



**Community Health  
Partnership Services**

## **Provider Portal**

*Powered by SDS*

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

CHPS Support

[claims.chps@chpw.org](mailto:claims.chps@chpw.org)

1-800-461-0305

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## 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.

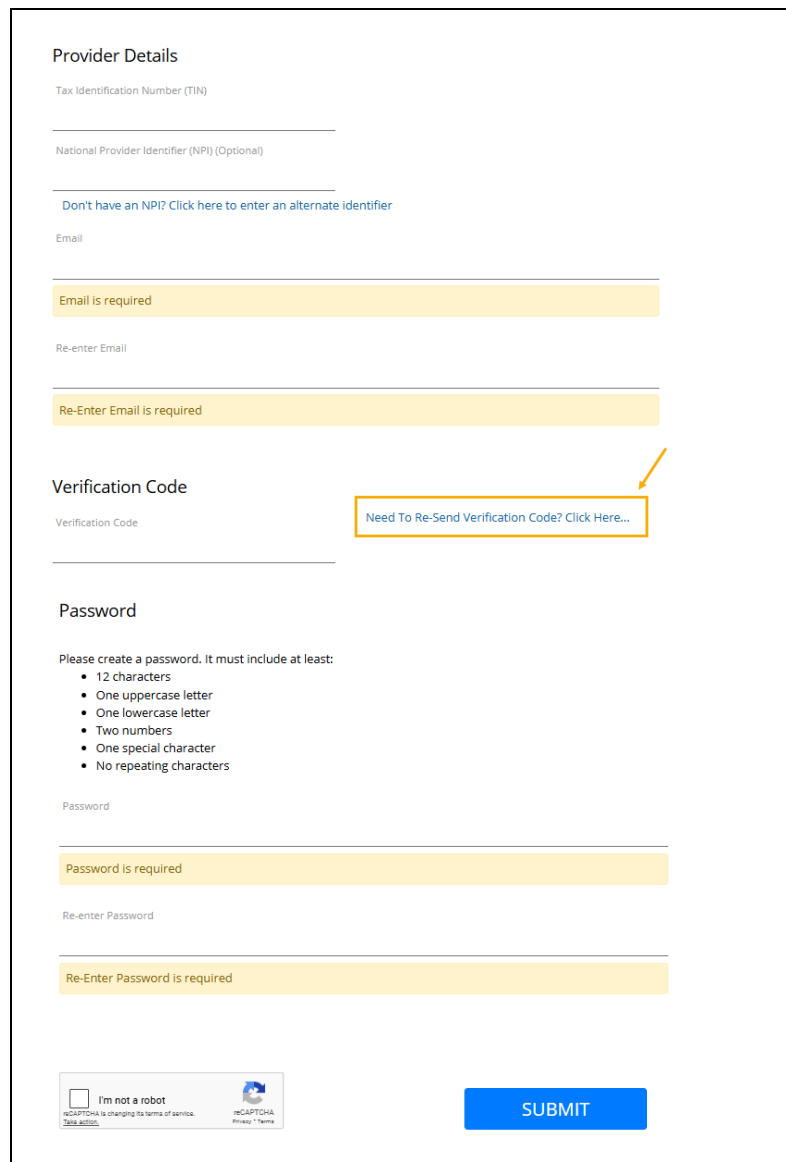
To finalize your account:

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!



The screenshot shows a web form for account creation. It is divided into several sections: 'Provider Details' with fields for Tax Identification Number (TIN), National Provider Identifier (NPI) (Optional), and Email; a 'Verification Code' section with a 'Need To Re-Send Verification Code? Click Here...' link highlighted by an orange box and an arrow; a 'Password' section with a list of requirements (12 characters, one uppercase letter, one lowercase letter, two numbers, one special character, no repeating characters) and fields for Password and Re-enter Password; and a 'SUBMIT' button at the bottom right. There are also CAPTCHA fields at the bottom left.

**Provider Details**

Tax Identification Number (TIN)

National Provider Identifier (NPI) (Optional)

[Don't have an NPI? Click here to enter an alternate identifier](#)

Email

Email is required

Re-enter Email

Re-Enter Email is required

**Verification Code**

Verification Code

[Need To Re-Send Verification Code? Click Here...](#)

**Password**

Please create a password. It must include at least:

- 12 characters
- One uppercase letter
- One lowercase letter
- Two numbers
- One special character
- No repeating characters

Password

Password is required

Re-enter Password

Re-Enter Password is required

☐ I'm not a robot  
reCAPTCHA is changing its terms of service.  
[Terms & Conditions](#)

 reCAPTCHA  
Privacy - Terms

**SUBMIT**

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.

### Multi-Factor Authentication Enrollment

**You are required to enroll for Multi-Factor Authentication (MFA) by 04/01/2025. If you do not enroll in MFA by the deadline, your account will be disabled.**

Multi-factor authentication (MFA) is a critical security measure that requires users to provide two or more verification methods in order to access a resource such as an application or online account. It is necessary since it makes it more difficult for unauthorized persons to access your account.

#### Option 1: Generate codes using an authenticator app

**Preferred**

App-based MFA generates random codes that are valid only for a short period of time, usually 30 seconds. An app-based MFA is more secure than email-based tokens, since it does not rely on a third-party service that can be compromised or delayed.

**Set up App-based MFA**

#### Option 2: Send a code to my email

With email-based MFA, you will be emailed a temporary code that you can use to log in.

**Set up Email-based MFA**

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

Community Health Partnership Services (CHCHPS)

**Community Health**  
Partnership Services

[Home](#) [Claims](#) [Remits](#) [Eligibility](#) [Account Management](#) [Help](#)

ERA (835) Enrollment

1) Continue Enrollment

**Start Enrollment**

2) Final Validation

3) Enrollment Complete

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

# 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) ID

• 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 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 ID

☒ New Enrollment

☐ Change Enrollment

☐ Cancel Enrollment

## Authorized Signature

• Signature ID

Submission Date

2025-10-15

• Requested ERA Effective Date ID

Submit

\*Contact Email

ERA Enrollment

☐ No - I would not like to receive ERAs

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

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](#)

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

This enrollment is not yet activated

You have not requested any codes yet.

[Request Code](#) [Activate](#)

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

Your account is not yet activated.

To confirm your account, we will send you a verification code via contact information publicly listed on the NPDES registry.

Looks like you are only enrolling with TIN. The code will be delivered by SDS Stream Support.

[Request Code](#)

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.

Your account is not yet activated.

Your activation code was sent to: Phone: (555) 555-5555.

To request a new code, [Click Here...](#)

Activation Code [Activate](#)

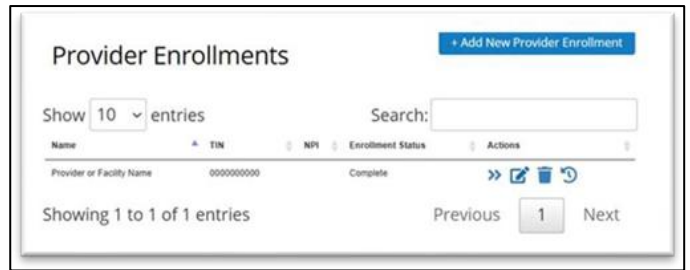
**NOTE:** If you do not reenter your tax ID, your enrollment status will still appear as **Not Started**.



Provider Enrollments [+ Add New Provider Enrollment](#)

Show  entries Search:

| Name          | TIN       | NPI        | Enrollment Status | Actions   |
|---------------|-----------|------------|-------------------|-----------|
| Provider Name | 123456789 | 9876543211 | Not Started       | » » » » » |



Provider Enrollments [+ Add New Provider Enrollment](#)

Show  entries Search:

| Name                      | TIN        | NPI      | Enrollment Status | Actions   |
|---------------------------|------------|----------|-------------------|-----------|
| Provider or Facility Name | 0000000000 | Complete |                   | » » » » » |

Showing 1 to 1 of 1 entries Previous  Next

## Account Management

### Administrators

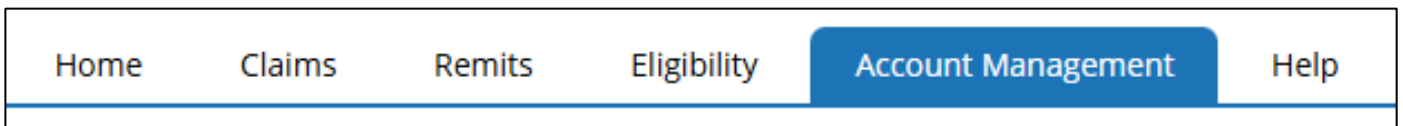
The person whose contact information was entered into the registration form is automatically designated as an account administrator. They are then responsible for adding additional users and granting others admin access, as necessary. It is recommended that you have more than one administrator.

### 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*



Home Claims Remits Eligibility **Account Management** Help

Click User in the Account Management tab and click the [+ Add New User](#) 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.

| User Information                                | Account Security Reminders                                                                                                                |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| First Name<br><input type="text"/>              | ✓ <b>Accounts with administrative privileges MUST NOT be created for a third party such as a vendor.</b>                                  |
| Last Name<br><input type="text"/>               | ✓ Accounts should be assigned to individuals. No general or shared accounts                                                               |
| Username*<br>CH000000-                          | ✓ Always validate the identity of the individual for whom you are creating an account or assigning privileges                             |
| Phone Number<br><input type="text"/>            | ✓ 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 |
| Email Address<br><input type="text"/>           | ✓ Users should be assigned the least access privileges necessary                                                                          |
| Role<br>ClearingHouse User                      | ✓ Review active user accounts regularly, and disable or remove any that are no longer needed                                              |
| *All usernames will start with your channel ID. |                                                                                                                                           |
| <input type="button" value="Submit"/>           |                                                                                                                                           |

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

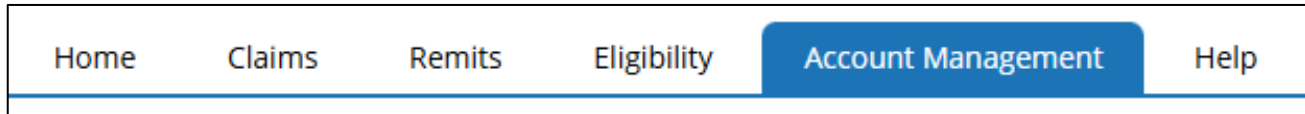
**Only admins can edit users.** They can view, edit, remove, and add restrictions for existing users. By clicking on **Add Restrictions**, new fields for entering required permission information will be added. Similarly, clicking on the **pencil button** allows for editing and removing existing permissions.

## 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.

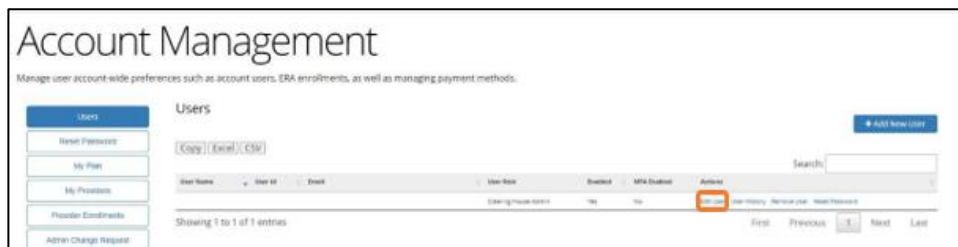


Click *Users*, located on the left-hand side.

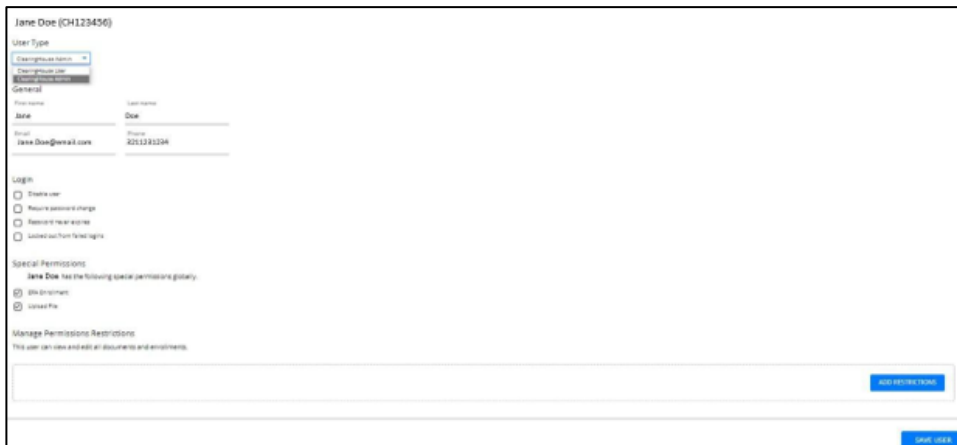


Click *Edit User* for the user that needs to be updated, located beneath Actions. Here, you can:

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



Edit the user with any desired changes.

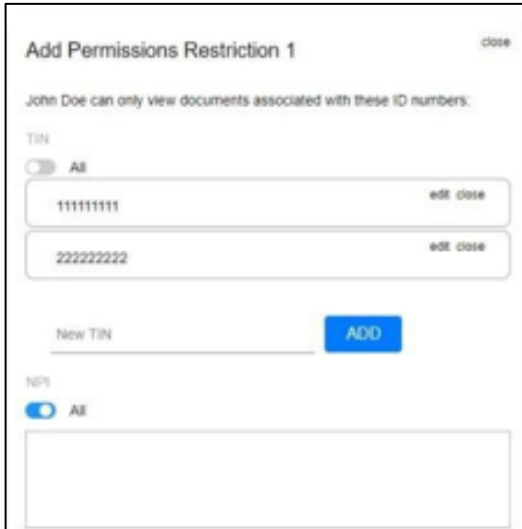


Click *Save User*.

## 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.



**Add Permissions Restriction 1** close

John Doe can only view documents associated with these ID numbers:

TIN

☐ All

111111111 edit close

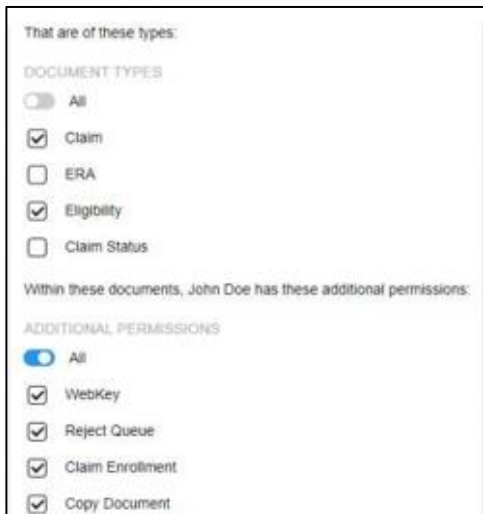
222222222 edit close

New TIN ADD

NPI

☒ All

**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.



That are of these types:

DOCUMENT TYPES

☐ All

☒ Claim

☐ ERA

☒ Eligibility

☐ Claim Status

Within these documents, John Doe has these additional permissions:

ADDITIONAL PERMISSIONS

☒ All

☒ WebKey

☒ Reject Queue

☒ Claim Enrollment

☒ Copy Document

## User Actions



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

**Users** [Add New User](#)

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

Search:

| User Name            | User ID | Email | User Role | Enabled | MFA Enabled | Actions                                                                                 |
|----------------------|---------|-------|-----------|---------|-------------|-----------------------------------------------------------------------------------------|
| Clearing House Admin | 100     | 100   | 100       | 100     | 100         | <a href="#">View History</a> <a href="#">Remove User</a> <a href="#">Reset Password</a> |

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

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



Username: CH123456-JDOE [Get User Details](#)

Show **10** entries Search:

| Timestamp           | Action           | IP Address   | Note                                              |
|---------------------|------------------|--------------|---------------------------------------------------|
| 2025-03-10 10:37:23 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 10:15:04 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 10:14:23 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 09:23:57 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 07:35:43 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 07:29:26 | User Login       | 12.34.56.789 |                                                   |
| 2025-03-10 07:23:08 | Password Changed |              |                                                   |
| 2025-03-10 07:21:04 | Account Modified |              | Action: Password was Initiated Performed By: JDOE |
| 2025-03-10 07:20:24 | Failed Login     | 12.34.56.789 | Bad Password                                      |
| 2024-03-07 10:48:18 | User Login       | 12.34.56.789 |                                                   |

Showing 1 to 10 of 12 entries

Previous **1** 2 Next

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

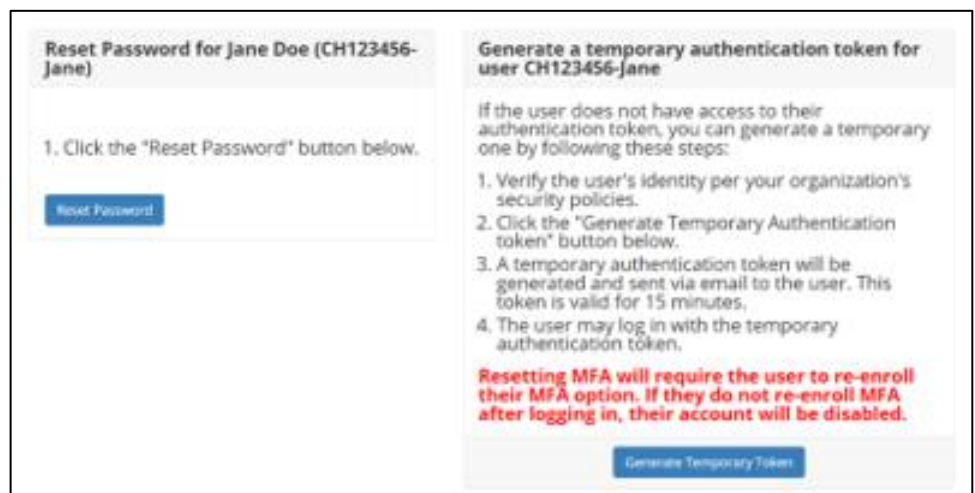


**Warning!**

Are you sure you want to remove John Doe (CH123456-jdoe)?

[Yes, Remove User](#) [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.



**Reset Password for Jane Doe (CH123456-Jane)**

1. Click the "Reset Password" button below.

[Reset Password](#)

**Generate a temporary authentication token for user CH123456-Jane**

If the user does not have access to their authentication token, you can generate a temporary one by following these steps:

1. Verify the user's identity per your organization's security policies.
2. Click the "Generate Temporary Authentication token" button below.
3. A temporary authentication token will be generated and sent via email to the user. This token is valid for 15 minutes.
4. The user may log in with the temporary authentication token.

**Resetting MFA will require the user to re-enroll their MFA option. If they do not re-enroll MFA after logging in, their account will be disabled.**

[Generate Temporary Token](#)

## 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.

Community Health Partnership Services (CHCHPS)

 **Community Health  
Partnership Services**

[Home](#) [Claims](#) [Remits](#) [Eligibility](#) [Account Management](#) [Help](#)

---

## 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

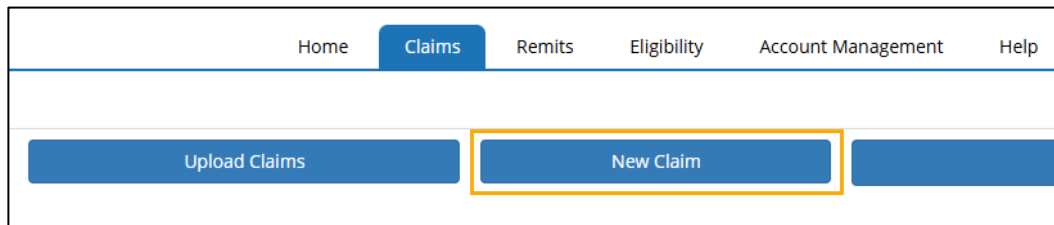
Upload

## 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.

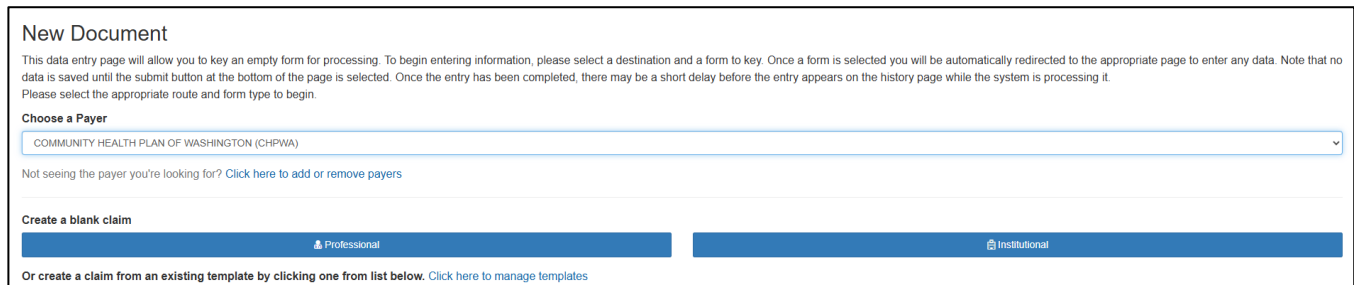
### Navigation

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.



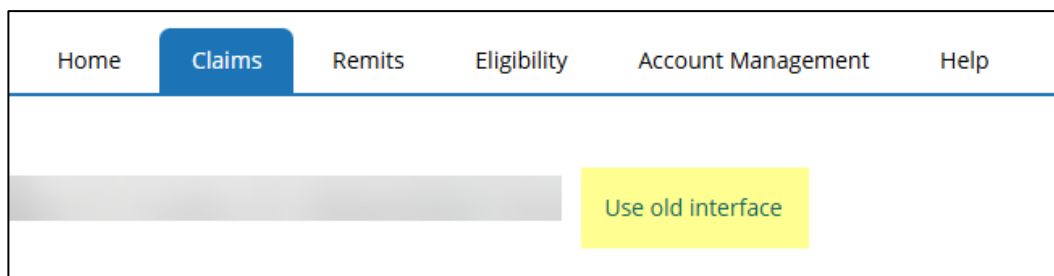
The image shows a navigation menu with tabs: Home, Claims, Remits, Eligibility, Account Management, and Help. The 'Claims' tab is selected. Below the tabs are three buttons: 'Upload Claims', 'New Claim' (highlighted with a yellow border), and an unlabeled button.

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



The 'New Document' page contains instructions and a form. It includes a 'Choose a Payer' dropdown menu with 'COMMUNITY HEALTH PLAN OF WASHINGTON (CHPWA)' selected. Below this is a link to 'add or remove payers'. There are two buttons for 'Create a blank claim': 'Professional' and 'Institutional'. At the bottom, there is a link to 'manage 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).



The image shows the same navigation menu as before, but with a yellow button labeled 'Use old interface' highlighted in the bottom right corner.

[More](#)

|                                                                                |  |                                                                                |  |
|--------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 1. Type<br>OTHER                                                               |  | 1a. INSURED'S I.D. NUMBER                                                      |  |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)<br>Last First Middle |  | 4. INSURED'S NAME (Last Name, First Name, Middle Initial)<br>Last First Middle |  |
| 3. PATIENT'S BIRTH DATE<br>YYYY/MM/DD Sex                                      |  | 6. PATIENT RELATIONSHIP TO INSURED<br>Self                                     |  |
| 5. PATIENT'S ADDRESS (No. Street)<br>CITY STATE ZIP CODE TELEPHONE             |  | 7. INSURED'S ADDRESS (No. Street)<br>CITY STATE ZIP CODE TELEPHONE             |  |
| 2. 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<br>[More...]                         |  | a. INSURED'S BIRTH DATE<br>YYYY/MM/DD Sex <a href="#">Check Eligibility</a>    |  |
| b. RESERVED FOR NUCC USE                                                       |  | b. OTHER CLAIM ID (Designated by NUCC)                                         |  |
| c. RESERVED FOR NUCC USE                                                       |  | c. INSURANCE PLAN NAME OR PROGRAM NAME                                         |  |
| 4. INSURANCE PLAN NAME OR PROGRAM NAME                                         |  | 10d. CLAIM CODES (Designated by NUCC)                                          |  |
|                                                                                |  | d. IS THERE ANOTHER HEALTH BENEFIT PLAN?<br>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<br>Signed                                                         |                              |                                |               | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE<br>Signed                          |                 |               |
| 14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP)<br>YYYY/MM/DD QUAL                                          |                              |                                |               | 15. OTHER DATE<br>QUAL YYYY/MM/DD                                                 |                 |               |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE<br>Last First                                                     |                              |                                |               | 17a. 17b. NPI                                                                     |                 |               |
| 19. RESERVED FOR LOCAL USE                                                                                       |                              |                                |               | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES<br>YYYY/MM/DD TO YYYY/MM/DD |                 |               |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY<br>A. B. C. D. E. F. G. H. I. J. K. L.                              |                              |                                |               | 22. RESUBMISSION CODE<br>1 ORIGINAL REF. NO.                                      |                 |               |
| 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 |                              |                                |               | 23. PRIOR AUTHORIZATION NUMBER                                                    |                 |               |

[Add Line](#)

|                                                                        |                                                                                       |                              |                                                                                 |                                          |                       |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------|------------------------------------------|-----------------------|
| 25. FEDERAL TAX I.D. NUMBER                                            | 26. PATIENT'S ACCOUNT NO.                                                             | 27. ACCEPT ASSIGNMENT?<br>No | 28. TOTAL CHARGE<br>\$                                                          | 29. AMOUNT PAID<br>\$                    | 30. RSVD for NUCC Use |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER<br>Last First Middle Credential | 32. SERVICE FACILITY LOCATION INFORMATION<br>Name Address City Zip Phone<br>a. NPI b. |                              | 33. BILLING PROVIDER INFORMATION<br>Name Address City Zip Phone<br>a. NPI b. 00 |                                          |                       |
| Save Progress                                                          |                                                                                       | Save As Template             |                                                                                 | Save Billing Information Submit Document |                       |

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## 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.

| Billing Information   |                                            |                     |                        |                 |
|-----------------------|--------------------------------------------|---------------------|------------------------|-----------------|
| Name                  | Tax ID                                     | EIN/SSN             |                        |                 |
| Name is required      | Tax Id is required                         | EIN/SSN is required |                        |                 |
| Taxonomy Code         | NPI                                        | Secondary ID        | Secondary ID Qualifier |                 |
|                       | NPI is required when Secondary ID is blank |                     |                        |                 |
| Address 1             | Address 2                                  | City                | State                  | ZIP             |
| Address 1 is required |                                            | City is required    | State is required      | ZIP is required |
| CLIA Number           | Payer Assignment Code                      |                     |                        |                 |
|                       | Payer Assignment Code is required          |                     |                        |                 |

### 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.

| 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<br>MM-DD-YYYY | Gender             |                   |                 |  |
| Relationship to Subscriber is required           | DOB is required              | Gender is required |                   |                 |  |
| Member ID                                        | Group Number                 | Plan Name          | Insurance Type    |                 |  |
| Member ID is required                            |                              |                    |                   |                 |  |
| <input type="button" value="Check Eligibility"/> |                              |                    |                   |                 |  |

## 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 Information                      |                           |                                     |                                 |                                 |  |
|----------------------------------------|---------------------------|-------------------------------------|---------------------------------|---------------------------------|--|
| Patient Control #<br>22867900000133    | POS<br>▼                  | Frequency Code<br>1 = ORIGINAL<br>▼ | Benefits Assignment<br>▼        | Information Release<br>▼        |  |
|                                        | POS is required           |                                     | Benefits Assignment is required | Information Release is required |  |
| Signature Source<br>▼                  | Special Program Code<br>▼ | EPSTD Code<br>▼                     | Patient Pregnant<br>▼           |                                 |  |
| Referral Number                        | Prior Authorization       | Original Reference Number           |                                 |                                 |  |
| Anesthesia Related Procedure           | Accident Cause 1<br>▼     | Accident Cause 2<br>▼               | State<br>▼                      |                                 |  |
| Accident Date MM-DD-YYYY<br>MM-DD-YYYY | Note                      |                                     |                                 |                                 |  |

## 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.

Service Line Items

Line 1:

[Main](#)
[NDC](#)
[Ordering](#)
[Rendering](#)

From DOS

MM/DD/YYYY

To DOS

MM/DD/YYYY

CPT®

CPT is required

Mod1

Mod2

From DOS is required

Mod3

Mod4

DiagPur

Diagnosis code pointer is required

Charge(\$)

Charge(\$ is required)

Units

Units is required

Unit Type

Units

▼

POS

▼

POS is required

Emerg.

▼

CLIA

Note

Description

Copy Service Line

Remove Service Line

## 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.

Show 25 entries Remove Selected

|                          | SDS Document Number * | Payer Name       | Patient Name          | Account Number | Total Charge | Reject Reason                                                                                                                                                                         | Last Updated | Age     | Actions |
|--------------------------|-----------------------|------------------|-----------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------|
| <input type="checkbox"/> | SDS194115000000338    | SDS Demo Payer 1 | FIRSTNAME<br>LASTNAME | MILRA002-32797 | \$ 1096.00   | This is not a valid SDS payer: SDS-DEMO-PAYER-1                                                                                                                                       | 04/14/2025   | 8 hours |         |
| <input type="checkbox"/> | SDS194115000000339    | SDS Demo Payer 1 | FIRSTNAME<br>LASTNAME | ZB97C9Z        | \$ 1500.00   | --Payer Rejection--<br>The transaction has been rejected and has not been entered into the adjudication system;<br>Missing or invalid information.<br>Rejection Notes:<br>REJECTED BY | 04/12/2025   | 2 days  |         |

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

Claim Search

Keyword

SEARCH

Filter

Provider

Date

Worked

Rejections

Payer

Patient

Claim Type

Search

Clear Filters

Under Actions, hover over each icon for a detailed description

Show 25 entries

Remove Selected

| SDS Document Number *                       | Payer Name       | Patient Name          | Account Number | Total Charge | Reject Reason                                                                                                                                                             | Last Updated | Age     | Actions                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------|------------------|-----------------------|----------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SDS194115000000338 | SDS Demo Payer 1 | FIRSTNAME<br>LASTNAME | MLRA002 32797  | \$ 1096.00   | This is not a valid SDS payer: SDS-DEMO-PAYB.1                                                                                                                            | 04/14/2025   | 8 hours |     |
| <input type="checkbox"/> SDS194115000000339 | SDS Demo Payer 1 | FIRSTNAME<br>LASTNAME | ZB97C9Z        | \$ 1500.00   | -Payer Rejection- The transaction has been rejected and has not been entered into the adjudication system: Missing or invalid information. Rejection Notes: error:transac | 04/12/2025   | 2 days  |     |

**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

Show 10 entries

| Batch Name                 | Received Date       | Status   | Total Charges | Transaction Count | Awaiting Submission | Awaiting Acknowledgement | Accepted | Rejected | Actions                                                                             |
|----------------------------|---------------------|----------|---------------|-------------------|---------------------|--------------------------|----------|----------|-------------------------------------------------------------------------------------|
| CLAIM-0105-CH-TEST-3-ED13C | 2025/04/15 03:30 AM | Complete | \$105.00      | 1                 | 0                   | 0                        | 1        | 0        |  |
| CLAIM-0105-CH-TEST-3-ED13C | 2025/04/15 03:30 AM | Complete | \$105.00      | 1                 | 0                   | 0                        | 1        | 0        |  |

File Search

Keyword

SEARCH

Filter

Status

Date

Payer

Patient

Claim Type

Search

Clear Filters

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.



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

**My SDS Plan**

Users

Reset Password

**My Plan**

My Providers

Provider Enrollments

Admin Change Request

Update Enrollment Info

Multi-Factor Authentication

Channel History

Create Provider Account

**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

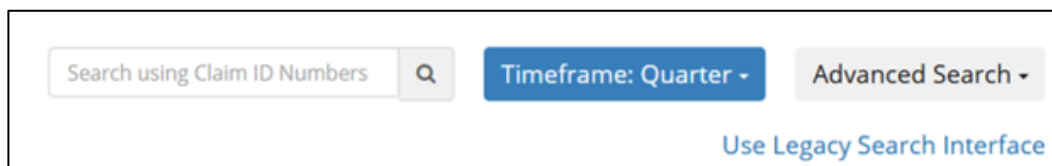
[SELECT](#)

[See Available Payers](#)

## 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.

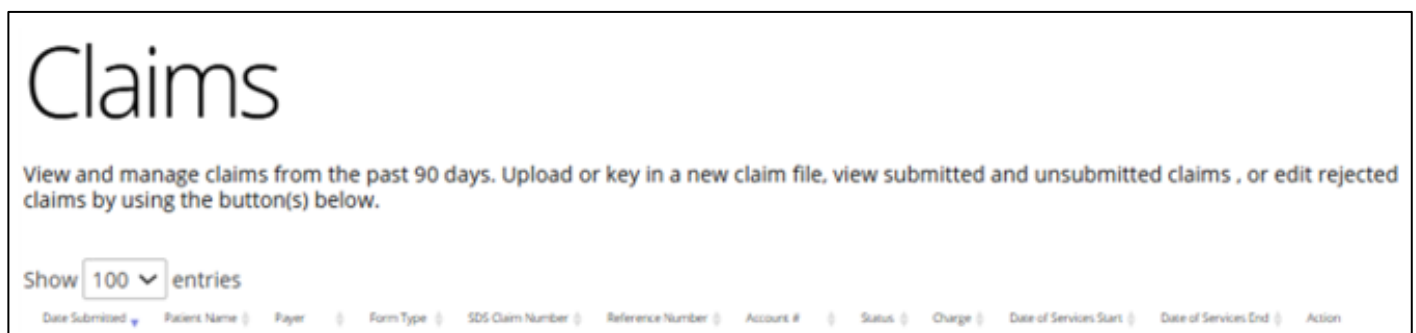
**NOTE:** Depending on your browser, you may need to use the Legacy Search Interface to view claims past 90 days.



Search using Claim ID Numbers

**Timeframe: Quarter**

[Use Legacy Search Interface](#)



# Claims

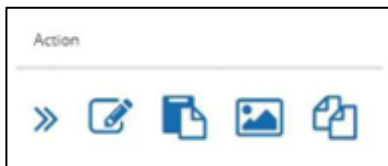
View and manage claims from the past 90 days. Upload or key in a new claim file, view submitted and unsubmitted claims , or edit rejected claims by using the button(s) below.

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 |
|----------------|--------------|-------|-----------|------------------|------------------|-----------|--------|--------|------------------------|----------------------|--------|
|----------------|--------------|-------|-----------|------------------|------------------|-----------|--------|--------|------------------------|----------------------|--------|

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

| Claim Information       |                      | Payment Information   |                          | Additional Actions                                                                              |
|-------------------------|----------------------|-----------------------|--------------------------|-------------------------------------------------------------------------------------------------|
| Patient Name:           | ANDERSON, LISA MARIE | Payer Name:           | GOV Service-Payer 1      | <a href="#">View EDI</a><br><a href="#">Transaction Details</a><br><a href="#">Download EDI</a> |
| Member ID:              | 12345678             | Provider Name:        | 1234567890123456789      |                                                                                                 |
| Patient Account Number: | 9876543210           | Check Number:         | 101 1234567              |                                                                                                 |
| Total Charge:           | 150.00               | Check Date:           | 2023-08-30               |                                                                                                 |
| Submitted By:           | 12345678             | Paid Amount:          | 150.00                   |                                                                                                 |
|                         |                      | Payment Status:       | Processed as Primary     |                                                                                                 |
|                         |                      | Link to EDI:          |                          |                                                                                                 |
|                         |                      | Create Student Claim: | Create Replacement Claim |                                                                                                 |

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

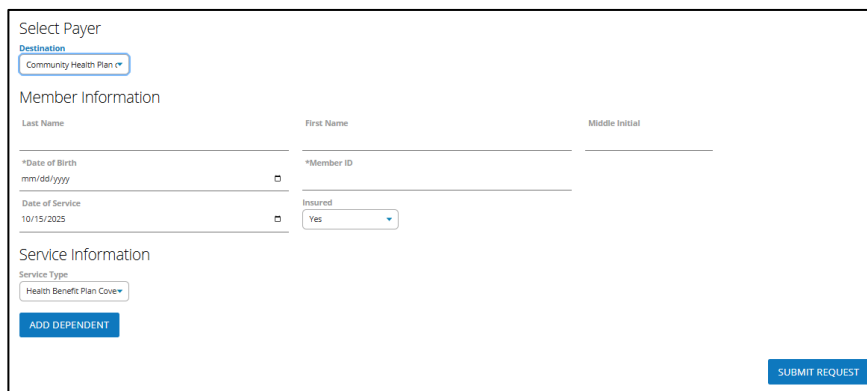
## Eligibility

### 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.



The screenshot shows a web form titled "Select Payer". It contains several sections: "Destination" with a dropdown menu showing "Community Health Plan"; "Member Information" with fields for "Last Name", "First Name", "Middle Initial", "\*Date of Birth" (with a calendar icon), "\*Member ID", "Date of Service" (with a calendar icon), and "Insured" (a dropdown menu showing "Yes"); and "Service Information" with a "Service Type" dropdown menu showing "Health Benefit Plan Cover". At the bottom left is a blue button labeled "ADD DEPENDENT", and at the bottom right is a blue button labeled "SUBMIT REQUEST".

## Help

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