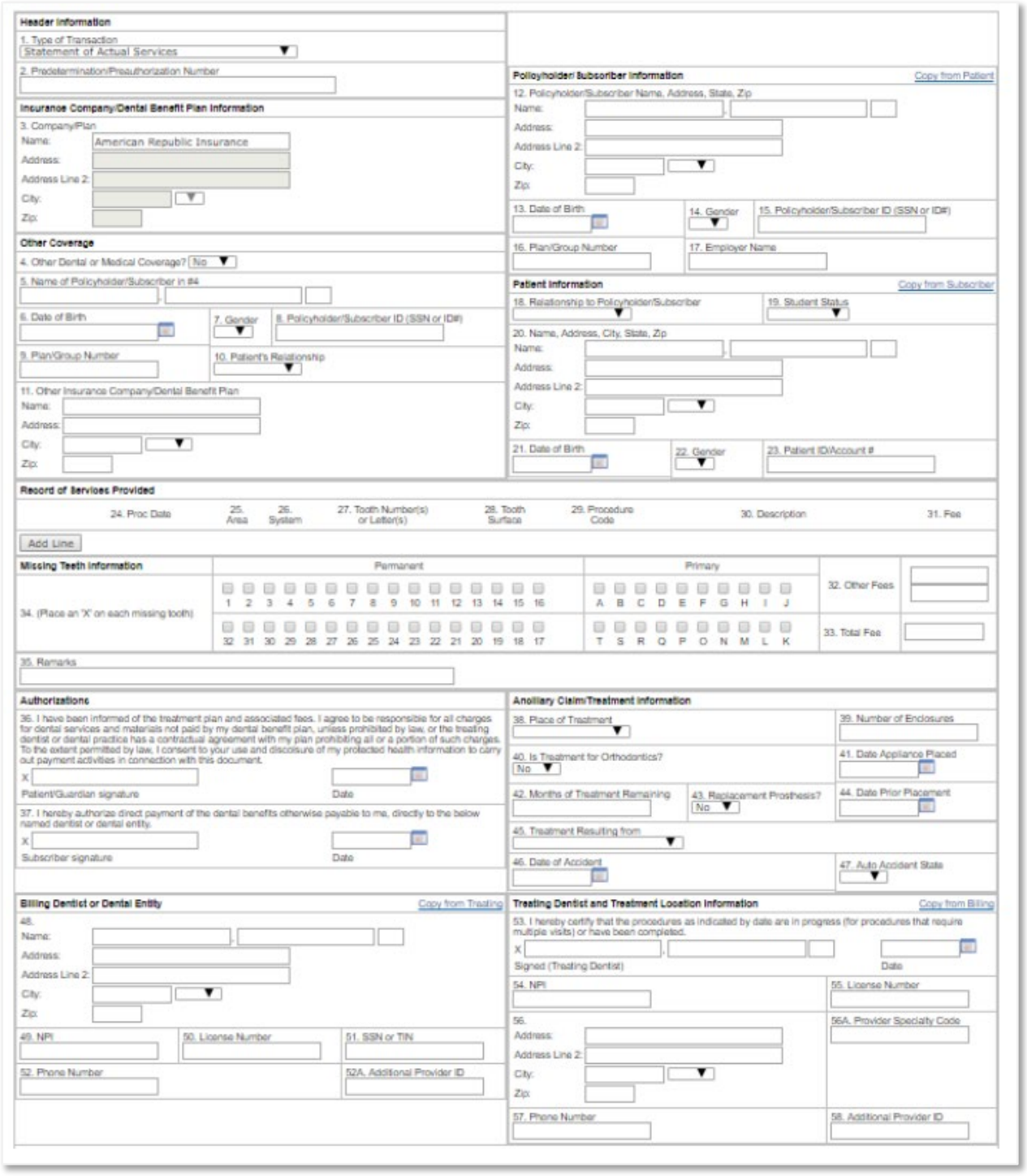
DENTAL CLAIMS FORM

Updated claims form (recommended method of submission):




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

Old interface claims form (not recommended submission method):



Header Information

1. Type of Transaction: Statement of Actual Services
2. Predetermination/Preauthorization Number

Insurance Company/Dental Benefit Plan Information

3. Company/Plan
Name: American Republic Insurance
Address:
Address Line 2:
City:
Zip:

Other Coverage

4. Other Dental or Medical Coverage? No
5. Name of Policyholder/Subscriber in #4
6. Date of Birth
7. Gender
8. Policyholder/Subscriber ID (SSN or ID#)
9. Plan/Group Number
10. Patient's Relationship
11. Other Insurance Company/Dental Benefit Plan
Name:
Address:
City:
Zip:

Policyholder/ Subscriber Information Copy from Patient

12. Policyholder/Subscriber Name, Address, State, Zip
Name:
Address:
Address Line 2:
City:
Zip:
13. Date of Birth
14. Gender
15. Policyholder/Subscriber ID (SSN or ID#)
16. Plan/Group Number
17. Employer Name

Patient Information Copy from Subscriber

18. Relationship to Policyholder/Subscriber
19. Student Status
20. Name, Address, City, State, Zip
Name:
Address:
Address Line 2:
City:
Zip:
21. Date of Birth
22. Gender
23. Patient ID/Account #

Record of Services Provided

24. Proc Date	25. Area	26. System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee

Add Line

Missing Teeth Information

34. (Place an 'X' on each missing tooth)

Permanent: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 / 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Primary: A B C D E F G H I J / T S R Q P O N M L K

32. Other Fees
33. Total Fee

35. Remarks

Authorizations

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this document.
X
Patient/Guardian signature
Date

37. I hereby authorize direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
X
Subscriber signature
Date

Ancillary Claim/Treatment Information

38. Place of Treatment
39. Number of Enclosures
40. Is Treatment for Orthodontics? No
41. Date Appliance Placed
42. Months of Treatment Remaining
43. Replacement Prosthesis? No
44. Date Prior Placement
45. Treatment Resulting from
46. Date of Accident
47. Auto Accident State

Billing Dentist or Dental Entity Copy from Treating

48.
Name:
Address:
Address Line 2:
City:
Zip:
49. NPI
50. License Number
51. SSN or TIN
52. Phone Number
52A. Additional Provider ID

Treating Dentist and Treatment Location Information Copy from Billing

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
X
Signed (Treating Dentist)
Date
54. NPI
55. License Number
56.
Address:
Address Line 2:
City:
Zip:
56A. Provider Specialty Code
57. Phone Number
58. Additional Provider ID

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.

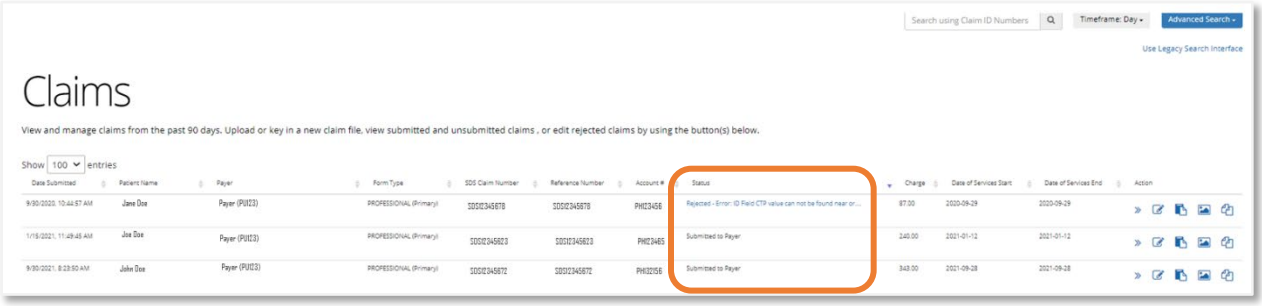
LOCATE CLAIM STATUS

To locate claim status, complete the following steps:

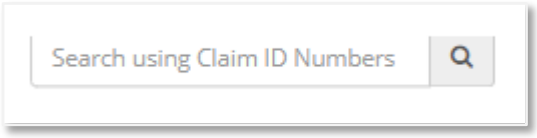
Step	Task
1.	Navigate and click on the ***Claims*** tab
2.	Search for the claim
3.	Review the ***Status*** field

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

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



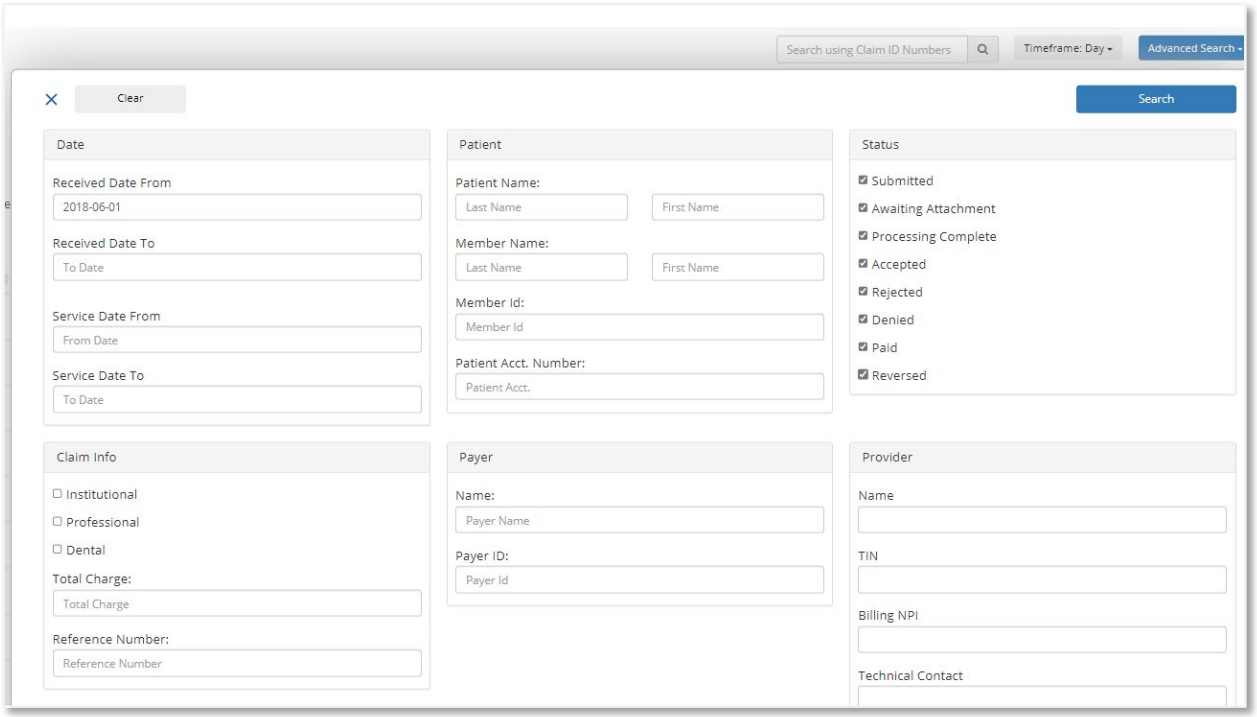
If the claim number is available, use the claim number search located in the top right-hand side of the screen.



ADVANCED CLAIM SEARCH

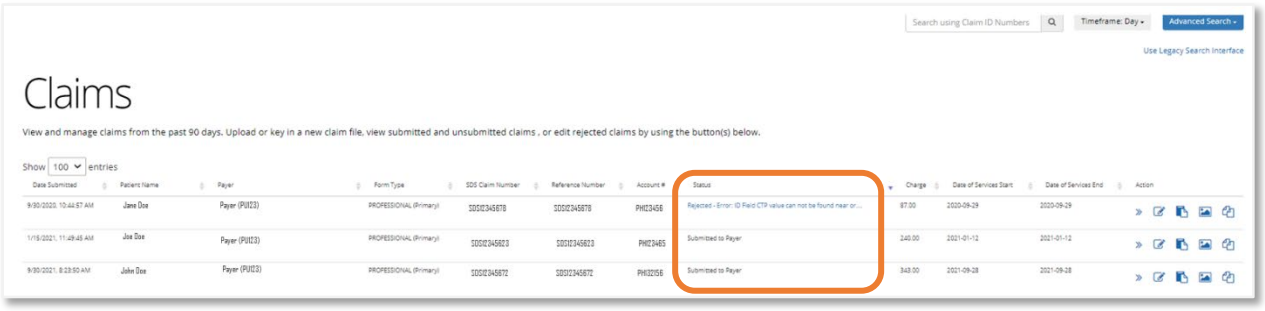
Advanced claim search can be used if the claim number is not known. The user can select dates of service, patient information, status, claim information (claim type), payer, and provider information associated with the claim.

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



IDENTIFYING CLAIM STATUS

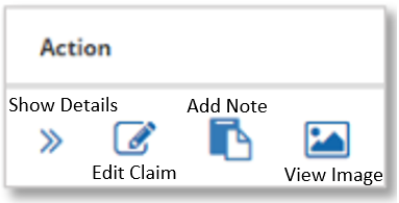
Review the claim status to determine which method to use to resubmit the claim, either ***Edit Claim*** or ***Copy Document***.



ACTIONS – GENERAL CLAIM MANAGEMENT

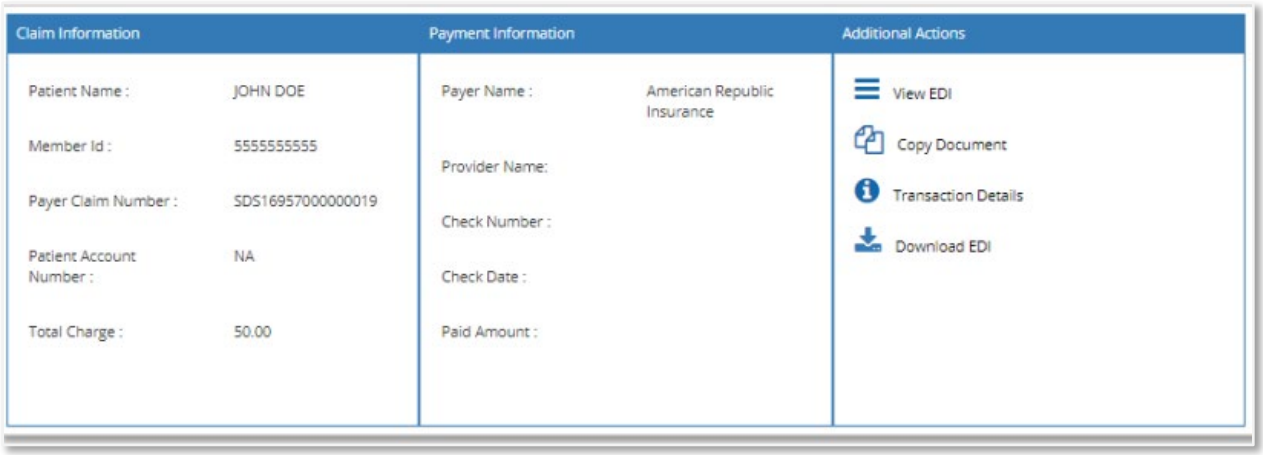
At the end of every claim row, there is a set of actions that can be taken which include:

- 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.



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

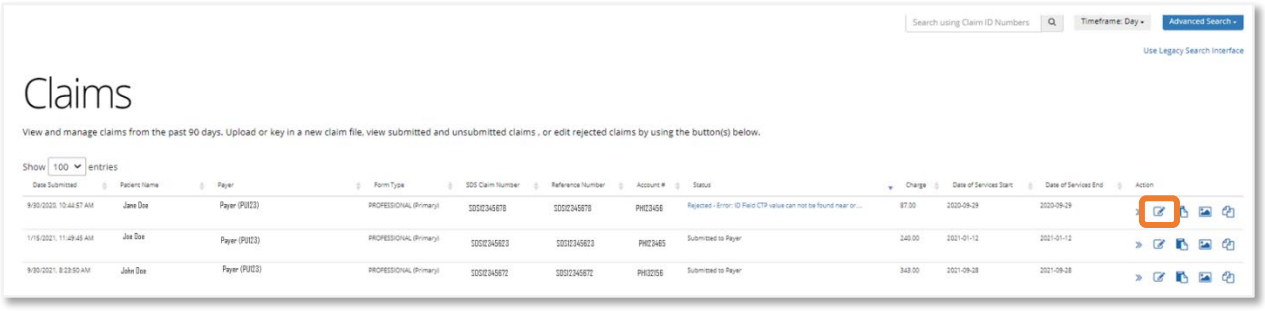
Edit Claim - is used if the claim is in one of the following statuses:

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

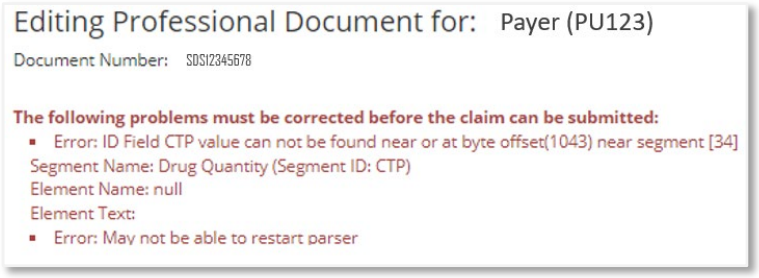
To Edit Claim, complete the following steps:

Step	Task
1.	Click ***Edit Claim*** 
2.	Enter additional information
3.	Click ***Save Changes*** button

Click ***Edit Claim***.

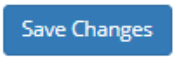


Possible error information will appear. Review error information and make any necessary adjustments.



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.



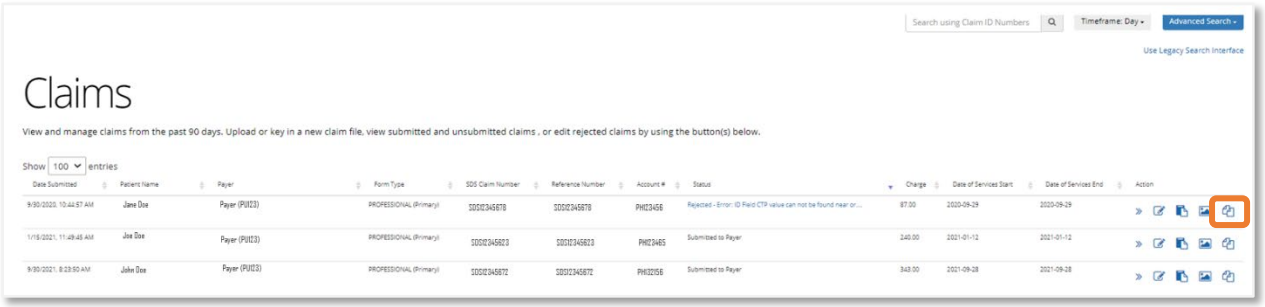
COPY DOCUMENT

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

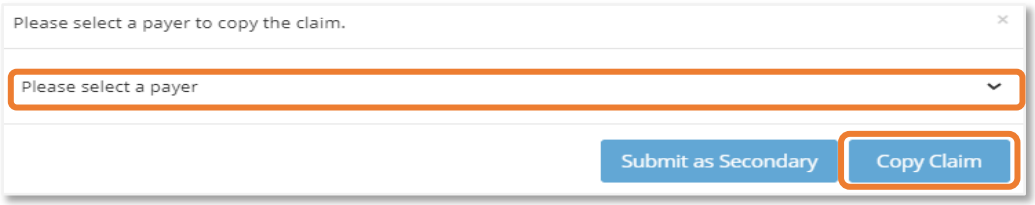
To use the Copy document function, complete the following steps:

Step	Task
1.	Click ***Copy Document***
2.	Select a Payer from the dropdown and click ***Copy Claim***
3.	Enter necessary information
4.	Click ***Submit Document*** 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.

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

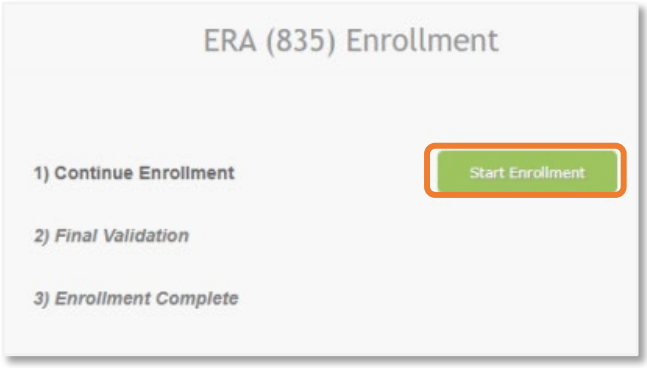
The ERA enrollment process through Smart Data Solutions (SDS) is available for select payers that directly utilize Smart Data Solutions' services. If payer is searched but isn't available within the list of payers, please contact SDS at 855-297-4436 opt 2 or stream.support@sdata.us

ENROLLMENT

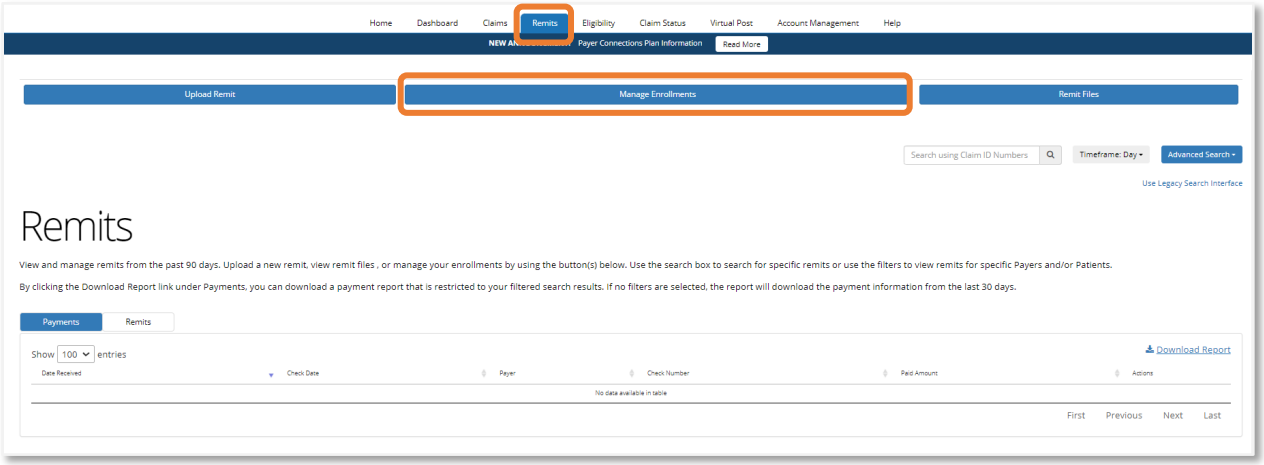
To complete the enrollment for Remits, complete the following steps:

Step		Task
1A.		Click ***Start Enrollment***
1B.		Click ***Remits*** tab and click ***Manage Enrollments***
1C.		Click ***Account Management*** tab and click ***Provider Enrollments***

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.



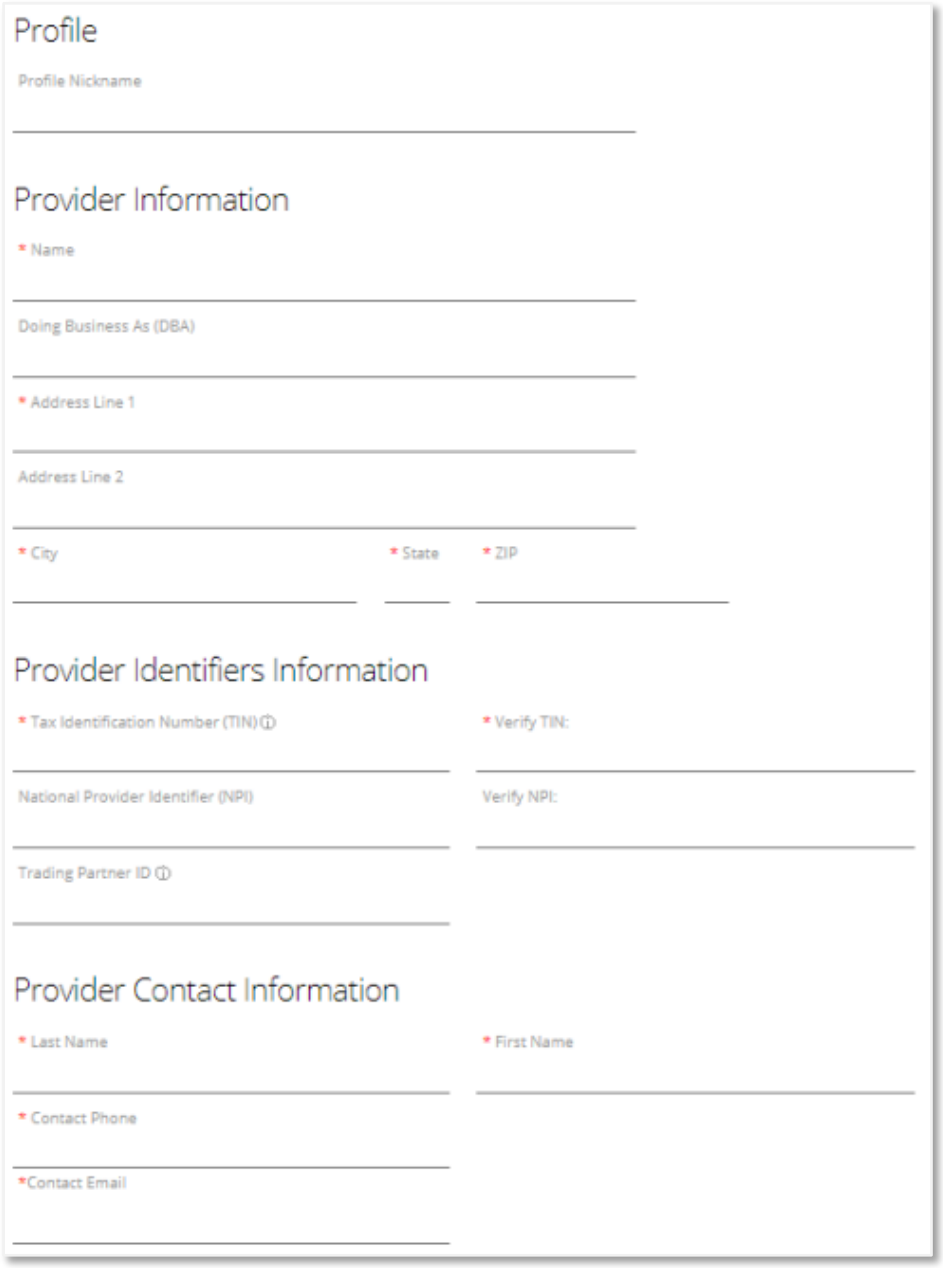
Upon navigating to the home page and the ERA (835) Enrollment Start Enrollment option doesn't appear click the ***Remits*** tab and then click ***Manage Enrollments.***



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.***

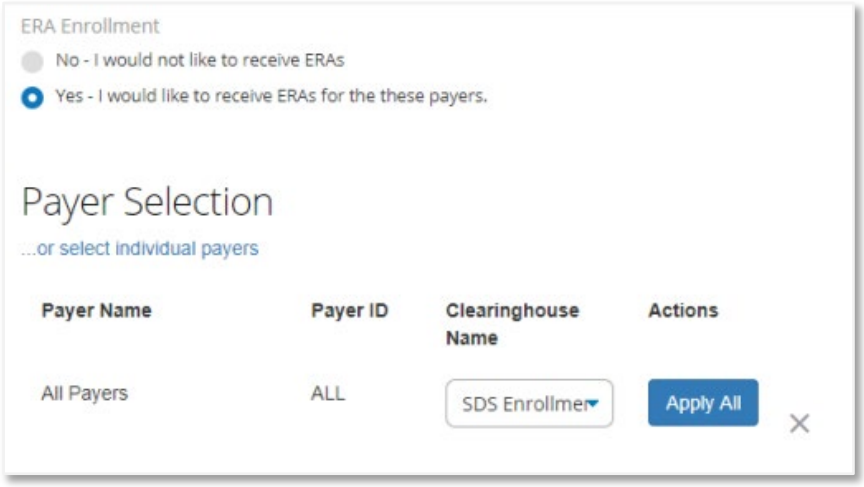
ENROLLMENT FORM COMPLETION

- 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

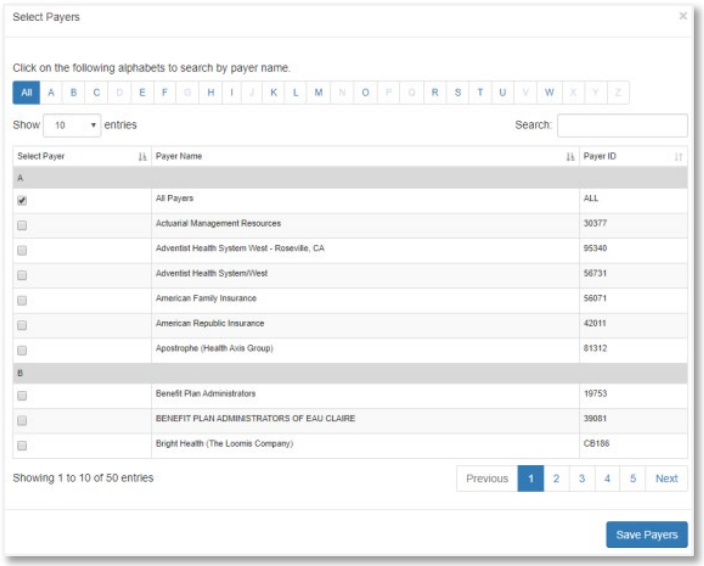
The default selection is set to enroll for all available payers and retrieve them directly from SDS.

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



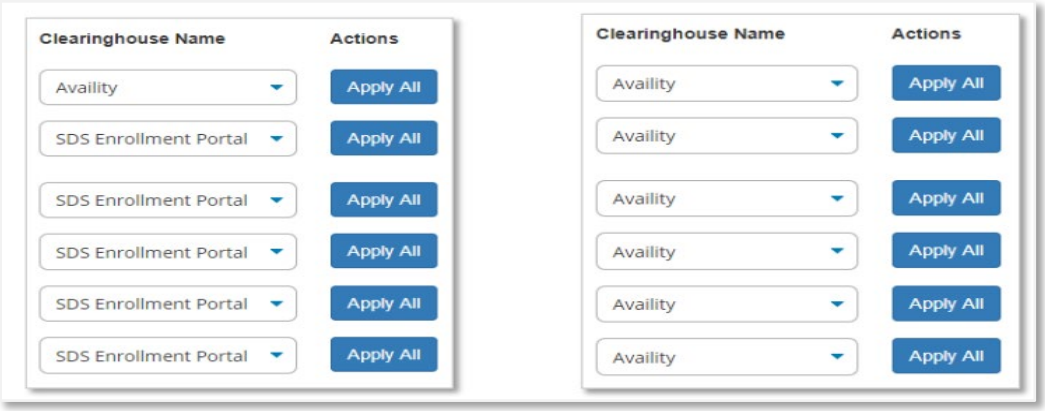
If the user would like to choose specific payers to enroll for or see which payers are available, then click on the link below Payer Selection that says "***...or select individual payers***".

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.



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.

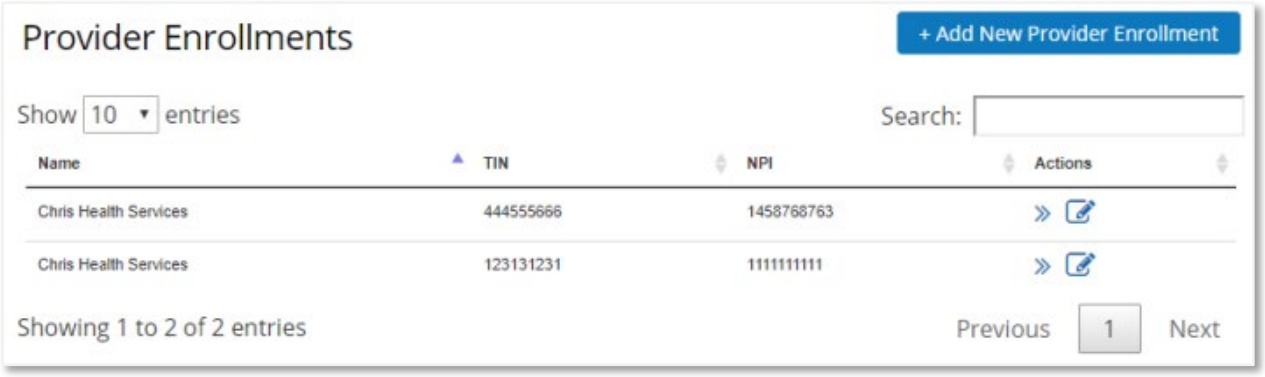


DIGITAL SIGNATURE

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.

PROVIDER ENROLLMENT

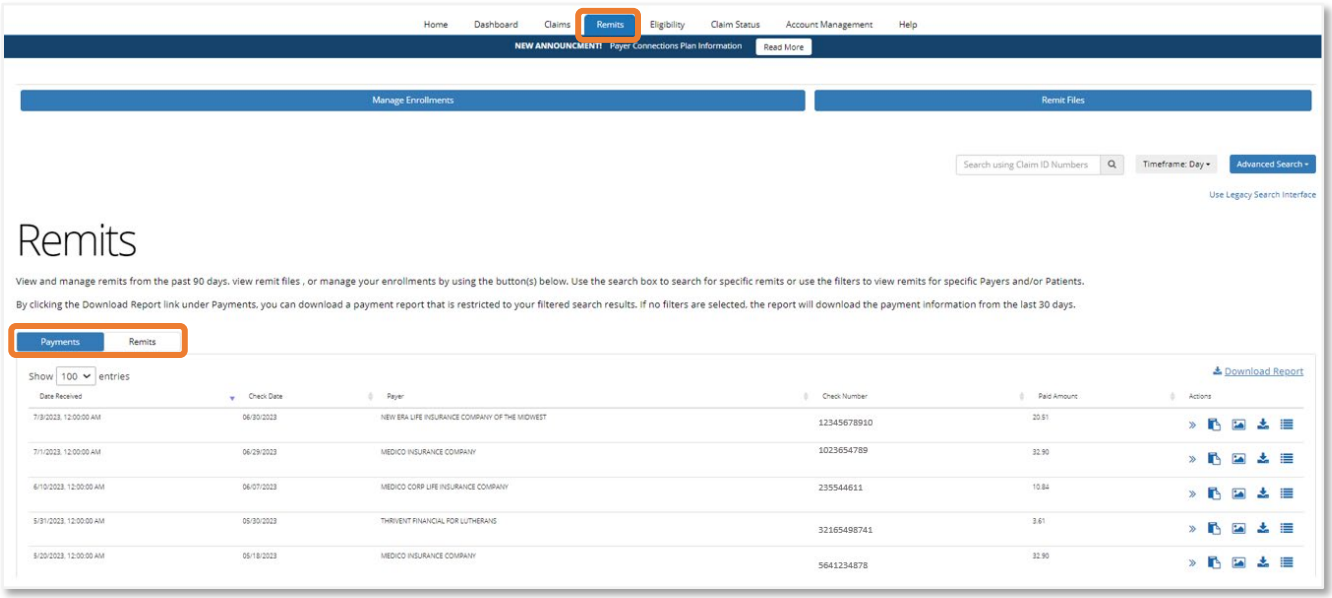
After an enrollment is submitted, a user will be directed to the Provider Enrollments page where the enrollment will show within the table. Additional enrollments can be added to the account, or the existing enrollments can be edited and reviewed.



REVIEW REMITS

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

Step	Task
1.	Click ***Remits*** tab
2.	Click ***Payments*** tab or ***Remits*** tab


Home
Dashboard
Claims
Remits
Eligibility
Claim Status
Account Management
Help
NEW ANNOUNCMENT! 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 100 entries
Download Report
Date Received
Check Date
Payer
Check Number
Paid Amount
Actions
7/3/2023, 12:00:00 AM
06/30/2023
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
12345678910
20.51
7/1/2023, 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