Provider Portal

Powered by SDS

PORTAL.SMARTDATASTREAM.US

CHPS Support

claims.chps@chpw.org

1-800-461-0305

Community Health Partnership Services

Table of Contents

Community Health Partnership Services

Getting Started/Creating Your Account

To create an account, click **here** and complete the form. Before you submit, you must choose how you want to receive your activation code:

- Phone (recommended)
- Fax (recommended)
- Mail (can take 4-7 business days)

Once you have submitted the form, you will receive a pop-up and an email detailing next steps and the timeframe to expect your activation code.

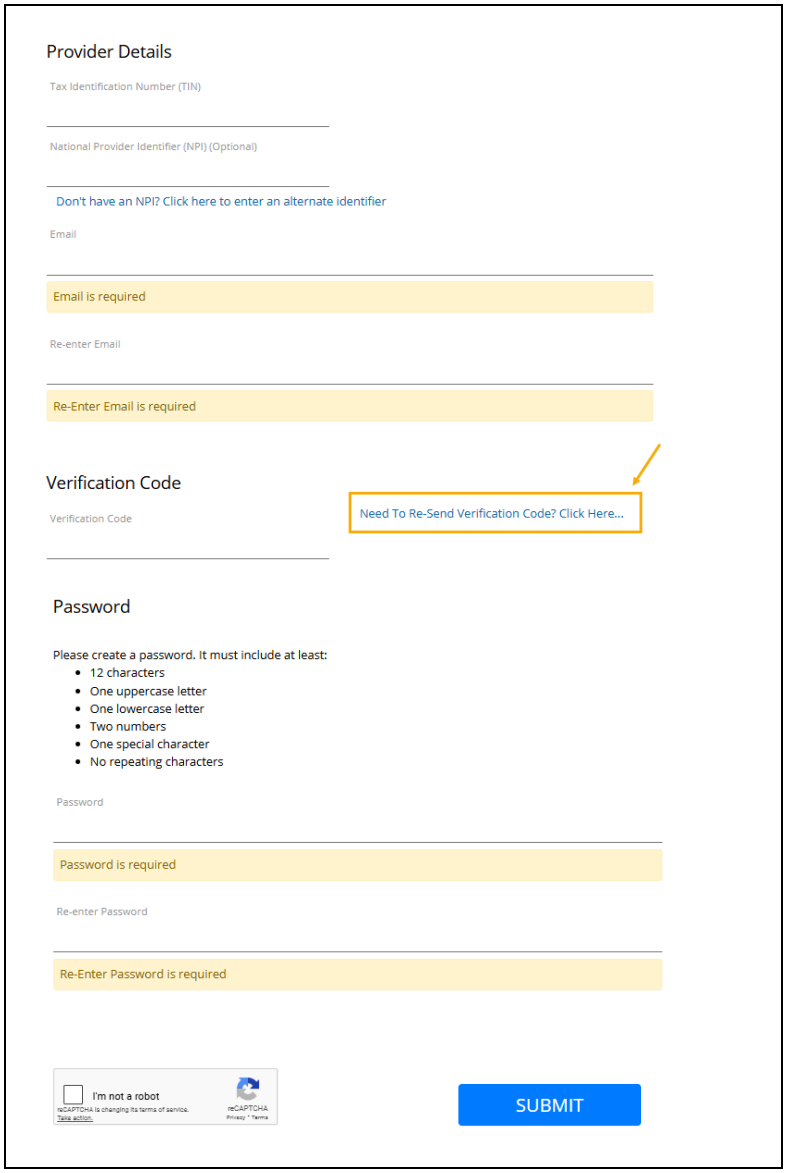
Please note that only new account registrations with NPI will be accepted.

To finalize your account:

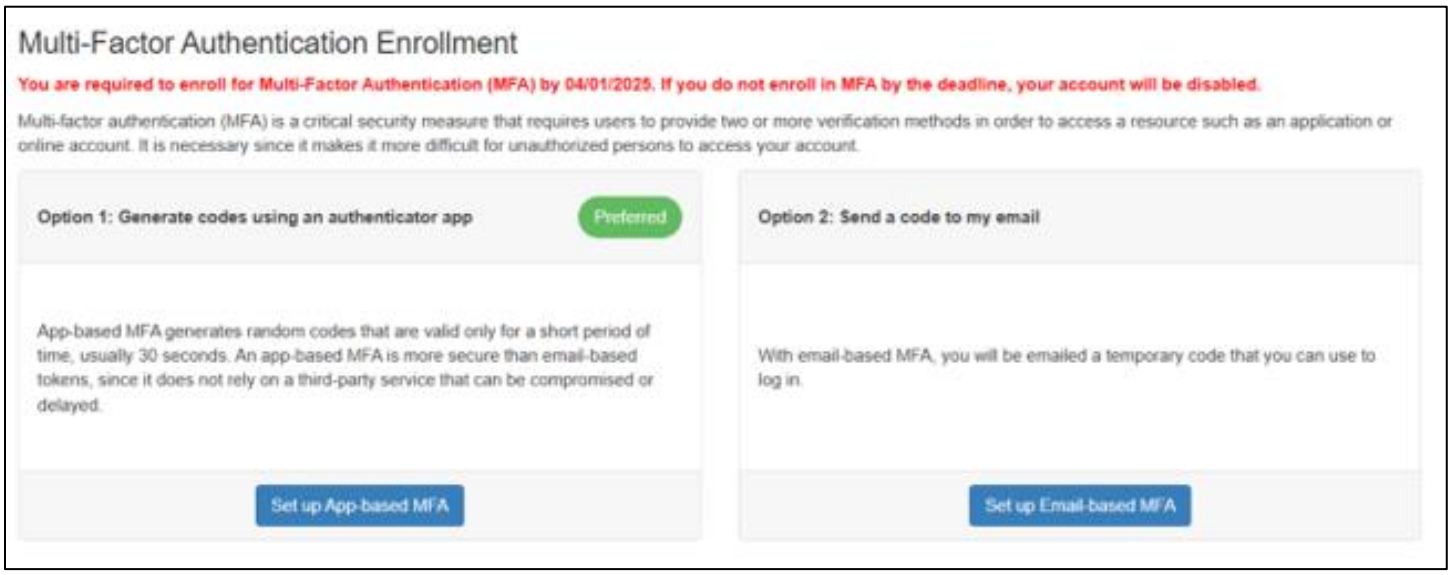
1. Go to the link in your email
2. Verify your account with the information you used to register
3. Enter your verification code (ALL UPPERCASE)

   To resend the verification code, click the link to the right
4. Create your password
5. Complete the Captcha
6. Click Submit

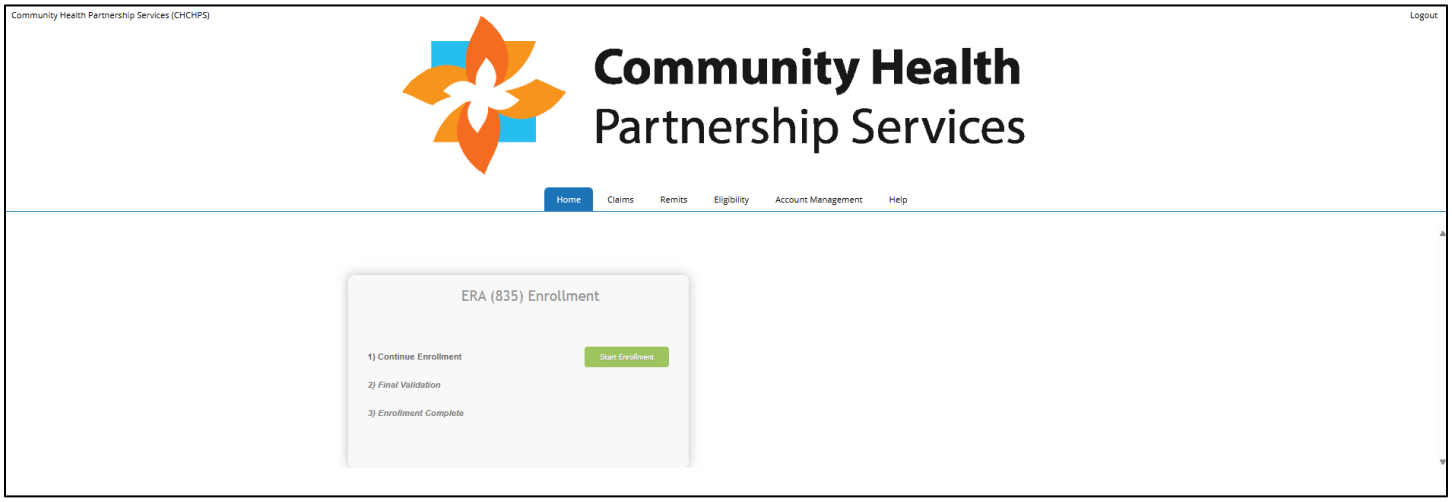
After submitting, you will see a pop-up with your username. Log in with your username and password, then you are good to go!



Upon logging in for the first time, you will need to set up Multi-Factor Authentication (MFA). Pick either an app-based MFA or email-based, then follow the specified instructions for your MFA of choice.



Upon logging in/setting up your MFA token, you will be prompted to start your ERA (Remit) enrollment.



- Fill in the required fields marked with *asterisks
- Select individual payer(s)
- Click Submit

Community Health Partnership Services

Remit Enrollment

Use this form to enroll for electronic remits from payers available through Smart Data Stream. This enrollment is not retroactive and payments received before the selected effective date will not be available through Smart Data Stream.

Profile

Profile Nickname

Provider Information

* Name

Doing Business As (DBA)

* Address Line 1

Address Line 2

* City * State * ZIP

Provider Identifiers Information

Please enter a TIN to submit.

* Tax Identification Number (TIN) ⓘ * Verify TIN:

National Provider Identifier (NPI) Verify NPI:

Auto-Populate Name/Address/Contact From NPPES

Don't have an NPI? Click here.

Trading Partner ID ⓘ

Provider Contact Information

* Last Name * First Name

* Contact Phone

*Contact Email

ERA Enrollment

- ○ No - I would not like to receive ERAs
- ◉ Yes - I would like to receive ERAs for these payers.

Payer Selection

Select individual payers

Submission Information

Reason for SUBMISSION ⓘ

- ◉ New Enrollment
- ○ Change Enrollment
- ○ Cancel Enrollment

Authorized Signature

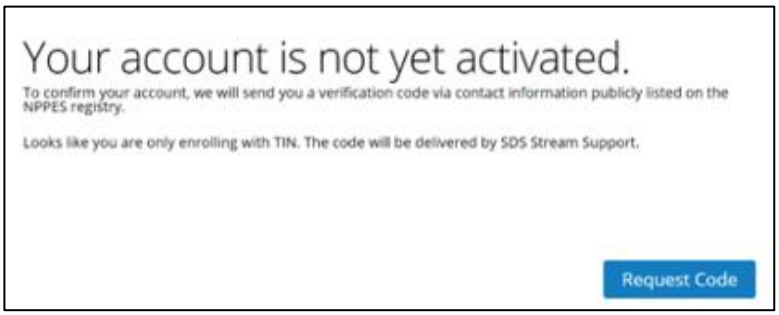
* Signature ⓘ Submission Date 2025-10-15

* Requested ERA Effective Date ⓘ

Submit

Once you have submitted your remit enrollment, you will see this pop-up box appear.

Select **Request Code** to verify your tax ID.



Select your method of code delivery (phone call, fax, or USPS mail). Enter the activation code and click activate (UPPERCASE only). You will then be prompted to reenter your Tax ID and NPI in the enrollment section.

NOTE: If you do not reenter your tax ID, your enrollment status will still appear as **Not Started**.

Account Management

Administrators

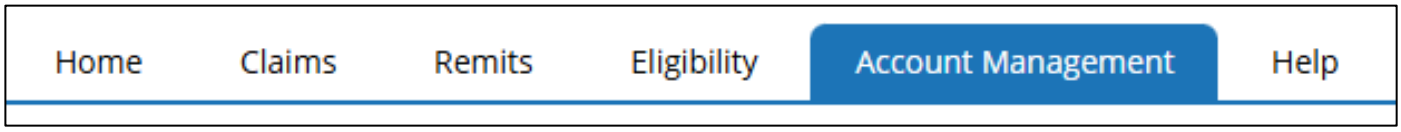
The person whose contact information was entered into the registration form is automatically designated as an account administrator. They are then responsible for adding additional users and granting others admin access, as necessary. It is recommended that you have more than one administrator.

How to Add New/Additional Users

The admin creating new users is responsible for creating the user ID for new users and providing them with login information.

To add new users, do the following:

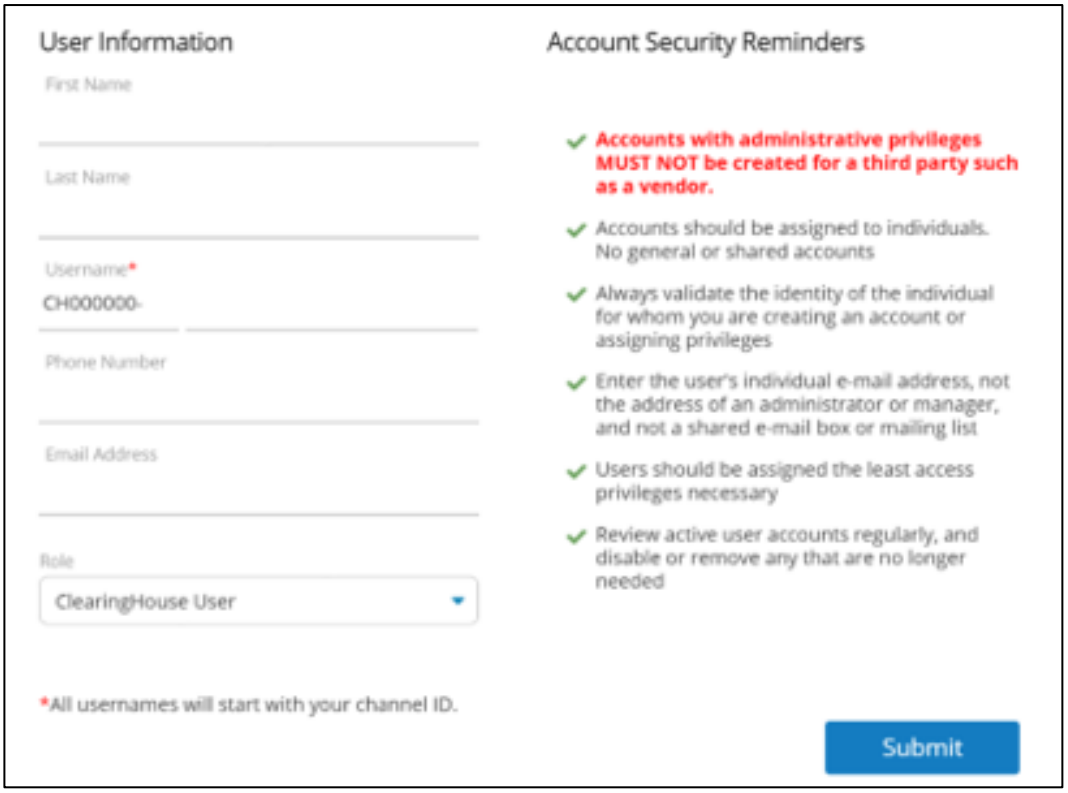
1. Click on the *Account Management* tab
2. Click *User*
3. Click the *+Add New User* button
4. Complete the required fields
5. Click *Submit*



Click User in the Account Management tab and click the 

button.

Complete all necessary fields including asterisked* fields. All usernames 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. Example: CH000000-jdoe.



Click **Submit**.

Once the user is created, they will receive a system-generated email with a link to log in.

*The system does NOT send an email to them with their username once a user has been created.

Editing Users

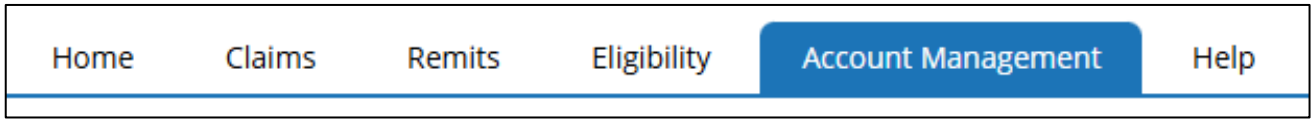
Only admins can edit users. They can view, edit, remove, and add restrictions for existing users. By clicking on **Add Restrictions**, new fields for entering required permission information will be added. Similarly, clicking on the **pencil button** allows for editing and removing existing permissions.

How to Edit User Roles and Permissions

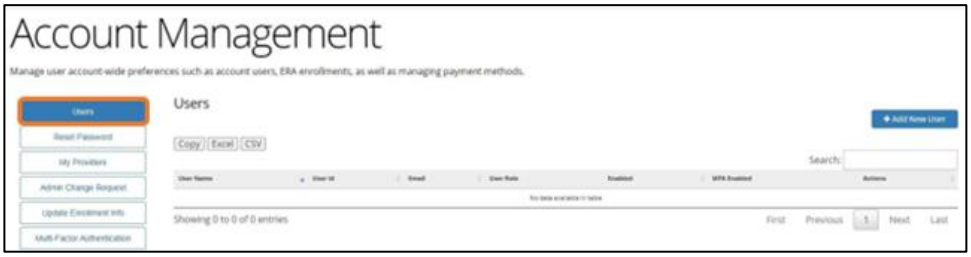
To edit user roles and permissions, do the following:

1. Click on the Account Management tab
2. Click User
3. Click the +Add New User button
4. Complete the required fields
5. Click Submit

Click on the *Account Management* tab.



Click *Users*, located on the left-hand side.



Click *Edit User* for the user that needs to be updated, located beneath Actions. Here, you can:

- Update users/account information
- Require password changes
- Disable users
- Unlock users from failed login

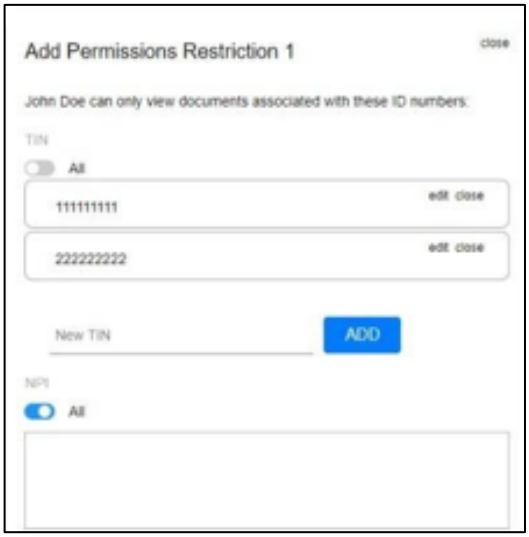
Edit the user with any desired changes.

Click *Save User.*

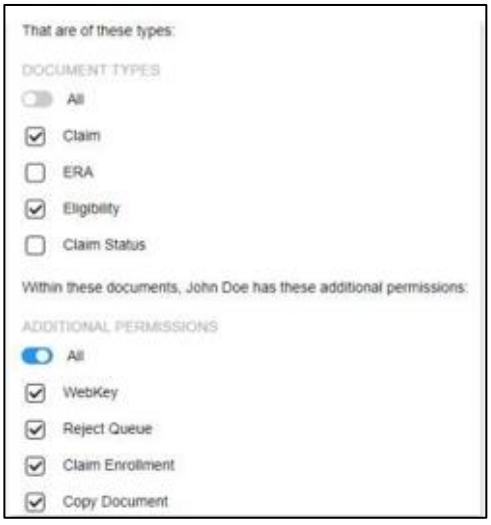
User Restrictions

Within Edit User, you can set restrictions for any given user.

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.



Example 2: John Doe is allowed to access the Claims and Eligibility pages. He cannot see any ERAs. He is allowed all claim submission tools.

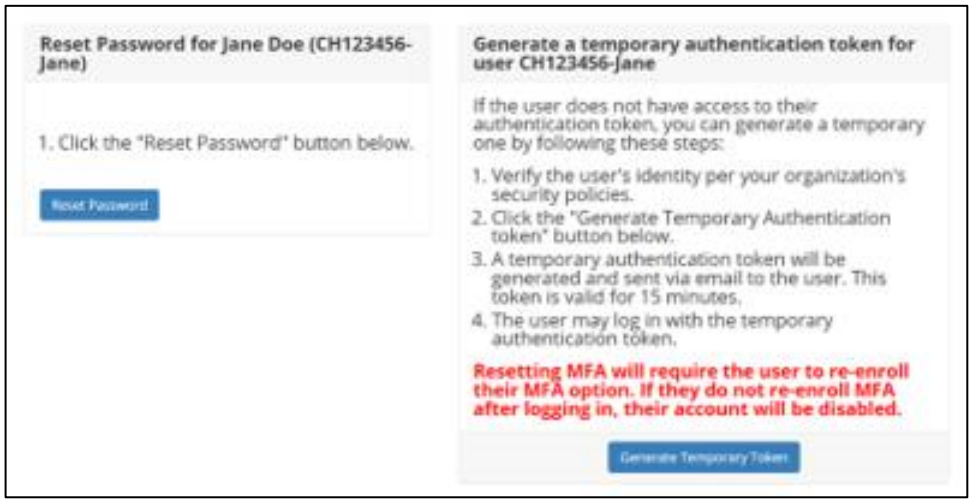


User Actions

User History: View user account actions, when they were performed and from where, along with any additional notes.

Remove User: Click this button to remove a user. A dialogue option will pop up prompting you to confirm or cancel.

Reset Password/MFA: Click to reset a user's password or MFA. A temporary token will be sent to the user's email on file to reset their MFA. The user will then sign in using their password and temporary token, then they will be prompted to re-enroll in MFA. This process is the same as MFA enrollment.



Admin Change Requests

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 has not been designated, fill out the Admin Change Request form.
- The support team will contact your practice within 2-3 business days to confirm the information submitted and ensure the new administrator has the correct access.

Claims Management

Claims Submissions

There are three ways to submit a claim through CHPS Clearinghouse Portal.

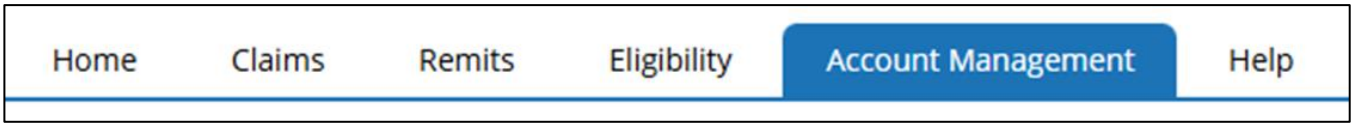
- SFTP: Secure File Transfer Protocol (Administrator Only)
- Upload Claims: used for uploading EDI/837 files
- New Claim: a direct data entry form to enter claims directly into the system.

All claim files submitted through any submission method can be viewed under the Claim Files tab.

Secure File Transfer Protocol (SFTP)

Please note: SFTP registration is an Administrator only function.

Click on **the Account Management** tab



Click **SFTP Registration Form**
Fill in all fields
Click **Register**
An internal ticket is created to whitelist the IP address. After completion, the technical support team will contact the provider to complete the steps of setting up the SFTP account.

Upload Claim Files

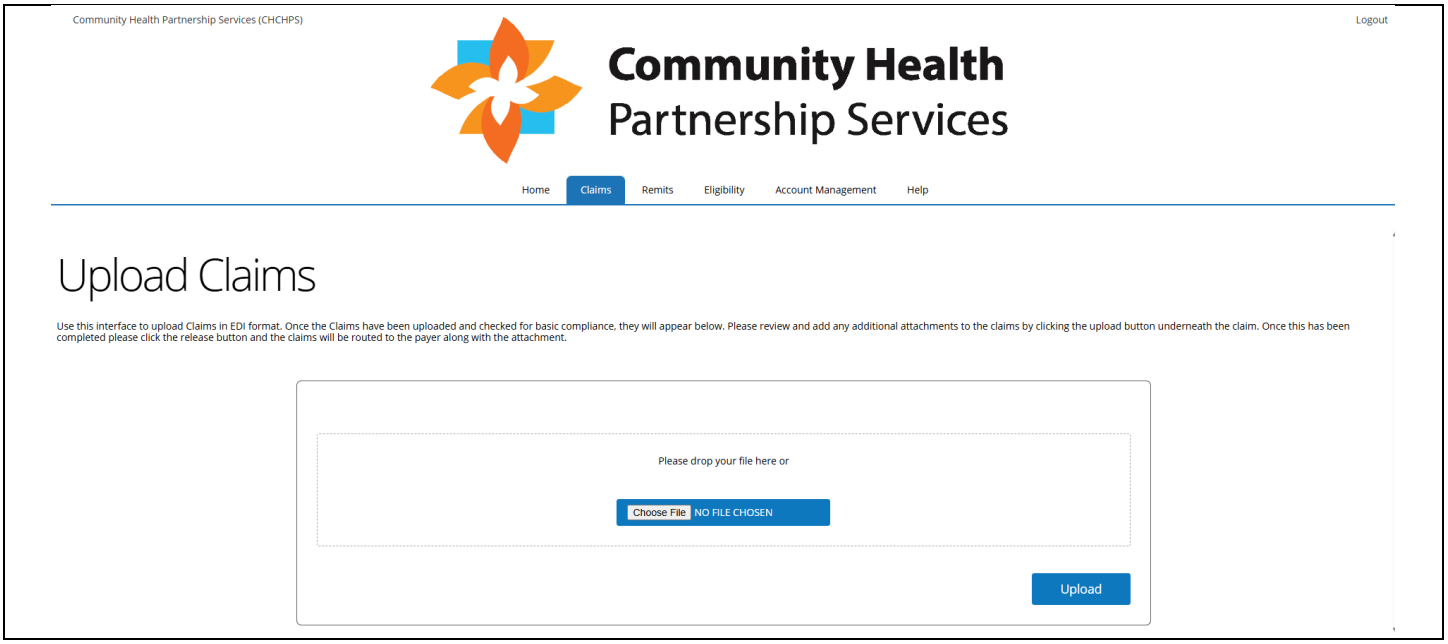
The second option to submit claims is under the Claims tab. Select Upload Claims to upload EDI/837 formatted claim files. Once a claim file has been uploaded and checked for basic compliance, you can view your upload within the Claim Files tab.

Select ***Upload Claims*** and upload your 837 file from your computer. You can also drag and drop your file. Click Upload.

File Information:

- Must be a valid EDI/837 formatted file
- Must have a file extension
- Common file type extensions include .txt, .837, and .X12

Contact your software's support team for any questions if you're unsure of the file format.

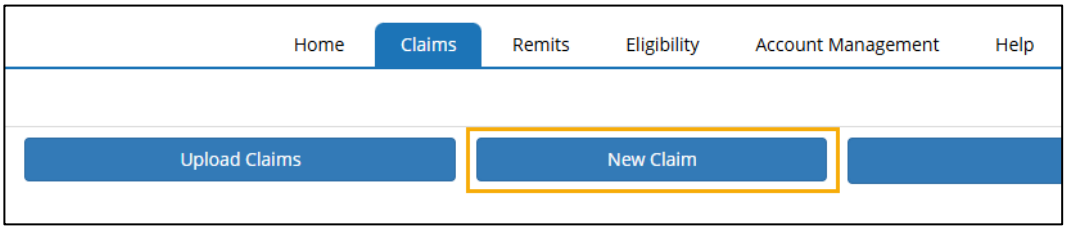


Direct Data Entry (DDE)

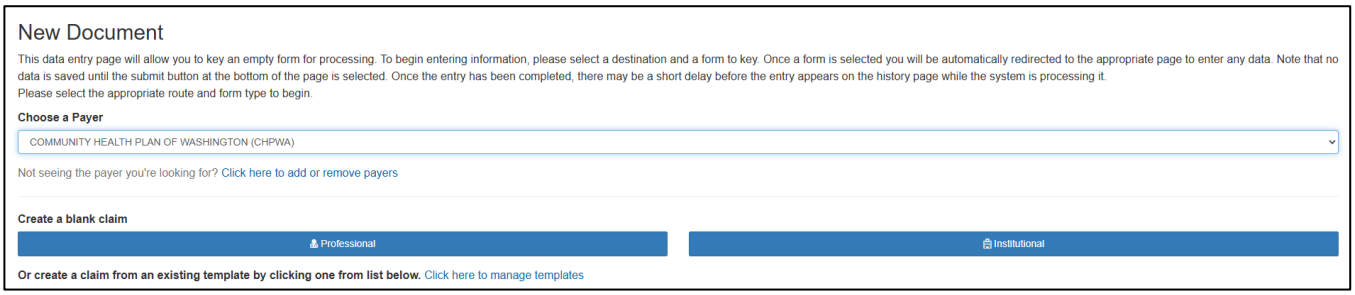
Direct Data Entry (DDE) is a real-time Fiscal Intermediary Shared System (FISS) application that gives providers access to direct data entry for electronic claims submissions.

Navigation

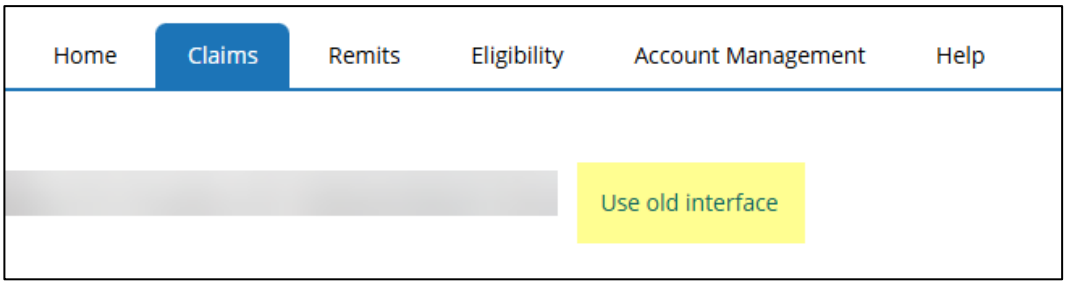
To navigate to DDE, click on the Claims tab then click the New Claim button. This will then take you to the New Document page where you can add, remove, or select payers. Once you have selected a payer, you can create a claim from an existing template or create a new claim.

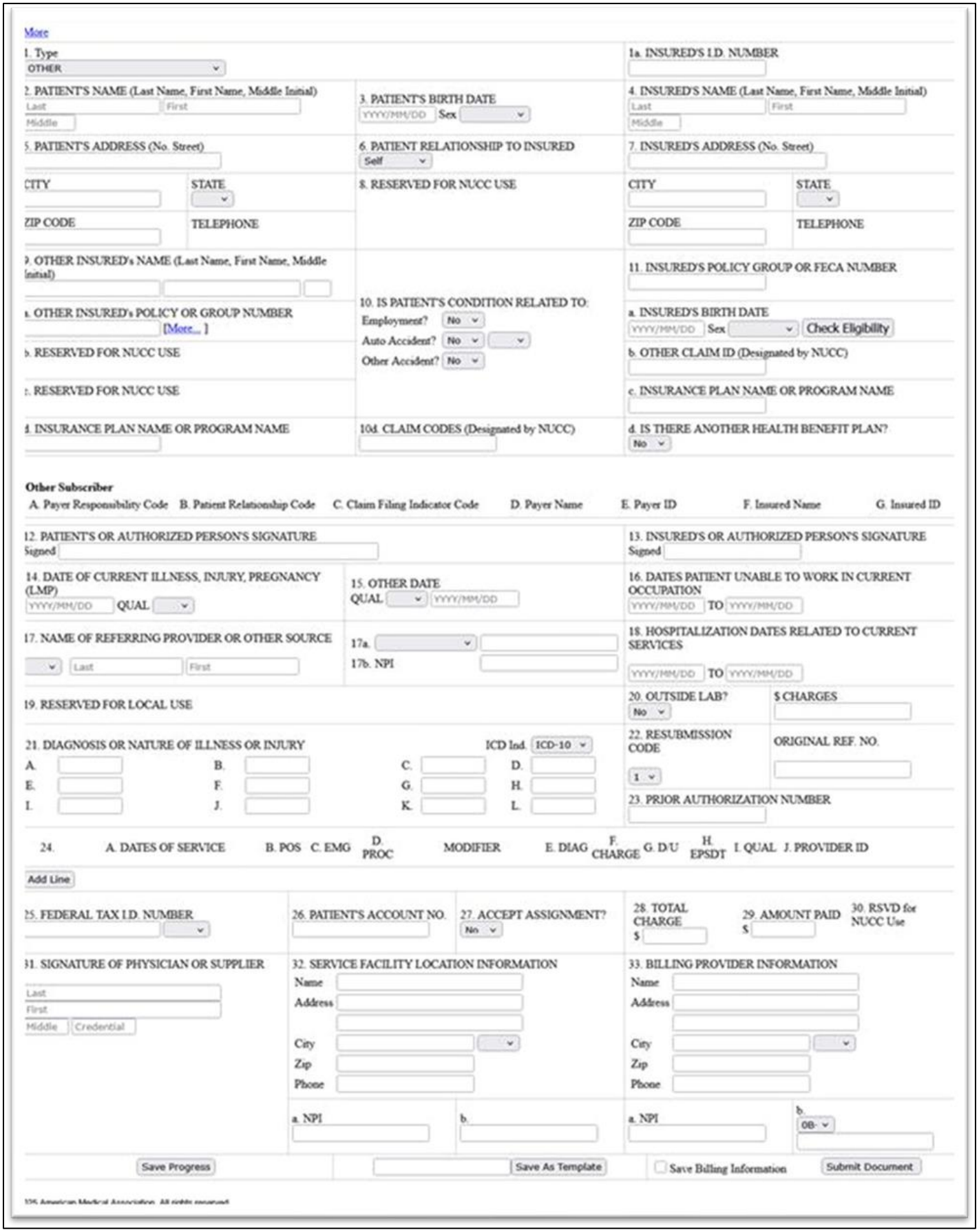


You can select from Professional or Institutional claim forms to create and bill a new claim. You can also create your own templates.



We also offer the CMS-1500 paper claim form, which can be accessed to the right of the claim in Professional claims. Click **Use old interface** to access it (sample on next page).





More

1. Type: OTHER

1a. INSURED'S I.D. NUMBER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Last | First | Middle

3. PATIENT'S BIRTH DATE: YYYY/MM/DD Sex

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Last | First | Middle

5. PATIENT'S ADDRESS (No. Street)

6. PATIENT RELATIONSHIP TO INSURED: Self

7. INSURED'S ADDRESS (No. Street)

CITY | STATE

8. RESERVED FOR NUCC USE

CITY | STATE

ZIP CODE | TELEPHONE

ZIP CODE | TELEPHONE

9. OTHER INSURED's NAME (Last Name, First Name, Middle Initial)

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED's POLICY OR GROUP NUMBER [More...]

10. IS PATIENT'S CONDITION RELATED TO:
Employment? No
Auto Accident? No
Other Accident? No

a. INSURED'S BIRTH DATE: YYYY/MM/DD Sex Check Eligibility

b. RESERVED FOR NUCC USE

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? No

Other Subscriber

A. Payer Responsibility Code | B. Patient Relationship Code | C. Claim Filing Indicator Code | D. Payer Name | E. Payer ID | F. Insured Name | G. Insured ID

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
Signed

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
Signed

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP): YYYY/MM/DD QUAL

15. OTHER DATE
QUAL YYYY/MM/DD

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
YYYY/MM/DD TO YYYY/MM/DD

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
Last | First

17a.
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
YYYY/MM/DD TO YYYY/MM/DD

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? No
$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
ICD Ind. ICD-10

A. | B. | C. | D.
E. | F. | G. | H.
I. | J. | K. | L.

22. RESUBMISSION CODE: 1
ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE | B. POS | C. EMG | D. PROC | MODIFIER | E. DIAG | F. CHARGE | G. D.U | H. EPSDT | I. QUAL | J. PROVIDER ID

Add Line

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? No

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. RSVD for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER
Last | First | Middle | Credential

32. SERVICE FACILITY LOCATION INFORMATION
Name
Address
City
Zip
Phone

a. NPI | b.

33. BILLING PROVIDER INFORMATION
Name
Address
City
Zip
Phone

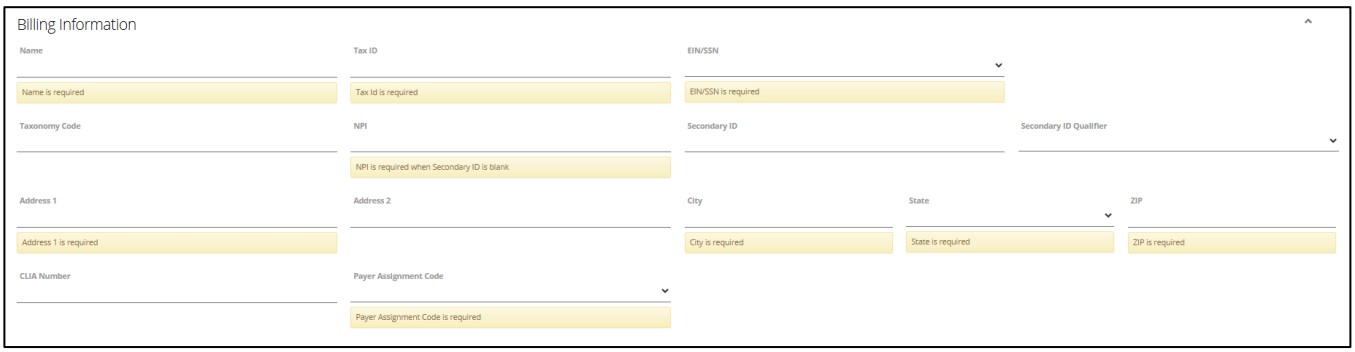
a. NPI | b. OB

Save Progress | Save As Template | Save Billing Information | Submit Document

Breakdown

Billing Information

All fields in yellow must be completed. Non-yellow fields are specific to payer requirements and services billed. Fields with arrows have dropdown menus.



Pay To Information

Fill out this section if the address is different from your billing address or if a PO box is used for correspondence. Otherwise, feel free to skip.

NOTE: This is the only section that allows PO boxes.

Secondary Payer Information

If you're sending a secondary claim, fill out this section. Otherwise, feel free to skip.

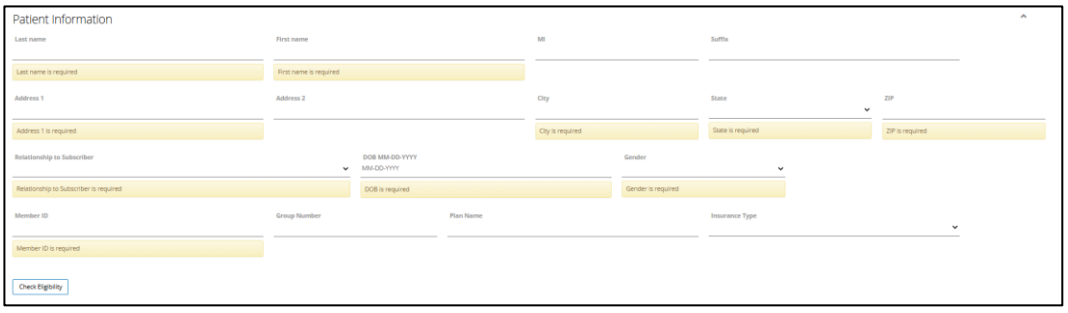
Tertiary Payer Information

If you're sending a tertiary claim, fill out this section. Otherwise, feel free to skip.

Patient Information

Fill out all information related to the patient. All fields in yellow are required. If you would like to check your eligibility in-claim, click the Check Eligibility button.

NOTE: All fields with a calendar date must use MM-DD-YYYY format.

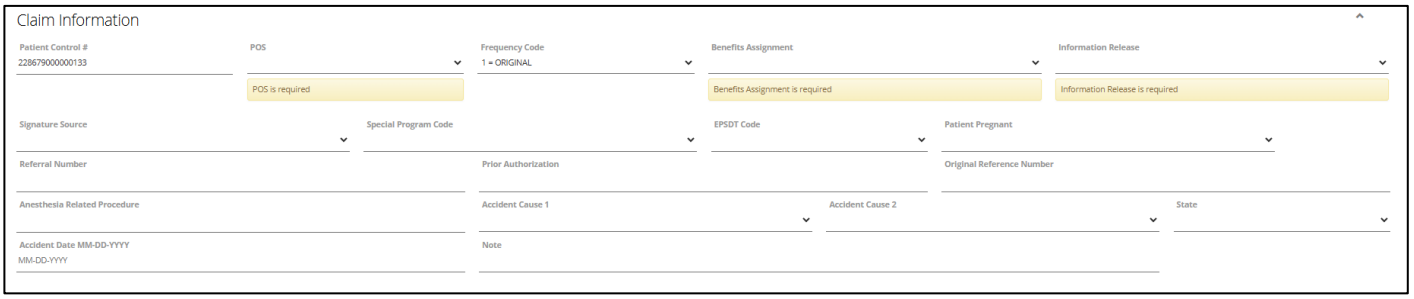


Subscriber Information

If you're billing for any relationship code other than Self, you must fill this section out.
NOTE: Apple Health (Medicaid) will always have a relationship code of Self.

Claim Information

The Patient Control Number, which is system-generated, can be changed to any number. Non-yellow fields are optional based on payer requirements and services rendered.



Claim Dates

Based on payer requirements and services rendered (worker's comp, automatic liability, other services).

Attachments

This section is specific to sending required documents to the payer.

Diagnosis Code

Only one code is required per claim, but you can provide several.

Service Line Items

All fields in yellow must be completed.

CPT – Enter the CPT/HCPCS code for the type of service (services rendered code).

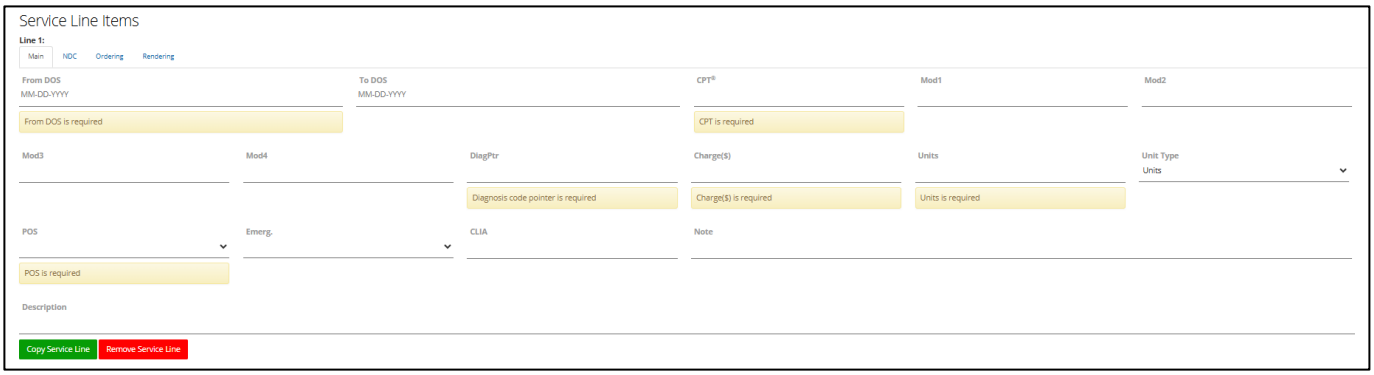
The NDC Tab is for immunization/drug billing requiring an NDC number.

Complete the Ordering Provider tab for services that require an ordering provider (ex: durable medical equipment).

Only complete the Rendering tab if different from claim-level rendering provider.

Use the Copy Service Line button to add additional lines (makes exact copy). Add a line if you require a different date from the previous line (makes blank line). Remove Service Line deletes the related line.

The total claim charge is automatically calculated.



Referring Provider
Only filled out if required.

Rendering Provider
Only filled out if required.

Service Facility Location
Only filled out if required.

Supervising Provider
Only filled out if required.

Transportation Information (Non-Emergency)
Only filled out if required.

Ambulance (For Emergencies)
Only filled out if required.

Final Information
Validate/Preview:

- Selecting the Form button previews the claim in PDF/HCFA format.
- Selecting the EDI button previews the claim in EDI (Electronic Data Interchange) format.

Save Progress saves the claim if you are not ready to submit.

NOTE: All valid data will be saved under the "Unsubmitted" tab.

Save as Template (Name template, then save)

Templates can be viewed in New Claim after selecting the payer you saved that template under. There is no limit to the number of templates.

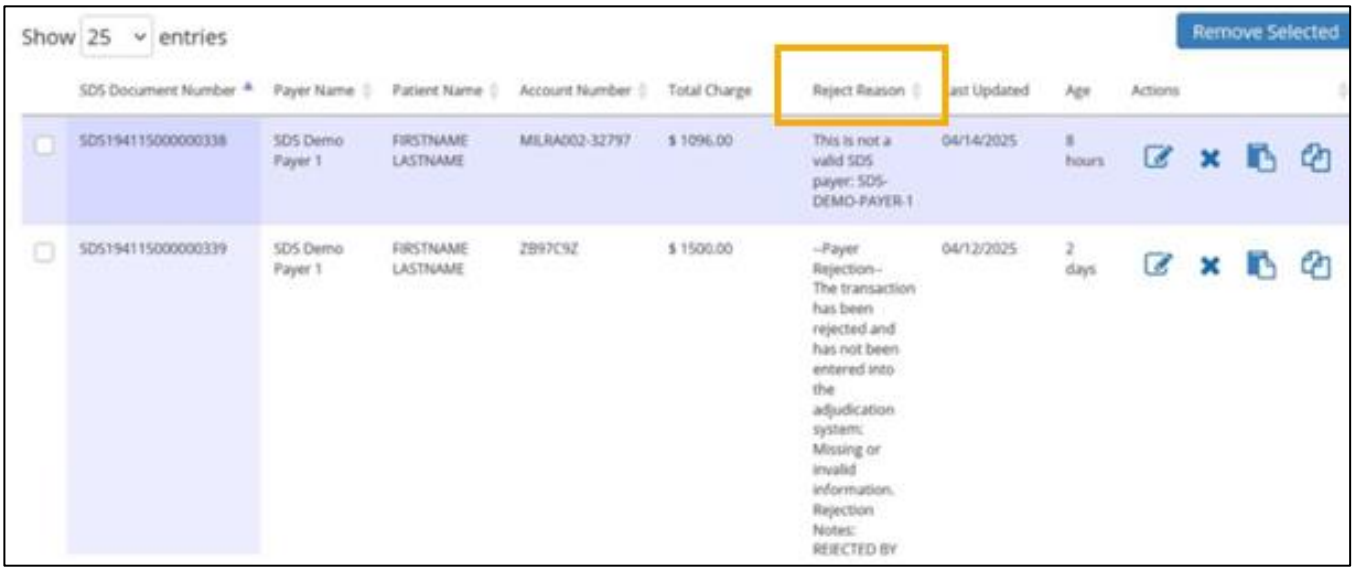
Submit Document:

Formally sends over the claim to the payer. Any incomplete required fields will be noted in a validation error prior to submission via a pop-up.

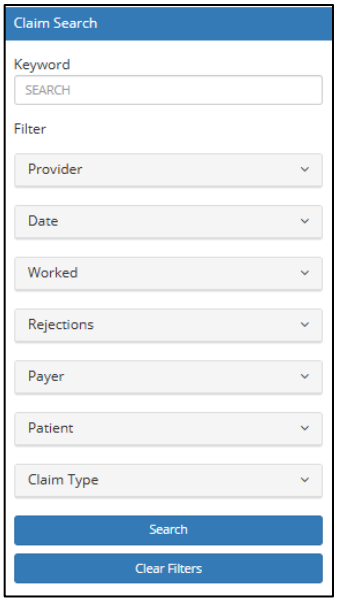
Manage Rejects

Rejected claims may not go through to the payer. You can view any claims that have been rejected in the Manage Rejects tab. The Manage Rejects button on the Claims page brings you to a queue of all unworked rejected claims (SFTP/Uploaded 837 Files/DDE).

Select the filter dropdown option to group rejects together by rejection reason.
Check the checkbox to display the claims rejected for that rejection reason.



You can also use the search options on the left-hand side.



Under Actions, hover over each icon for a detailed description

Edit allows for corrections and resubmits a claim (the claim will drop out of the reject queue)

Remove manually removes a claim from the queue

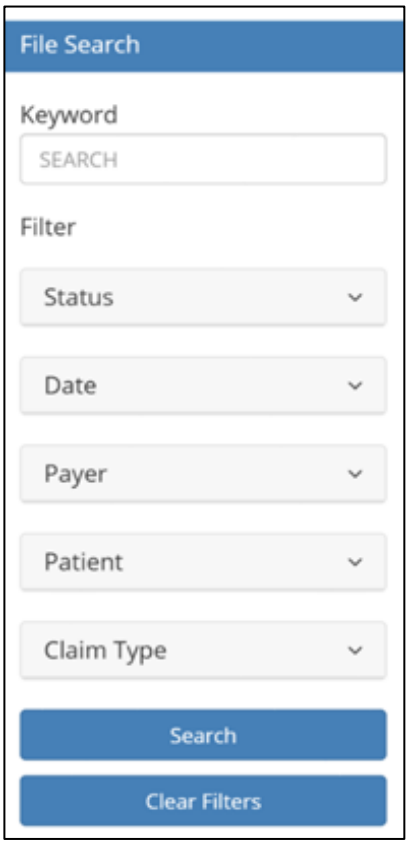
Note enters an internal note (for providers' internal use only)

Copy sends a claim to a different payer or creates a new claim with duplicate information (the claim will still exist in the reject queue until manually removed)

Unsubmitted Claims

This page displays all claims that have been saved but not yet submitted. Use the Edit Claim button to finish working on the claim or use the Remove options to discard it.

Claim Files



This page allows you to view files uploaded via SFTP, Upload Claims, and DDE. Claims are grouped by batch name. Narrow your search with the File Search window on the left.

Entries are broken down by:

- Batch Name
- Received Date
- Status
- Total Charges
- Transaction Count
- Awaiting Submission
- Awaiting Acknowledgement
- Accepted
- Rejected
- Actions

Clicking the Actions hamburger menu will open the claim in a new tab displaying the claims input into the file. There, you can make any desired changes to that claim (Edit/Note/Copy/etc.).

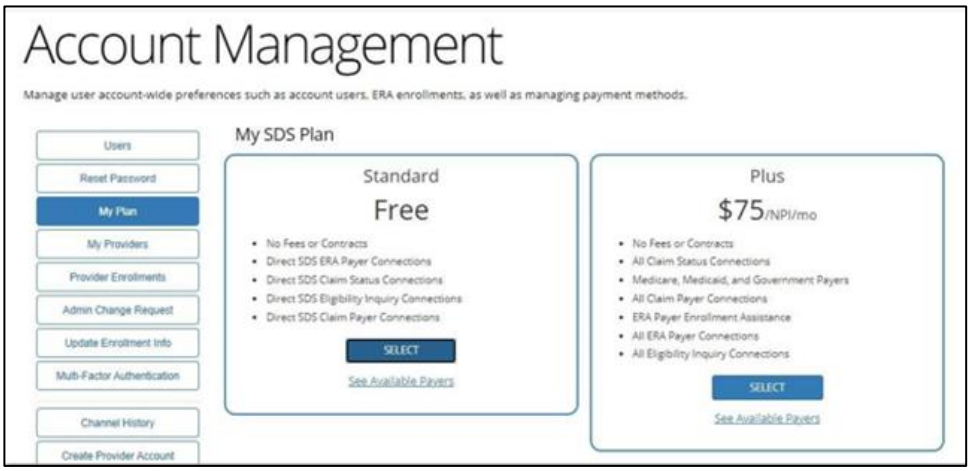
Update Payers

The available payer list will include the Managed Care Organizations and the Health Care Authority.

Update the list of payers you want to send claims to in this section. Grayed out payers are unavailable due to your current subscription tier. Click "Plus" at the end of the row to update

your subscription tier. From this screen, you can manage your plan and payment methods and see the payer list.

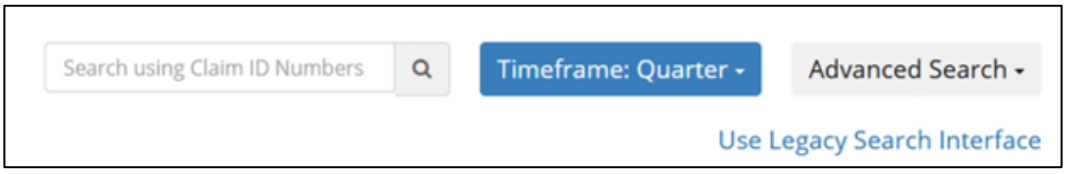
Please note: There is a fee associated with upgrading your plan.



Claims Management

Below the Claims tabs are all claims from the past 90 days, listed individually. Additionally, the Advanced Search will locate a specific claim up to 3 years.

NOTE: Depending on your browser, you may need to use the Legacy Search Interface to view claims past 90 days.



Claim details listed include:

- Date Submitted
- Patient Name
- Payer
- Form Type
- Claim Number
- Reference Number
- Account Number
- Status
- Charge
- Date of Services Start
- Date of Services End
- Action

The action menu functions include:

- **Show details** (see next paragraph for features)
- **Edit** opens a claim in “Submitted (Awaiting Routing)” status for final edits
- **Note** opens a pop-up to leave internal comments on the specific claim
- **Image** opens the claim in a CMS HCFA paper claim format
- **Copy** opens a pop-up to copy the claim or submit it as a secondary

Selecting show details menu allows you to:
View EDI: Displays the claim in EDI format (click View Image to view in paper claim format)
View Transaction Details: Displays additional document data and claim information

Download EDI: Automatically downloads an 837 file of the claim
Link to ERA: Links to PDF of applicable ERA
Create Voided Claim: Initiates a reversal/recoup by the payer
Create Replacement Claim: Replaces original adjudicated claim by the payer

Remits

View and manage remits from the past 90 days. Use the Advanced Search option for any remit from the past 90 days, up to 3 years. Upload a new remit, view remit files, or manage your enrollments by using the button(s) below. Use the search box to search for specific remits or use filters to view remits for specific Payers and/or Patients. By clicking the Download Report link, 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.

Actions

Show Details opens the remit information in a dropdown that offers additional details
- View EDI – summarizes the EDI transactions for a specific claim/bill
- Transaction Details – allows you to view a full set of transactions that originate from a document. In addition to displaying these transactions, you may also view a document image by pressing 'View Document'. If a destination accepts status requests, you may click 'Request Status' to request a status update.

Note adds an internal comment

Image opens the remit in a paper remit format. For adjustment and remark codes, click the links found above the document

Re Export Document reroutes to SFTP

Download downloads the remit as an 835 EDI file

Grid displays each individual claim from the remit

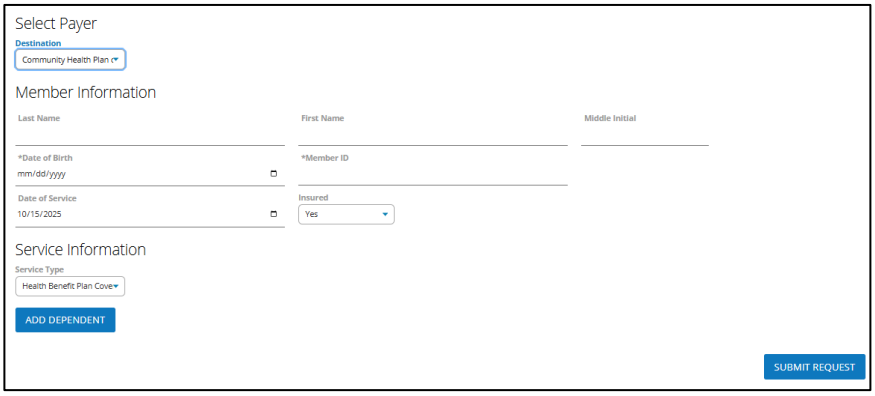
Eligibility

Selecting Payers

To check eligibility, navigate to the Eligibility tab and Click on *New Eligibility Inquiry*.

1. On the form, select the relevant payer from the Destination dropdown menu.
2. Fill out the member/patient information. Most payers require DOB, First and Last Name, and Member ID, but there are a few that only require DOB and member ID.
3. Click **Submit Request**.

NOTE: Eligibility may also be checked in the direct data entry screen.



Help

Use the sidebar options to navigate the various support guides. If you have further questions, contact CHPS at claims.chps@chpw.org or 1-800-461-0305.