

SMART DATA STREAM GUIDE: PROVIDER PORTAL

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

SDS Provider Support

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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

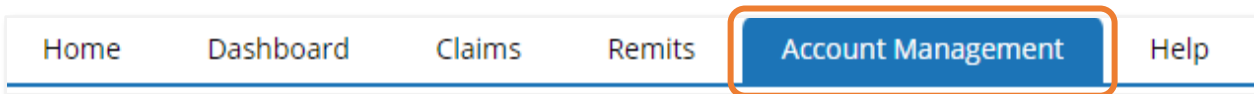
**The system does NOT send an email to them with their login information after a user has been created.*

ADDING NEW USERS

To add new users, complete the following steps:

Step	Task
1.	Navigate and click on the <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

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

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

5

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.

User Information

First Name

Last Name

Username*
CHIBC-

Phone Number

Email Address

Role

ClearingHouse User ▼

Account Security Reminders

- ✓ **Accounts with administrative privileges MUST NOT be created for a third party such as a vendor.**
- ✓ Accounts should be assigned to individuals. No general or shared accounts
- ✓ Always validate the identity of the individual for whom you are creating an account or assigning privileges
- ✓ 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
- ✓ Users should be assigned the least access privileges necessary
- ✓ Review active user accounts regularly, and disable or remove any that are no longer needed

*All usernames will start with your channel ID.

Submit

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.

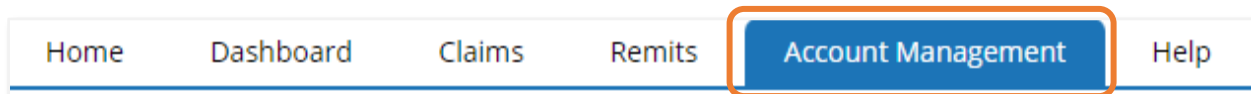
<u>User Roles:</u> - Clearinghouse Admin can: Add/Edit Users, Remove Users, and Adjust User Permissions - Clearinghouse User: Can perform function on the site as designated by their account admin except viewing other users.	<u>Permissions:</u> - Allow users to edit the ERA Enrollments and upload files.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

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](#)

[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](#)
[Reset Password](#)
[My Plan](#)
[My Providers](#)
[Provider Enrollments](#)
[Admin Change Request](#)

[Copy](#)
[Excel](#)
[CSV](#)

Search:

User Name	User Id	Email	User Role	Enabled	MFA Enabled	Actions
			Clearing house Admin	Yes	No	Edit User User History Remove User Reset Password

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

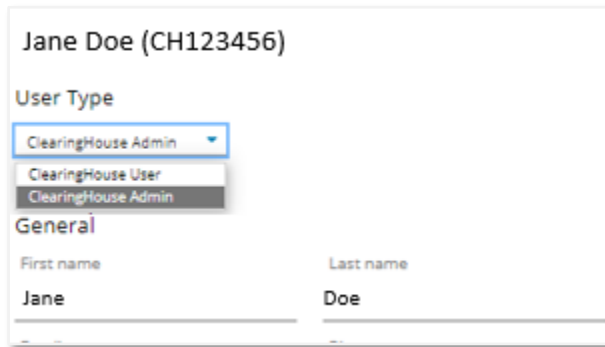
SAVE USER

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 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

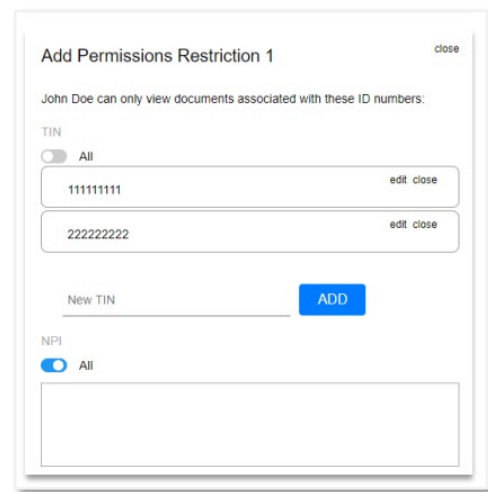
Once the appropriate option is selected click the  button if completed or if other functions need to be completed, complete those updates before saving. Other functions include:

- 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

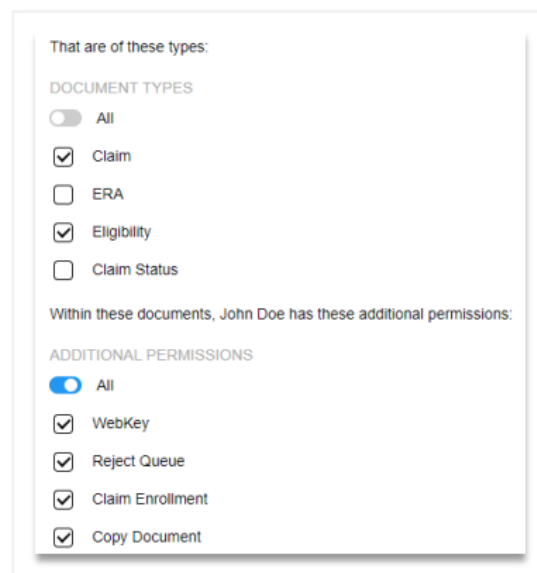
John Doe is allowed to view documents associated with TINs 111111111 and 222222222 as well as any NPIs associated with those two TINs. They are not allowed to view a document that comes in with TIN 333333333.



The screenshot shows a dialog box titled "Add Permissions Restriction 1" with a "close" button in the top right corner. The main text states: "John Doe can only view documents associated with these ID numbers:". Below this, there are two sections: "TIN" and "NPI". Under the "TIN" section, there is a toggle switch labeled "All" which is currently turned off. Below the toggle, there are two input fields containing the TINs "111111111" and "222222222". Each input field has an "edit" link and a "close" button to its right. Below these input fields, there is a "New TIN" label and a text input field, followed by a blue "ADD" button. Under the "NPI" section, there is a toggle switch labeled "All" which is currently turned on. Below the toggle is a large empty text area.

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 dialog box with the title "That are of these types:". Below the title, there is a section labeled "DOCUMENT TYPES". Under this section, there is a toggle switch labeled "All" which is currently turned off. Below the toggle, there are four checkboxes: "Claim" (checked), "ERA" (unchecked), "Eligibility" (checked), and "Claim Status" (unchecked). Below these checkboxes, there is a line of text: "Within these documents, John Doe has these additional permissions:". Below this text, there is a section labeled "ADDITIONAL PERMISSIONS". Under this section, there is a toggle switch labeled "All" which is currently turned on. Below the toggle, there are 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

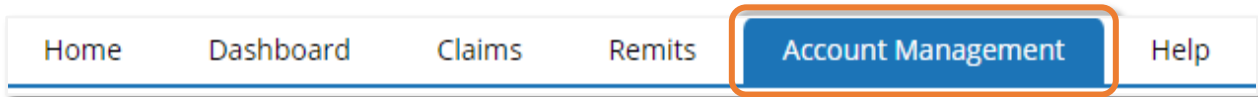
My Provider: Is a page to help make the claim submission process as simple as possible. Multiple providers and facilities can be listed for a quick selection during the claim submission process.

ADDING A NEW FACILITY

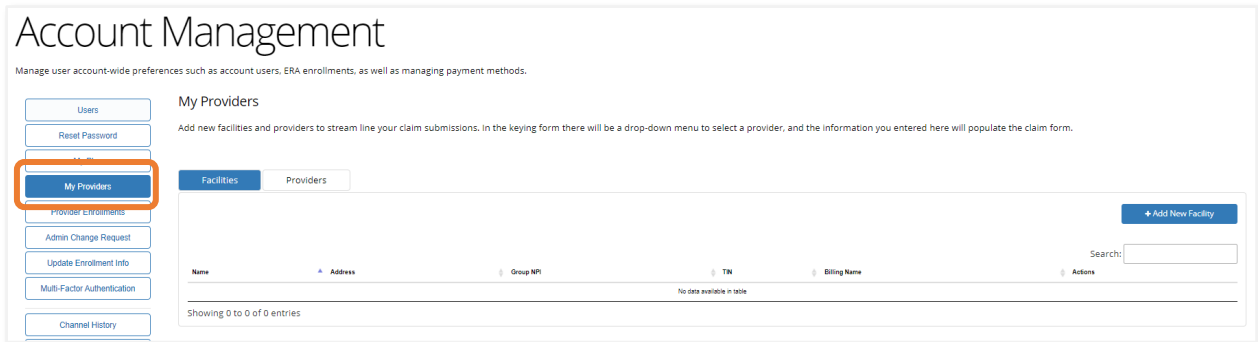
To add new facility, complete the following steps:

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>

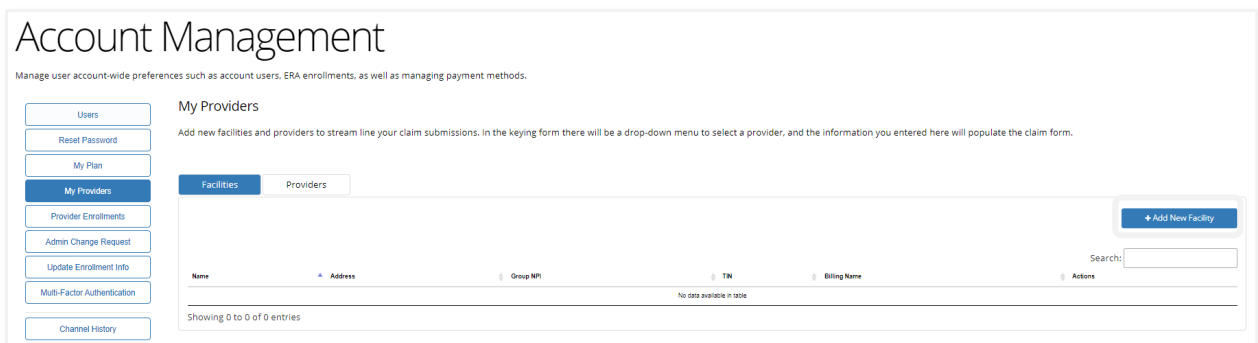
Navigate and click on the **Account Management** tab.



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.



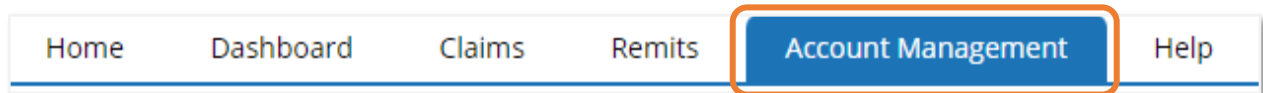
Once all information has been added and any optional providers have been associated with the facility be sure to click **Save**.

ADDING A NEW PROVIDER

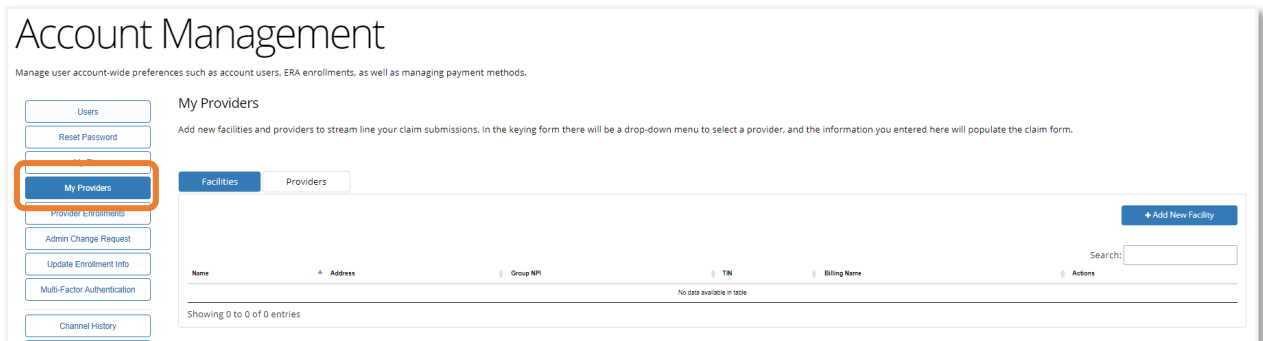
To add new provider, complete the following steps:

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>

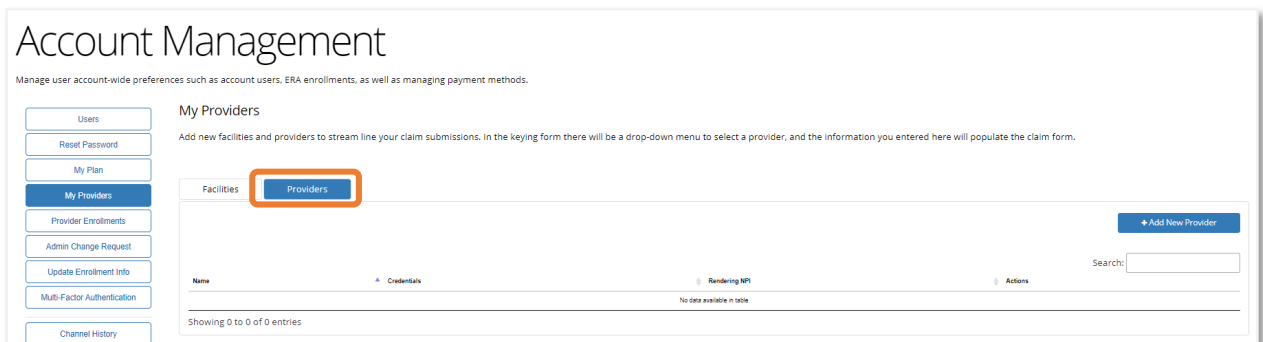
Navigate and click on the *Account Management* tab.



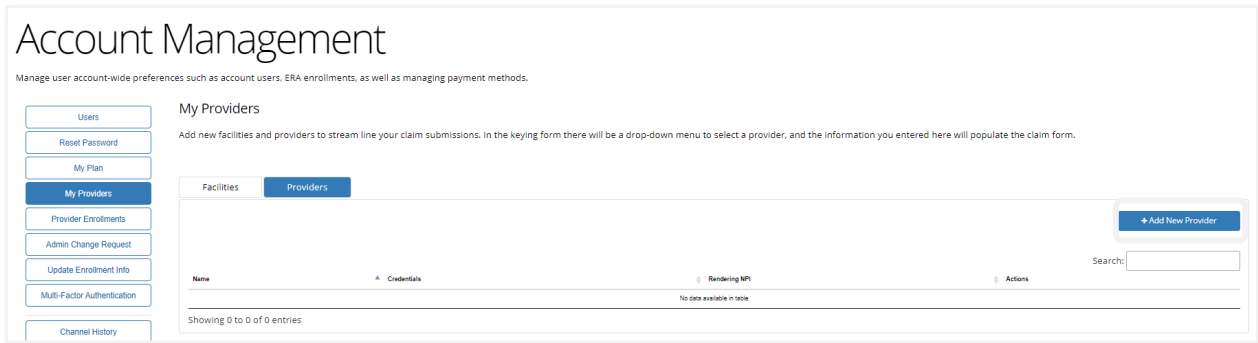
Click *My Providers* located on the left-hand side.



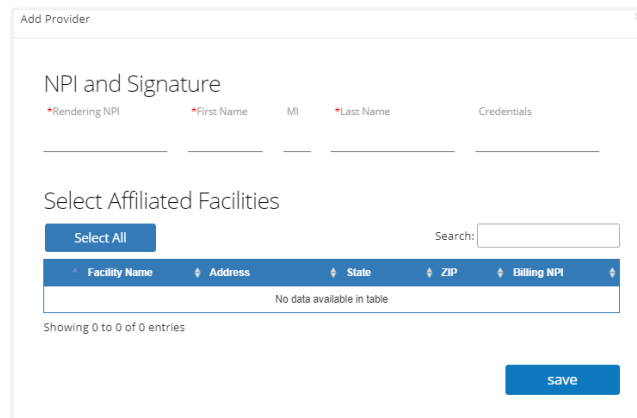
Click *Providers* tab located towards the top.



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

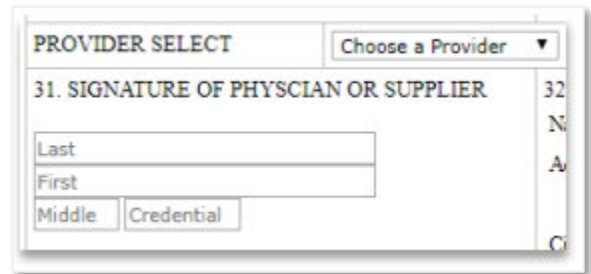
If facilities are already added to the account, select the facilities the provider will be affiliated with.



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

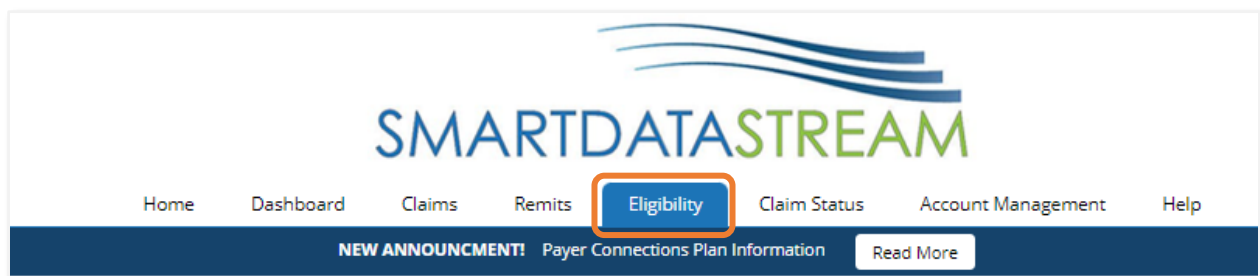
Not all accounts have elected eligibility search. If this is an option added to the account providers can verify patient eligibility.

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

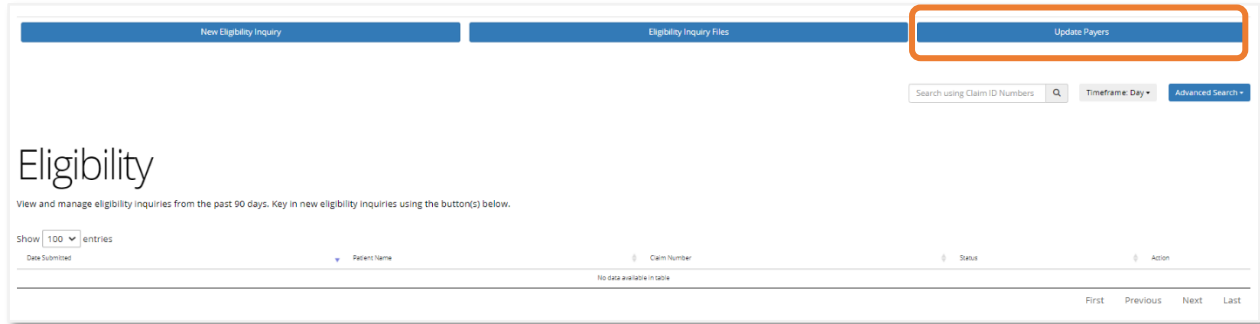
To search for a payer, complete the following steps:

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

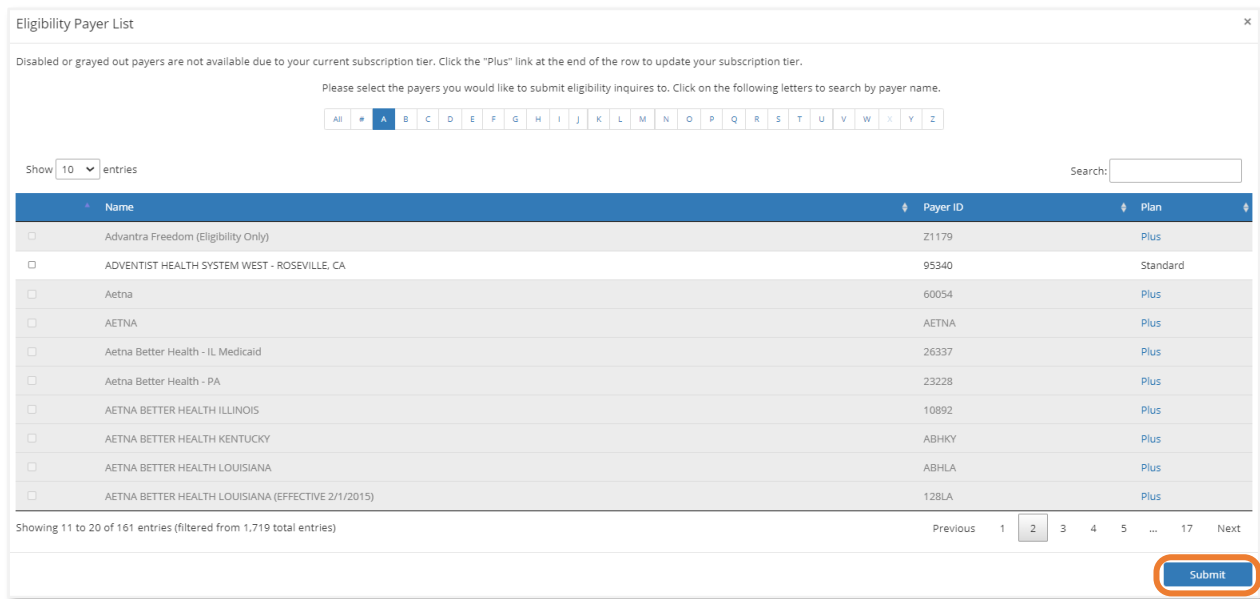
Navigate and click on the ***Eligibility*** tab.



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



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



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 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.

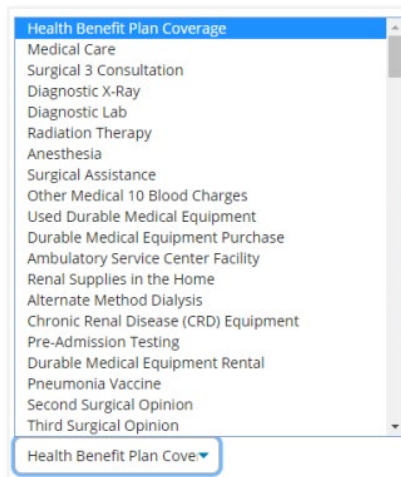
The screenshot shows the 'Eligibility' section of the SmartDataStream interface. At the top, there are three tabs: 'New Eligibility Inquiry' (highlighted with an orange box), 'Eligibility Inquiry Files', and 'Update Payers'. Below the tabs, there is a search bar with the text 'Search using Claim ID Numbers' and a search icon. To the right of the search bar, there is a 'Timeframe: Day' dropdown and an 'Advanced Search' button. Below the search bar, there is a heading 'Eligibility' and a subheading 'View and manage eligibility inquiries from the past 90 days. Key in new eligibility inquiries using the button(s) below.' Below this, there is a table with columns: 'Date Submitted', 'Patient Name', 'Claim Number', 'Status', and 'Action'. The table is currently empty, with a message 'No data available in table' at the bottom. At the bottom right of the table, there are navigation buttons: 'First', 'Previous', 'Next', and 'Last'.

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.

The screenshot shows the 'Select Payer' form. It has three main sections: 'Select Payer', 'Member Information', and 'Service Information'. In the 'Select Payer' section, there is a 'Destination' dropdown menu with 'American Republic/Amer' selected. In the 'Member Information' section, there are fields for 'Last Name', 'First Name', 'Middle Initial', '*Date of Birth' (with a hint 'mm/dd/yyyy'), 'Member ID', 'Date of Service' (with the value '11/22/2019'), and 'Insured' (a dropdown menu with 'Yes' selected). In the 'Service Information' section, there is a 'Service Type' dropdown menu with 'Health Benefit Plan Cove' selected. At the bottom left, there is a blue button labeled 'Add Dependent'. At the bottom right, there is a blue button labeled 'Submit Request'.



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



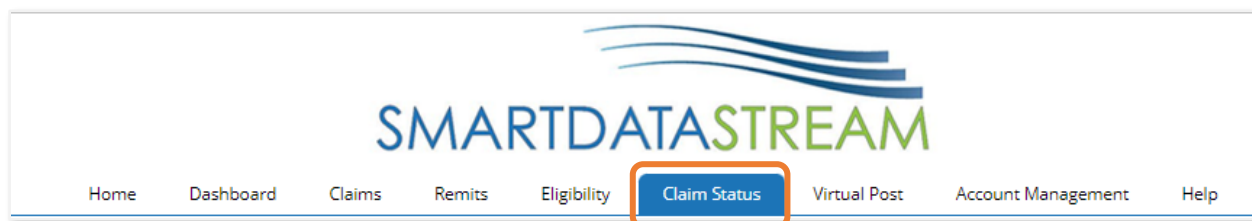
SELECTING PAYERS

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

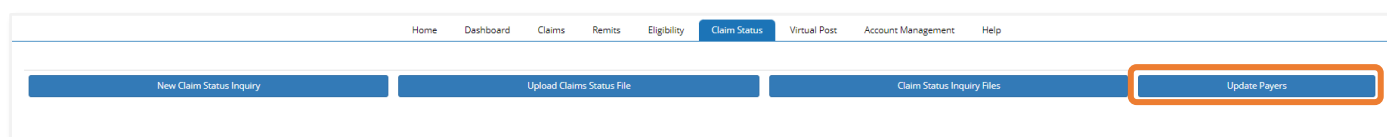
To search for a payer, complete the following steps:

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>

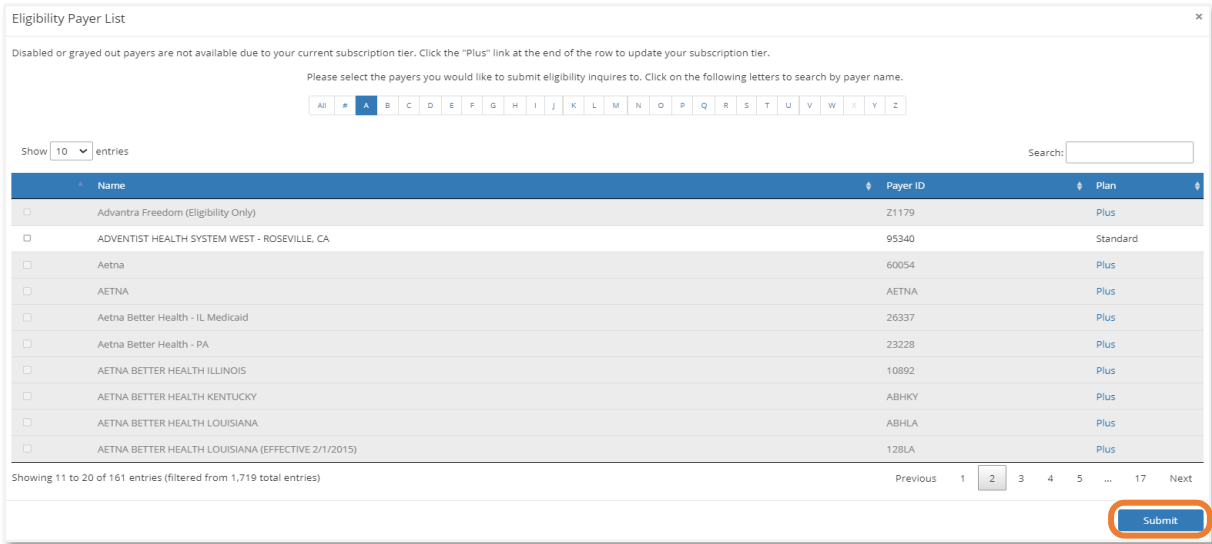
Navigate and click on the *Claims Status* tab.



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 Search:

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

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.

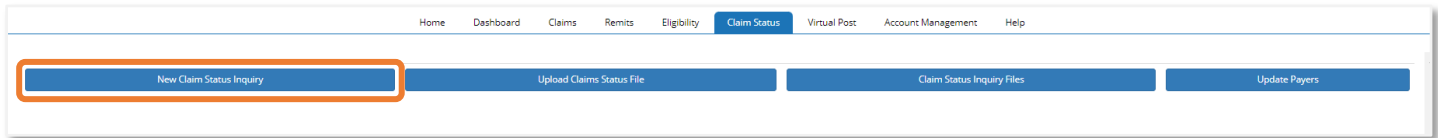
NEW CLAIM STATUS INQUIRY/ MAKING A REQUEST

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 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.

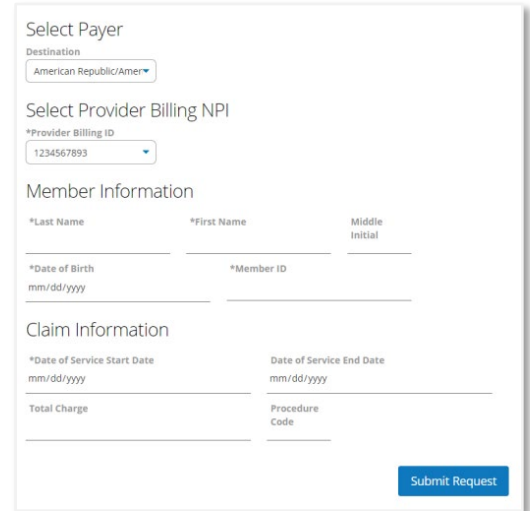
- The Provider Billing ID options can be updated/added from the My Providers page.

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.

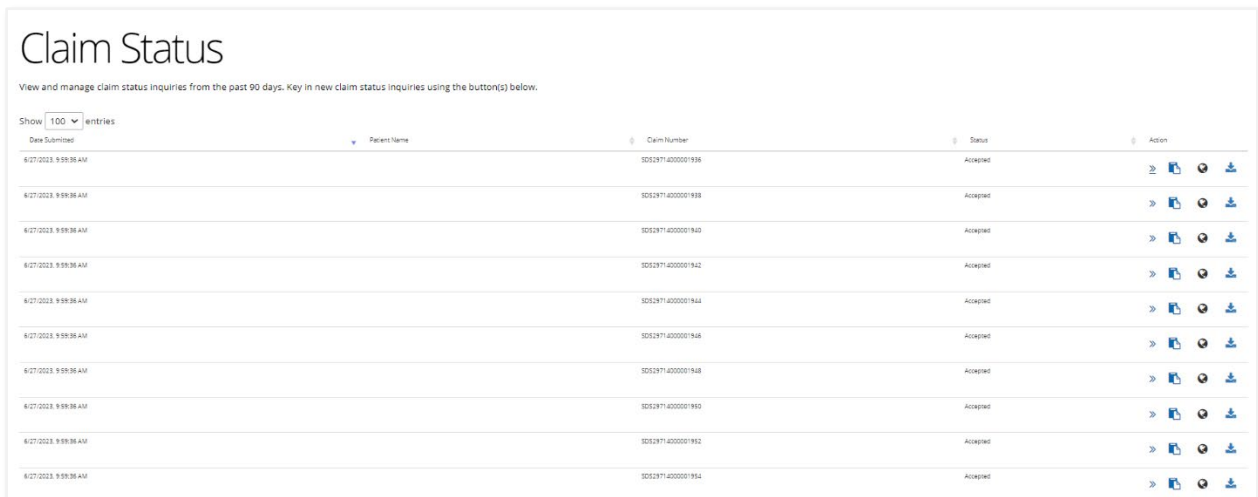


Claim Status Inquiry is intended to only provide basic status information and will not have adjudication or benefit break down information included.



CLAIM STATUS

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



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

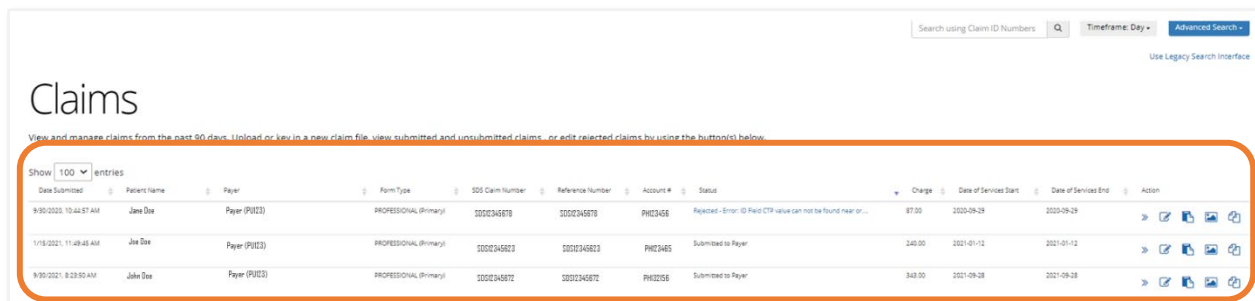
To search for a claim submitted within the last 90 days, complete the following steps:

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

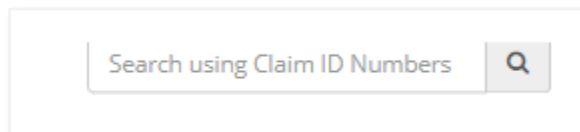
Navigate and click on the *Claims* tab.



A list of claims will appear.



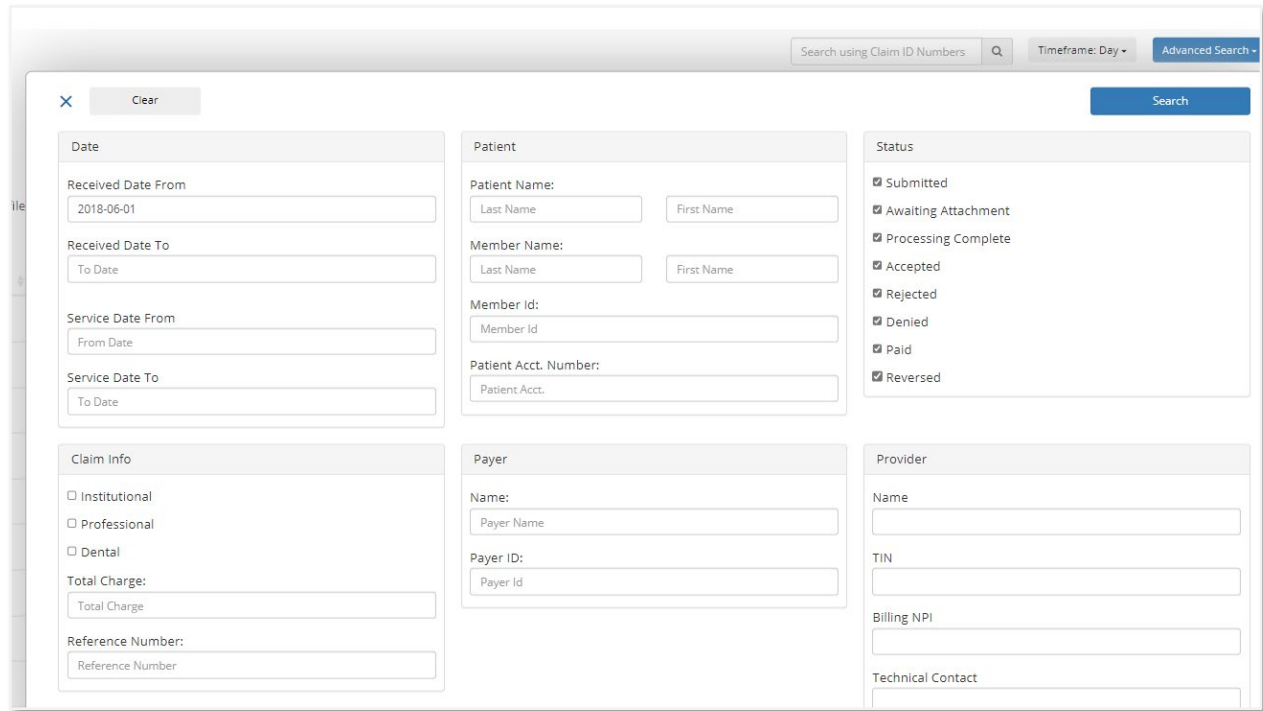
If the claim number is available, use the claim number search located in the top right-hand side of the screen.



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 Advanced Search form is a web-based interface for searching claims. It features a header with a search bar (placeholder: "Search using Claim ID Numbers"), a "Timeframe: Day" dropdown, and an "Advanced Search" button. The main form area is divided into several sections:

- Date:** Includes fields for "Received Date From" (with a date picker showing 2018-06-01), "Received Date To", "Service Date From", and "Service Date To".
- Patient:** Includes fields for "Patient Name" (Last Name, First Name), "Member Name" (Last Name, First Name), "Member Id", and "Patient Acct. Number".
- Status:** A list of checkboxes for claim status: Submitted, Awaiting Attachment, Processing Complete, Accepted, Rejected, Denied, Paid, and Reversed.
- Claim Info:** Includes checkboxes for "Institutional", "Professional", and "Dental", a "Total Charge" field, and a "Reference Number" field.
- Payer:** Includes fields for "Name" (Payer Name) and "Payer ID" (Payer Id).
- Provider:** Includes fields for "Name", "TIN", "Billing NPI", and "Technical Contact".

A "Clear" button is located at the top left of the form, and a "Search" button is at the top right.

PAYER SELECTION

Prior to submitting claims, a payer must be selected.

There are two categories of payers, Standard and Plus:

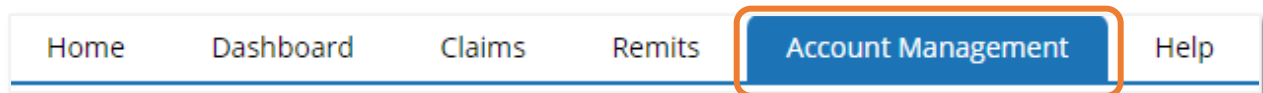
- **Standard:** Free unlimited claims submission with limited participating payers.
- **Plus:** Unlimited claims submission with a monthly fee associated per each NPI. Access to all SDS participating payers.

UPDATE PLAN SELECTION

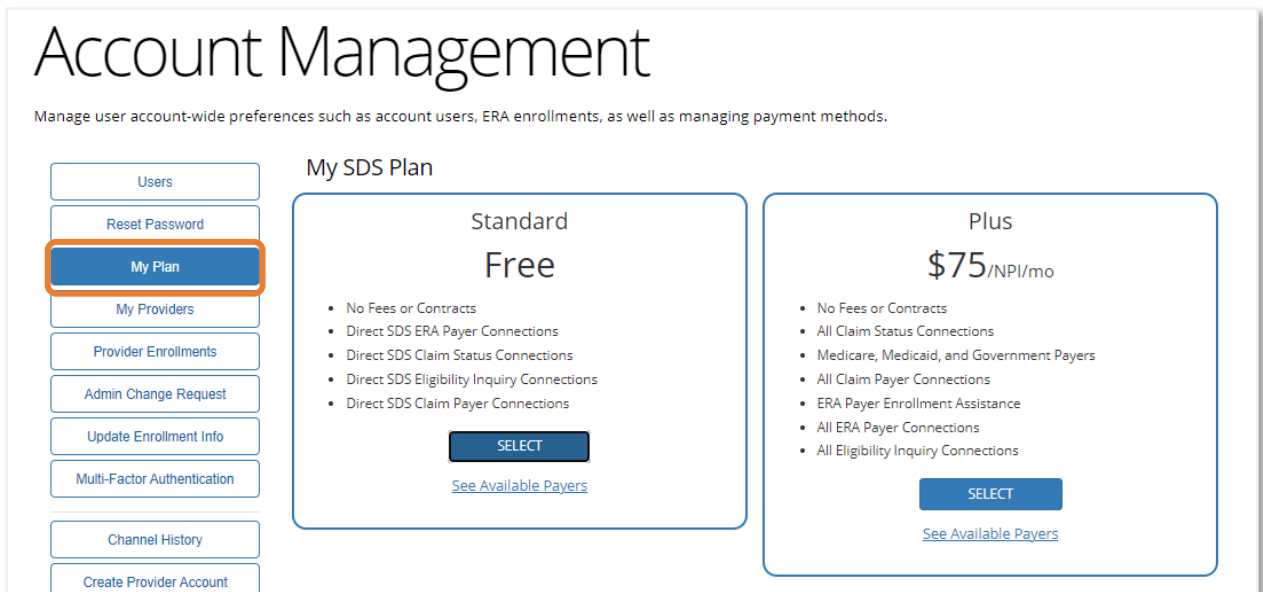
To update the plan selection from Standard to Plus, complete the following steps:

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.



The screenshot shows the 'Account Management' page. On the left is a sidebar with links: Users, Reset Password, My Plan (highlighted with an orange box), My Providers, Provider Enrollments, Admin Change Request, Update Enrollment Info, Multi-Factor Authentication, Channel History, and Create Provider Account. The main content area is titled 'My SDS Plan' and contains two plan options:

- 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

[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

[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
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

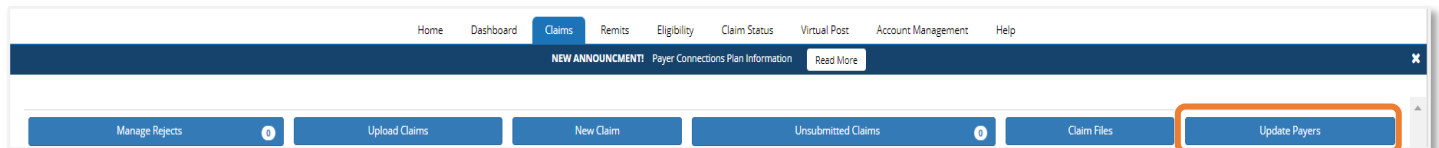
To update the payer for claims submission, complete the following steps:

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.

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:

Name	Payer ID	Professional	Institutional	Dental	Plan
☐ A & I BENEFIT PLAN ADMINISTRATORS	93044	Y	Y	N	Plus
☐ A Plus Staffing	J1239	Y	Y	N	Plus
☐ A Plus Staffing (ALL States) (Auto Only)	A0280A	Y	Y	N	Plus
☐ A Plus Staffing (ALL States) (WC Only)	A0280W	Y	Y	N	Plus
☐ A-1 Services & Mobile Home Repair (ALL) AUTO ONLY	WC186A	N	Y	N	Plus
☐ A-1 Truck And Trailer Repair (ALL) AUTO ONLY	WC187A	N	Y	N	Plus
☐ A-1 Truck And Trailer Repair (ALL) WC ONLY	WC187W	N	Y	N	Plus
☒ A-G Administrators LLC	11370	Y	Y	Y	Standard
☐ A.B.F Freight (Fontana, CA) (ALL) AUTO ONLY	WC183A	N	Y	N	Plus
☐ 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
1
2
3
4
5
...
79
Next

Submit



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.

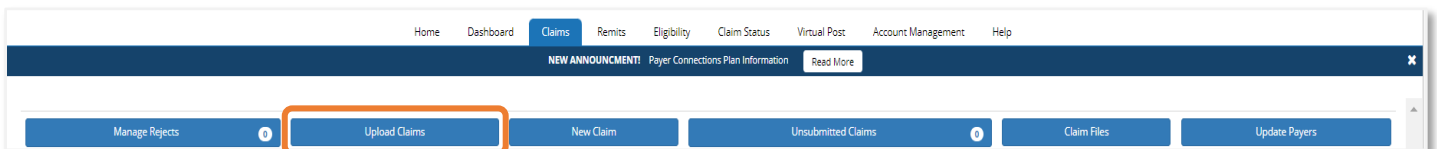
To use the upload claims feature, complete the following steps:

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.

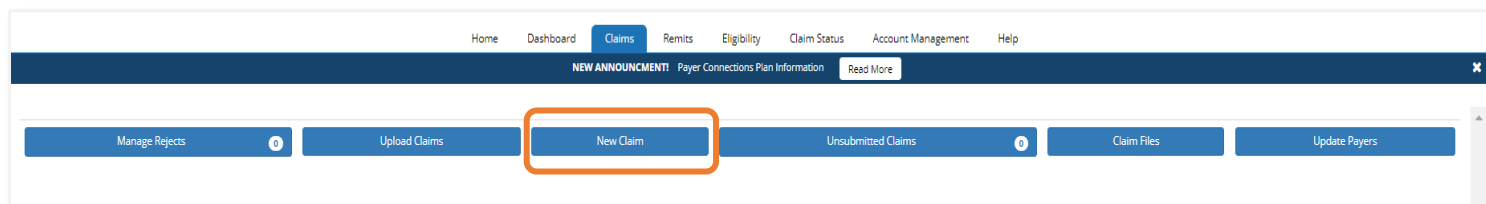
To use the New Claim feature, complete the following steps:

Step	Task
1.	Navigate and click on the 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.

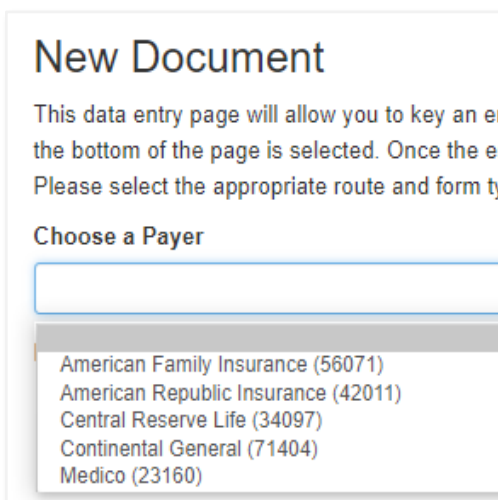


Click *New Claims*.



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.



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

Service Line Items

Line It:	Mod1	Mod2	Mod3	Mod4	DiagHtr	Charge(s)	Units	Unit Type
From DOS MM-DD-YYYY	To DOS MM-DD-YYYY	CPT	Mod1	Mod2				
From DOS is required		CPT is required						
					Diagnosis code pointer is required	Charge(s) is required	Units is required	Unit Type Units
PDS	Emerg.	CLIA				Note		
PDS 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
NP	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 Documents		

Old interface claims form (not recommended submission method):

More 1. Type OTHER		1a. INSURED'S ID NUMBER 	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Last First Middle		3. PATIENT'S BIRTH DATE YYYY/MM/DD Sex	
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Last First Middle 6. PATIENT RELATIONSHIP TO INSURED Self	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER More... b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME 		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE 8. RESERVED FOR NUCC USE 10. IS PATIENT'S CONDITION RELATED TO: Employment? No Auto Accident? No Other Accident? No 10d. CLAIM CODES (Designated by NUCC) 	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Signed		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S BIRTH DATE YYYY/MM/DD Sex b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME 	
14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) YYYY/MM/DD QUAL		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Signed 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 19. RESERVED FOR LOCAL USE 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY A B E F I J C D G H K L		15. OTHER DATE QUAL YYYY/MM/DD 17a. 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES YYYY/MM/DD TO YYYY/MM/DD 20. OUTSIDE LAB? No \$ CHARGES 0.00 22. RESUBMISSION CODE 1 ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER 	
24. A. DATES OF SERVICE B. POS C. ENG D. PROC MODIFIER E. DIAG F. CHARGE G. DU H. EPSDT I. QUAL J. PROVIDER ID			
Add Line			
25. FEDERAL TAX I.D. NUMBER 		26. PATIENT'S ACCOUNT NO 	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER Last First Middle Credential		27. ACCEPT ASSIGNMENT? No 28. TOTAL CHARGE \$ 0.00 29. AMOUNT PAID \$ 0.00 30. RSVD for NUCC Use	
32. SERVICE FACILITY LOCATION INFORMATION Name Address City Zip Phone a. NPI b.		33. BILLING PROVIDER INFORMATION Name Address City Zip Phone a. NPI b.	
Save Progress		Save Billing Information	
Submit Document			

INSTITUTIONAL CLAIMS FORM

Updated claims form (recommended method of submission):

Billing Information															
Name				Tax ID											
Name is required				Tax ID is required											
Taxonomy Code				NPI				Secondary ID							
				NPI is required when Secondary ID Qualifier is blank				Secondary ID Qualifier							
Address 1				Address 2				City		State		ZIP			
Address 1 is required								City is required		State is required		ZIP is required			
Signature on file?				Pager Assignment Code											
Pay To Information															
Other Insurance Information															
Select Other Insurance															
Patient Information															
Last name				First name				MI		Suffix					
Last name is required				First name is required											
Address 1				Address 2				City		State		ZIP			
Address 1 is required								City is required		State is required		ZIP is required			
Relationship to Subscriber				DOB MM-DD-YYYY				Gender							
Relationship to Subscriber is required				MM-DD-YYYY				DOB is required				Gender is required			
Member ID				Group Number				Plan Name							
Member ID is required															
Subscriber Information															
Claim Information															
Patient Control #				Facility Code (Type of Bill)				Frequency Code				Benefits Assignment			
00000000000000000000				Facility Code is required				Frequency Code is required				Benefits Assignment is required			
Information Release				Admission Type				Admission Source				Patient Status Code			
Information Release is required				Admission Type is required				Admission Source is required				Patient Status Code is required			
EPRST Code				Referral Number				Prior Authorization				Original Reference Number			
Accident State				RPS Code				Note							
Claim Dates (Format MM-DD-YYYY)															
Attachments															

Old interface claims form (not recommended submission method):

Name		Name		3a		4 BILL TYPE	
Address		Address		3b			
City		City		5 FID CAR NO		6 STATEMENT COVERS	
Phone - Fax				7		8	
9 Patient Name		9 Patient Address		9		9	
10		10		10		10	
11		11		11		11	
12		12		12		12	
13		13		13		13	
14		14		14		14	
15		15		15		15	
16		16		16		16	
17		17		17		17	
18		18		18		18	
19		19		19		19	
20		20		20		20	
21		21		21		21	
22		22		22		22	
23		23		23		23	
24		24		24		24	
25		25		25		25	
26		26		26		26	
27		27		27		27	
28		28		28		28	
29		29		29		29	
30		30		30		30	
31		31		31		31	
32		32		32		32	
33		33		33		33	
34		34		34		34	
35		35		35		35	
36		36		36		36	
37		37		37		37	
38		38		38		38	
39		39		39		39	
40		40		40		40	
41		41		41		41	
42		42		42		42	
43		43		43		43	
44		44		44		44	
45		45		45		45	
46		46		46		46	
47		47		47		47	
48		48		48		48	
49		49		49		49	
50		50		50		50	
51		51		51		51	
52		52		52		52	
53		53		53		53	
54		54		54		54	
55		55		55		55	
56		56		56		56	
57		57		57		57	
58		58		58		58	
59		59		59		59	
60		60		60		60	
61		61		61		61	
62		62		62		62	
63		63		63		63	
64		64		64		64	
65		65		65		65	
66		66		66		66	
67		67		67		67	
68		68		68		68	
69		69		69		69	
70		70		70		70	
71		71		71		71	
72		72		72		72	
73		73		73		73	
74		74		74		74	
75		75		75		75	
76		76		76		76	
77		77		77		77	
78		78		78		78	
79		79		79		79	
80		80		80		80	
81		81		81		81	
82		82		82		82	
83		83		83		83	
84		84		84		84	
85		85		85		85	
86		86		86		86	
87		87		87		87	
88		88		88		88	
89		89		89		89	
90		90		90		90	
91		91		91		91	
92		92		92		92	
93		93		93		93	
94		94		94		94	
95		95		95		95	
96		96		96		96	
97		97		97		97	
98		98		98		98	
99		99		99		99	
100		100		100		100	

Save Document Progress Submit Document

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
Address 1	Address 2	City
		State
		ZIP
Assistant Provider		
Supervising Provider		
Validate/Preview	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									
12. Policyholder/Subscriber Name, Address, State, Zip									
13. Date of Birth									
14. Gender									
15. Policyholder/Subscriber ID (SSN or ID#)									
16. Plan/Group Number									
17. Employer Name									
Patient Information									
18. Relationship to Policyholder/Subscriber									
19. Student Status									
20. Name, Address, City, State, 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									
Primary									
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 Claims/Treatment Information									
38. Place of Treatment									
39. Number of Enclosures									
40. Is Treatment for Orthodontics?									
41. Date Appliance Placed									
42. Months of Treatment Remaining									
43. Replacement Prosthesis?									
44. Date Prior Placement									
45. Treatment Resulting from									
46. Date of Accident									
47. Auto Accident State									
Billing Dentist or Dental Entity									
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									
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:									
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.

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 Service Start	Date of Service End	Action
9/30/2020 10:44:57 AM	Jane Doe	Payer (P0123)	PROFESSIONAL (Primary)	0000246876	0000246876	PH03456	Rejected - Error: ID Field CTR value can not be found near or...	87.00	2020-09-29	2020-09-29	> ✓ ⓧ ⓧ ⓧ
1/18/2021 11:49:45 AM	Jane Doe	Payer (P0123)	PROFESSIONAL (Primary)	0000246877	0000246877	PH02345	Submitted to Payer	240.00	2021-01-12	2021-01-12	> ✓ ⓧ ⓧ ⓧ
9/30/2021 8:23:50 AM	Jane Doe	Payer (P0123)	PROFESSIONAL (Primary)	0000246878	0000246878	PH03056	Submitted to Payer	340.00	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

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

Claim Info

☐ Institutional

☐ Professional

☐ Dental

Total Charge:

Total Charge

Reference Number:

Reference Number

Payer

Name:

Payer Name

Payer ID:

Payer Id

Provider

Name

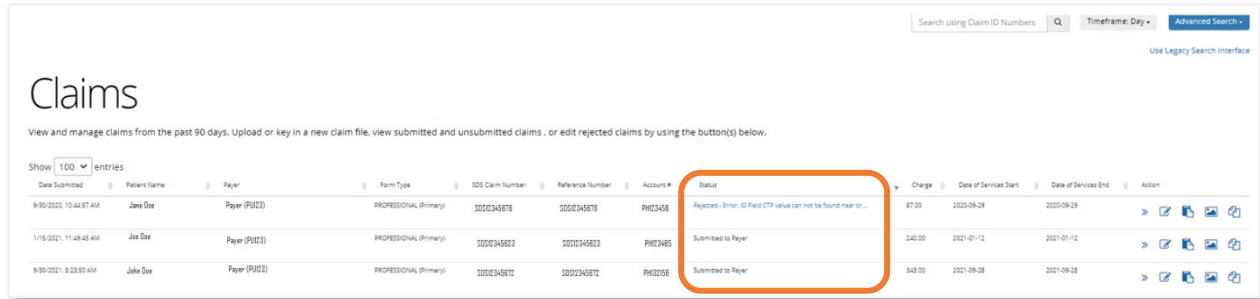
TIN

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.

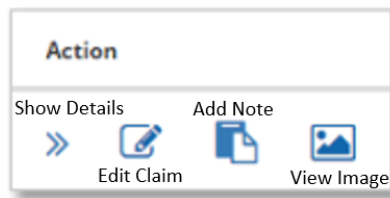
Show entries

Date Submitted	Patient Name	Payer	Payer (PUB)	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 (PUB)		PROFESSIONAL (Primary)	SSS0245878	SSS0245878	PHC3456	Rejected - Error: ID Paid CTR value can not be found near pr...	\$7.00	2020-09-29	2020-09-29	>>
1/18/2021 11:49:48 AM	Jane Doe	Payer (PUB)		PROFESSIONAL (Primary)	SSS0245883	SSS0245883	PHC3456	Submitted to Payer	240.00	2021-01-12	2021-01-12	>>
9/30/2021 8:23:50 AM	Jane Doe	Payer (PUB)		PROFESSIONAL (Primary)	SSS0245872	SSS0245872	PHC3456	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 :	SDS16957000000019	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	SDS 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	  
1/19/2021 11:49:45 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345678	SDS12345678	PH123456	Submitted to Payer	140.00	2021-01-12	2021-01-12	>>   
9/30/2021 8:23:50 AM	Jane Doe	Payer (PU123)	PROFESSIONAL (Primary)	SDS12345678	SDS12345678	PH123456	Submitted to Payer	342.00	2021-09-28	2021-09-28	>>   

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.

Save Changes

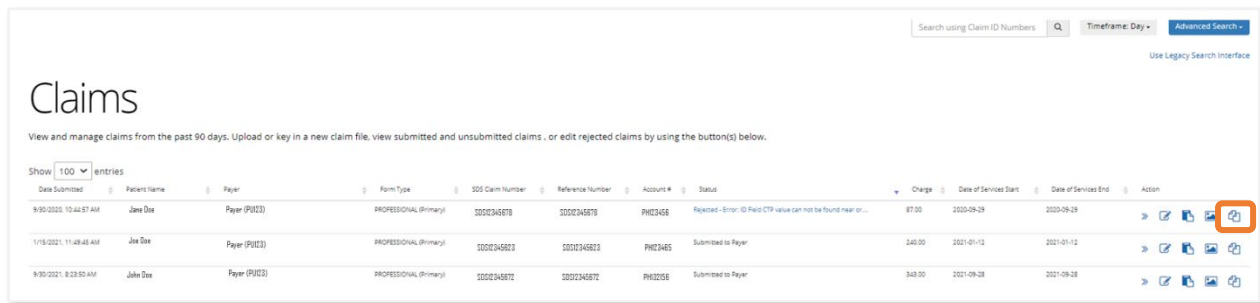
COPY DOCUMENT

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**  .



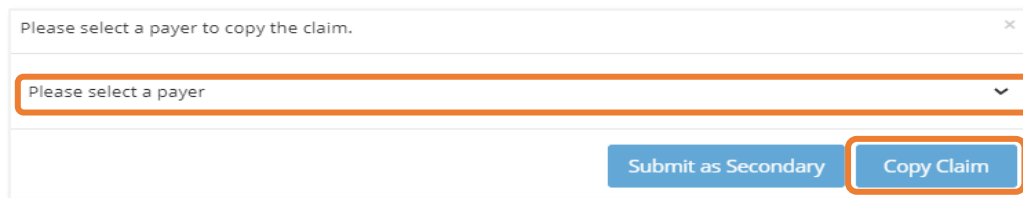
Claims

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
9/30/2021 10:44:57 AM	Jane Doe	Payer (PHI2)	PROFESSIONAL (Primary)	0000346878	0000346878	PHI23456	Rejected - Error: ID Field CTR value can not be found near or...	87.00	2020-09-29	2020-09-29	  
1/15/2021 11:49:45 AM	Jane Doe	Payer (PHI3)	PROFESSIONAL (Primary)	0000346879	0000346879	PHI23456	Submitted to Payer	140.00	2021-01-12	2021-01-12	  
9/30/2021 8:23:50 AM	Jane Doe	Payer (PHI3)	PROFESSIONAL (Primary)	0000346879	0000346879	PHI23456	Submitted to Payer	340.00	2021-09-28	2021-09-28	  

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



Please select a payer to copy the claim.

Please select a payer

Submit as Secondary Copy Claim



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

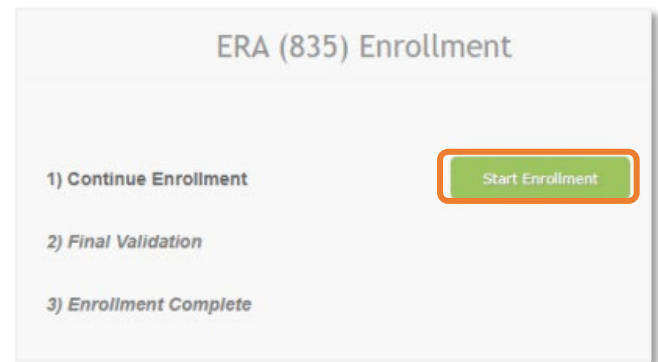
The ERA enrollment process through Smart Data Solutions (SDS) is available for select payers that directly utilize Smart Data Solutions' services. If payer is searched but isn't available within the list of payers, please contact SDS at 855-297-4436 opt 2 or stream.support@sdata.us

ENROLLMENT

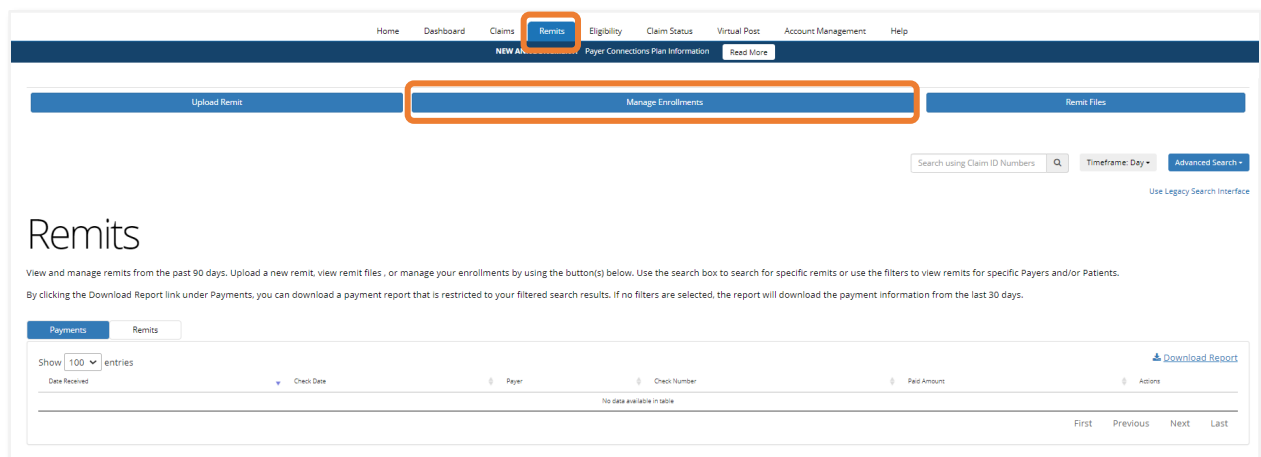
To complete the enrollment for Remits, complete the following steps:

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

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) ⓘ

National Provider Identifier (NPI)

Trading Partner ID ⓘ

* Verify TIN:

Verify NPI:

Provider Contact Information

* Last Name

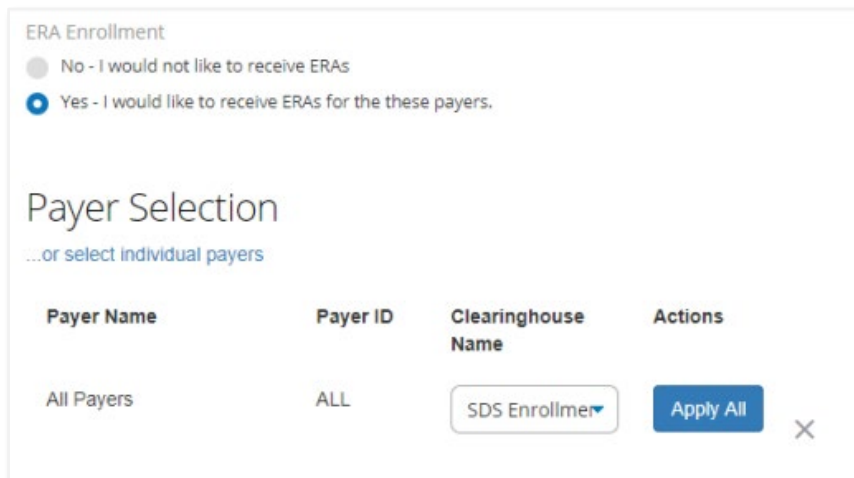
* Contact Phone

* Contact Email

* First Name

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.

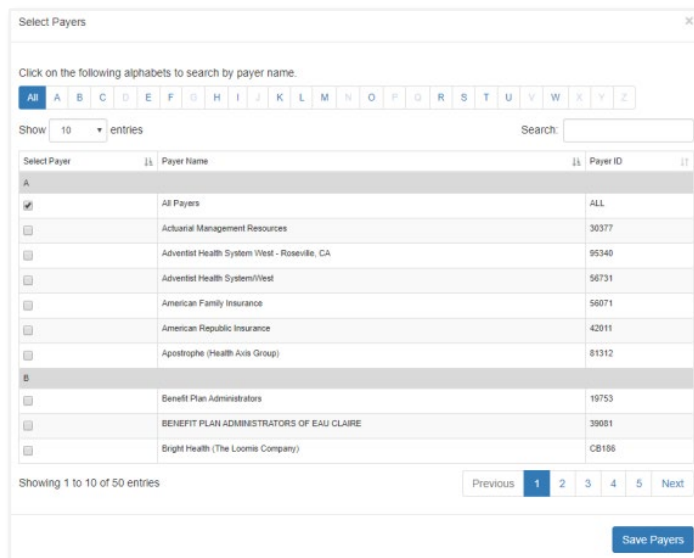
Payer Selection

[...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
☒	All Payers	ALL
☐	Actuarial Management Resources	30377
☐	Adventist Health System West - Roseville, CA	95340
☐	Adventist Health System/West	56731
☐	American Family Insurance	56071
☐	American Republic Insurance	42011
☐	Apostrophe (Health Axis Group)	81312
☐	Benefit Plan Administrators	19753
☐	BENEFIT PLAN ADMINISTRATORS OF EAU CLAIRE	39081
☐	Bright Health (The Loomis Company)	CB186

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
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All
SDS Enrollment Portal	Apply All

Clearinghouse Name	Actions
Availity	Apply All
Availity	Apply All
Availity	Apply All
Availity	Apply All
Availity	Apply All
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 10 entries

Search:

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

Showing 1 to 2 of 2 entries

Previous
1
Next

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

Manage Enrollments

Remit Files

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
7/9/2023, 12:00:00 AM	06/30/2023	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	12345678910	\$0.51	>>
7/1/2023, 12:00:00 AM	06/29/2023	MEDICO INSURANCE COMPANY	1023654789	\$2.90	>>
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	\$.61	>>
5/20/2023, 12:00:00 AM	05/18/2023	MEDICO INSURANCE COMPANY	5641234578	\$2.90	>>