



SMART DATA SOLUTIONS UTILIZATION MANAGEMENT SUBMISSION PORTAL

Abstract

This manual will assist with online submissions for pre-service/prospective and concurrent record reviews.

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Topics

- [Accessing the Portal](#)
- [Submitting Requests](#)
- [Submission Tracking](#)

Abstract

Smart Data Solutions, Inc. (“SDS”), an independent company, has designed a web-based submission method to allow providers to submit records to the Utilization Management (UM)/Behavioral Health department electronically.

Only pre-service/prospective and concurrent reviews should be submitted through this portal.

If you have received a letter requesting medical records for claims payment, **do not** submit those records using the Utilization Management portal (the Virtual Mailbox should be used instead). Submissions of incorrect documents will result in delayed processing.

Registration

Users will need to register an account within the portal to submit files. The following URL is used to access the enrollment form: <https://quickclaim.smart-data-solutions.com/quickclaim/servlet/quickclaim/template/ClearingHouse%2COpenEnrollment.vm/cc/CHUMSUB>

For your convenience, only one main account is needed per office/department. The registrant who enters their contact information is the designated administrator and responsible for creating sub-accounts for additional users.

Enter the following information on the enrollment form:

- Provider Name – Enter the Name of the Provider or Facility
- Provider TIN (Tax ID)
- Provider NPI
- Contact Name – Enter the Name of the Registrant/Admin for Portal Acct
- Contact Phone
- Contact Email
- Password

Once you select “Submit” on your enrollment form, you will receive the following message:

YOUR ENROLLMENT IS NOT YET COMPLETE

An account has been created for _____, and a welcome email has been sent to 'a _____ n' containing your account information. In order to continue, you must complete your enrollment using the link to Enrollment Portal and the information in the Welcome Email.

Then, you will receive an email from Stream Enrollment with your user name and URL.

Hello,
Thank you for enrolling in Smart Data Stream. Your account has been set up, however may require additional set up before you can begin sending or receiving transactions.

You have enrolled for the following:

- Utilization Management Web Submissions
- Excellus
- Univera
- Medicare Enrollment

To complete your enrollment, please follow the steps below:

1. Log in to the portal using the credentials provided below. The URL is _____
2. You will be required to login with the password entered upon enrollment.

User Name:

If you have any questions or experience any issues with this process, please contact stream.support@sdata.us.

Thanks!
Stream Enrollment Staff

Accessing the Portal

The following URL is used to access the submission portal website:

<https://quickclaim.smart-data-solutions.com/quickclaim/servlet/quickclaim/>

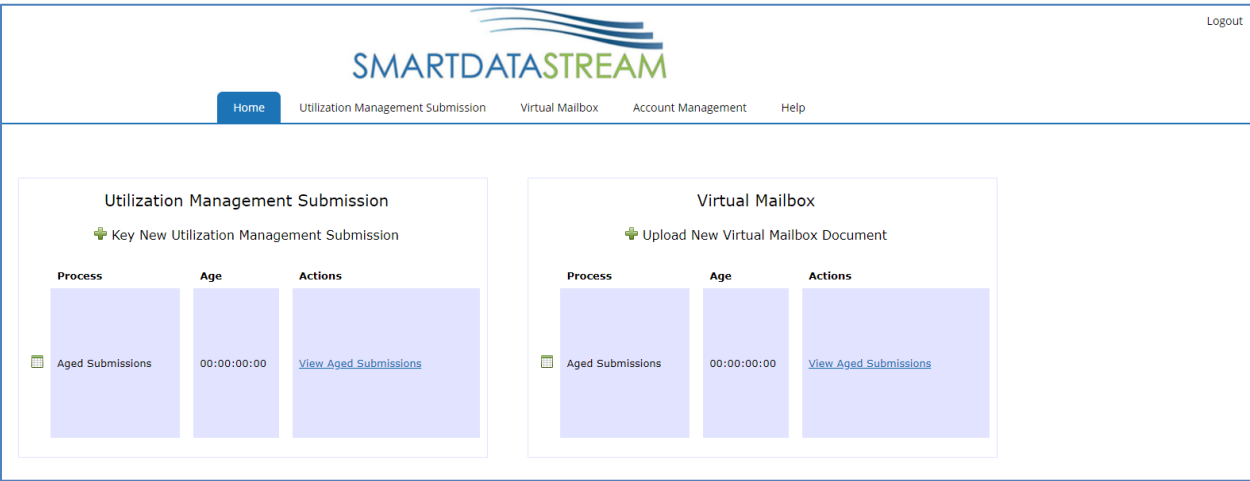
Note: SDS implemented an MFA (Multi-Factor Authentication) requirement as of January 7, 2025. As of then, users have a 30-day grace period to enroll in MFA beginning from the first day they log in to the SDS Portal, after which time their account will be disabled.

To enroll in MFA, you may choose to do one of the following:

1. Download and utilize an Authenticator App (e.g., Google Authenticator, Microsoft Authenticator) on your personal device to generate a code/token to use at log in.
2. Have a temporary code/token sent to your e-mail to use at log in.

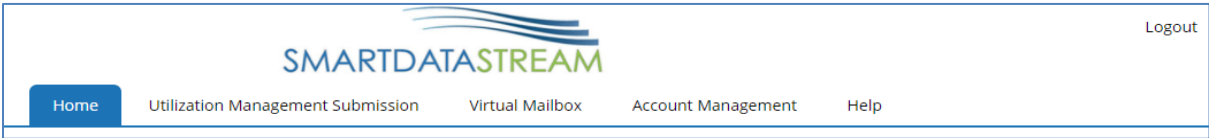
Once enrolled in MFA, you will be prompted to enter your username and password on the initial login screen and the authentication token on a subsequent screen.

Upon login, users will see the Smart Data Stream Clearinghouse Portal.




The home page contains the following:

Navigation Ribbon



- Home – returns user to the Smart Data Stream home page
- Utilization Management Submission – submitting and tracking of UM requests
- Virtual Mailbox – see the Virtual Mailbox manual for additional details
- Account Management - see the Account Management manual for additional details
- Help – contains additional resources such as system support and FAQs
- Logout – ends the session

Utilization Management Submission

Utilization Management Submission		
+ Key New Utilization Management Submission		
Process	Age	Actions
 Aged Submissions	00:00:00:00	View Aged Submissions

- Key New Utilization Management Submission – this link will navigate to the online submission screen. See [Submitting Documents](#) for additional information.
- View Aged Submissions – this link is used to view submissions uploaded to the Utilization Management Portal within the past 3 years. See [Aged UM Submission Files](#) for additional information.

Utilization Management Submission Page

Select “Utilization Management Submission” from the Navigation Ribbon to redirect to the Utilization Management page from anywhere on the portal:

Search using Claim ID Numbers

Timeframe: Day Advanced Search

Utilization Management Submission

This page allows you to view your Utilization Management Submission documents from the past 90 days. You can submit new Utilization Management Submission files, and view older Utilization Management Submissions using the button(s) below.

Show entries

Date Submitted	Patient Name	ClearingHouse Tracking Number	Payer Reference Number	Status	Action
No data available in table					

First Previous Next Last


The page contains the following:

- New Utilization Management Submission – this link will navigate to the online submission screen. See [Submitting Documents](#) for additional information.
- Older Utilization Management Submissions – this link is used to view submissions uploaded to the Utilization Management Portal within the past 3 years. See [Aged UM Submission Files](#) for additional information.
- Displays document level details for submissions uploaded to the Utilization Management Portal within the selected “Timeframe.” See [Submission Tracking – Document Level](#) for additional information.

Submission Tracking – Document Level

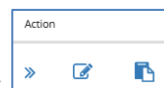
This section will display information for submissions within the [selected Timeframe](#).

Date Submitted	Patient Name	ClearingHouse Tracking Number	Payer Reference Number	Status	Action
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You can click on  next to most of the column headings to sort the results in ascending or descending order based on the column criteria.

- **Date Submitted** – date and time (Eastern/EST) of submission
- **Patient Name** – name entered for the patient or auto-populated from the member record based on subscriber ID and date of birth match
- **Clearinghouse Tracking Number** – this is **not currently used** by the Health Plan
- **Payer Reference Number** - tracking number assigned to the request (also referred to as DCN). This number should be referenced when communicating with the Health Plan.
- **Status** – status of the file uploaded through the Utilization Management Portal
 - Submitted: Document has been submitted by provider, but not yet accepted for processing by Health Plan
 - Accepted: Document has been accepted for processing by Health Plan
 - Rejected: Document is unable to be processed due to issues with upload and has been rejected by Health Plan
 - Note: Any indication of processing being complete does not mean the review has been done. For a status of your request, please contact Medical Services and reference the Payer Reference Number/Control Number from the submission.

- **Action** - this column will display two or three links to additional options



- » Additional detail regarding the submission, including the ability to see the file originally sent, name of submitter and other details that were entered on the submission screen.

Document Information

Patient Name :

Member Id :

Submitted By :

Document :

Product :

Line :

Form :

Auth Number :

Patient Date of Birth :

Provider NPI :

Outpatient Fax


Utilization Management



This feature only displays when documents are in the “Submitted” status. It is **not applicable** for use with documents submitted through the UM Portal.


























This is a notes function that allows the user to add reminders or other information for their *internal use only*. Anything entered in this screen **will not** be viewable by the Health Plan’s Medical Services staff.

When notes are present, the icon will turn green ().

Notes, Internal Use Only. ×

File ▾ Edit ▾ View ▾ Format ▾

↶ ↷ Formats ▾ **B** *I*                      

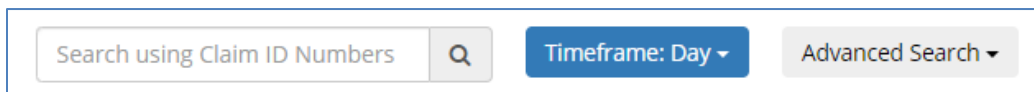
POWERED BY TINYMCE 

Save Note

9

Filtering Results

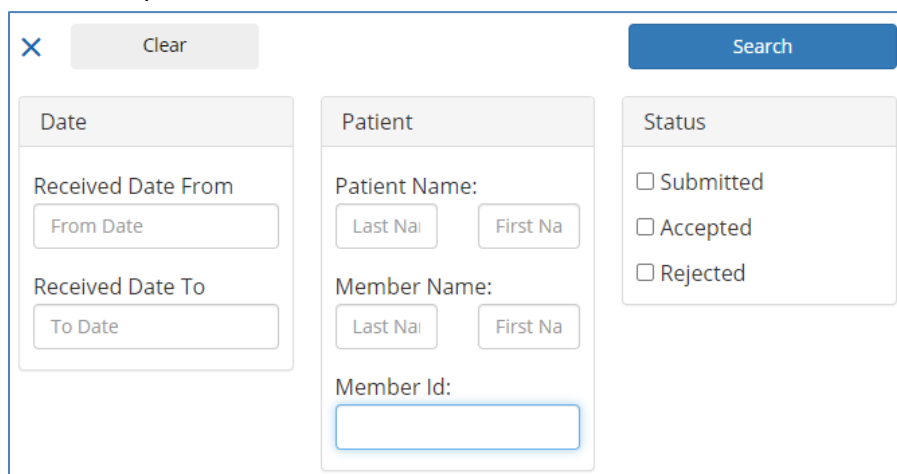
The Search box in the upper right will default to only show items for the current day. Users can change/search to filter results by the following criteria:



The image shows a search bar with three main components: a text input field containing "Search using Claim ID Numbers", a magnifying glass icon, a dropdown menu currently set to "Timeframe: Day", and a button labeled "Advanced Search" with a downward arrow.

- Claim ID Numbers - filters results based on Payer Reference Number
- Timeframe – options are Today, Day, Week, Month, Quarter

Advanced Search Options



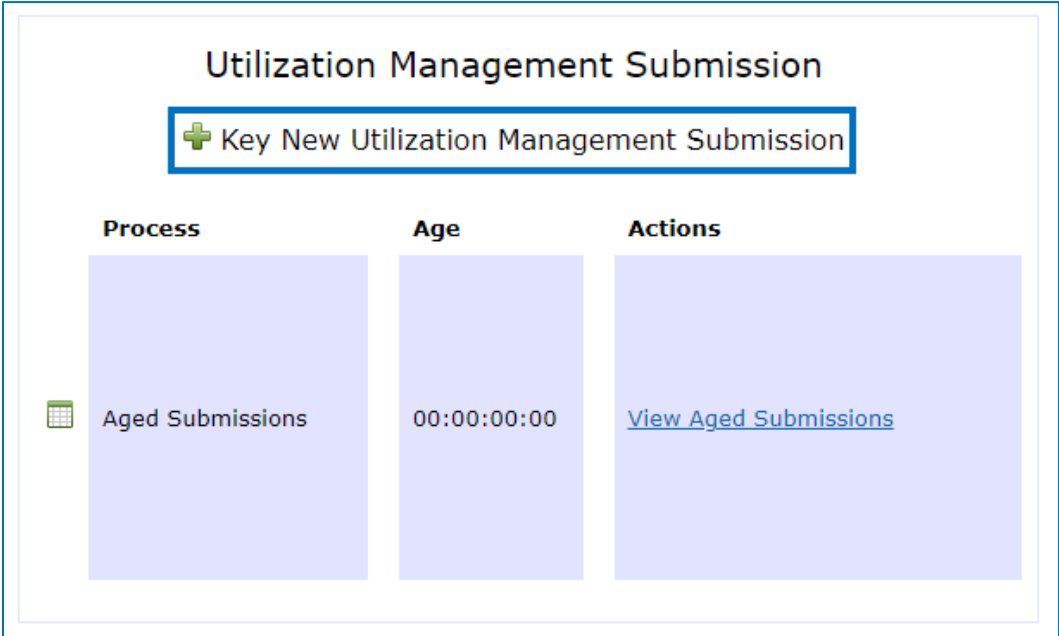
The image shows an "Advanced Search Options" dialog box. It has a close button (X) and a "Clear" button at the top left, and a "Search" button at the top right. The dialog is divided into three main sections: "Date", "Patient", and "Status". The "Date" section has "Received Date From" and "Received Date To" with corresponding date input fields. The "Patient" section has "Patient Name:" with "Last Na" and "First Na" input fields, "Member Name:" with "Last Na" and "First Na" input fields, and "Member Id:" with a single input field. The "Status" section has three checkboxes: "Submitted", "Accepted", and "Rejected".

- Date - filters results based on the date the file was submitted
- Patient – filters results based on the name or subscriber ID
- Status – filters based on the Status of the document (Rejected, Accepted, Submitted)

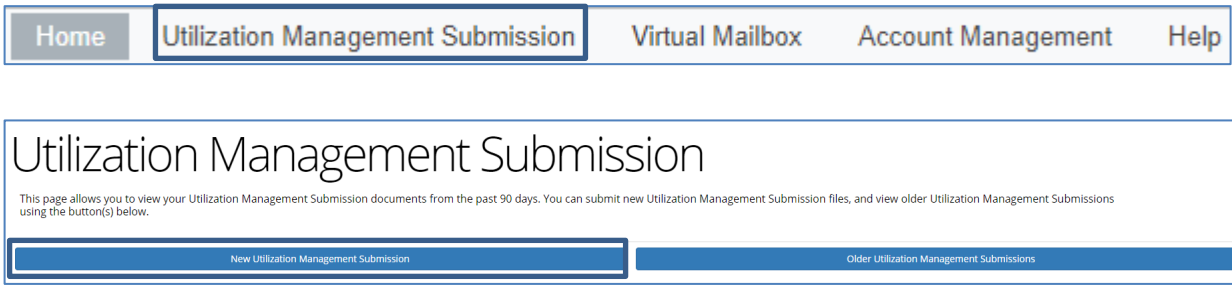
To apply the filter, click the “Search” button. If you need to remove the search filters, click the “Clear” button.

Submitting Documents

Option 1 - To submit a document, you may click on the “Key New Utilization Management Submission” within the box labeled “Utilization Management Submission” on the home screen.



Option 2 – To submit a document, first select “Utilization Management Submission” from the Navigation Ribbon to go to the [Utilization Management Submission](#) page. Then, select “New Utilization Management Submission”.



Either Option 1 or 2 will redirect the user to the Utilization Management submission screen.

Utilization Management Submissions

This screen is used to submit requests for Utilization Management. This portal should NOT be used for retrospective/post-service reviews. Please fill out all the fields for processing of your request. Please only submit one submission per member.

****DO NOT SUBMIT MULTIPLE/DIFFERENT PATIENTS ON THE SAME REQUEST****

Violations will result in removal of access to this function and/or reporting to the U.S. Office of Civil Rights (OCR).

Selection of the form types with the word urgent should only be used if the service will be rendered within the next 48 hours.

Product:

Line of Business:

Form Type:

Patient ID

Patient Date Of Birth

Do not combine multiple patients on the same submission. Documentation sent should only contain one patient per transaction to ensure compliance with HIPAA. Violations of this rule will result in termination of access to the portal and repeat offenders will be reported to the U.S. Office of Civil Rights (OCR).

The following fields should be completed to appropriately process your request (fields with * are required):

Product:

Line of Business:

Form Type:

Patient ID

Patient Date Of Birth

Provider NPI

Authorization Number

Select The Checkbox to Upload Photo(s) of Body Part(s)
☐ Photo(s) of Body Part(s) Included

For all new Authorizations, please submit to Health Plan

Upload Your File Here: (Maximum 30 MBs)

Choose Files NO FILE CHOSEN

Acceptable file types: PDF, TIFF (.tiff/.tif), PNG (.png), JPG (.jpg) and Word (.doc,.docx) only

Submit Online

- ***Product** - indicates the patient's insurance carrier
- ***Line of Business** - this will align to our fax numbers and contains both SafetyNet and non-SafetyNet Utilization Management lines. Please ensure this is accurately selected to avoid any delays with processing your request. See [Appendix A](#) for a full list of options.

- ***Form Type** - this drop down will change, depending on the line of business selected. Please select the best possible match (see [Appendix B](#) for a list of options available by Line of Business). *DO NOT select any form type with the word "Urgent" unless services will be rendered within the next 48 hours.*
- ***Patient ID** - this should match the subscriber ID on the patient's member ID card, including prefix, if applicable. Please do not include a suffix/dependent number. This should be the same subscriber ID that will be present on the claim when submitted for payment.

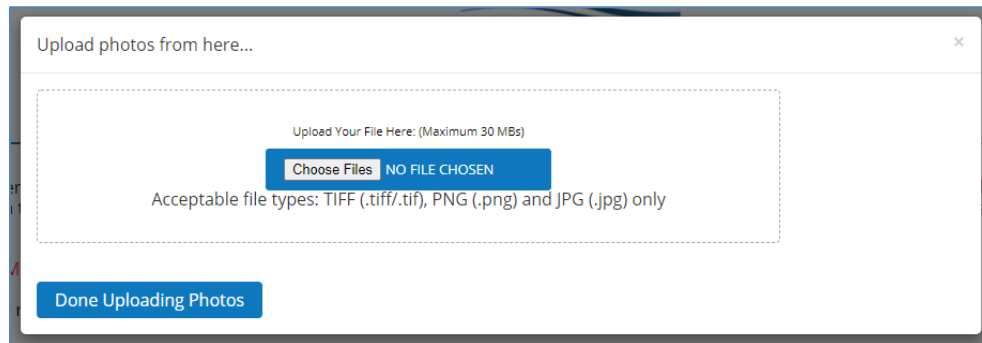
****ONLY ONE PATIENT SHOULD BE SUBMITTED PER REQUEST. DO NOT COMBINE DIFFERENT PATIENTS ON THE SAME REQUEST****

- ***Patient Date of Birth** - enter the patient's date of birth in format MM/DD/YYYY
- *NOTE*** if a single match can be found in the system based on patient ID and date of birth, no additional patient information needs to be entered. If there are multiple matches or no match found, an error message will display, and fields will populate asking for the patient's first and last name.

Patient ID 111	Patient Date Of Birth 01/01/1989	Patient information not found!
Patient First Name _____	Patient Last Name _____	

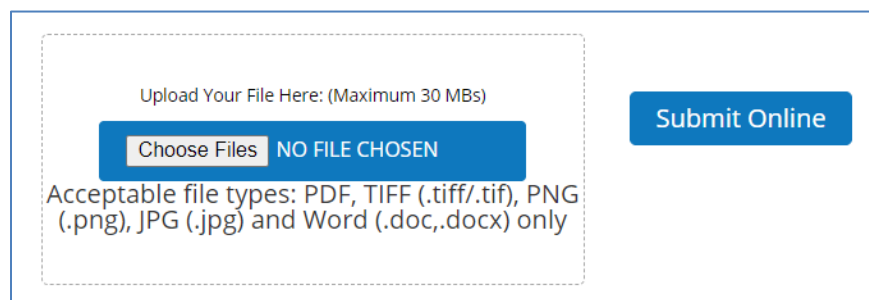
- Patient First Name - enter the first name of the patient
- Patient Last Name - enter the last name of the patient
- ***Provider NPI** - enter the billing NPI that will be submitted after services have been rendered and the claim is sent in for payment
- **Authorization Number** - if applicable, enter the authorization number received during the initial request

- **Photo(s) of Body Part(s) Included** – if you need to include any photos as part of the review, select the checkbox. This will open an additional file upload box, which is to be used only for photos.



Users may either click the “Choose Files” box (to navigate to the file location) or drag and drop photos into this box. Files must be less than 30MBs and in one of the following formats: TIFF (.tif/.tiff), PNG or JPG. Once you’ve completed uploading photos, select “Done Uploading Photos” to close the pop-up and continue to the next field to upload files and submit.

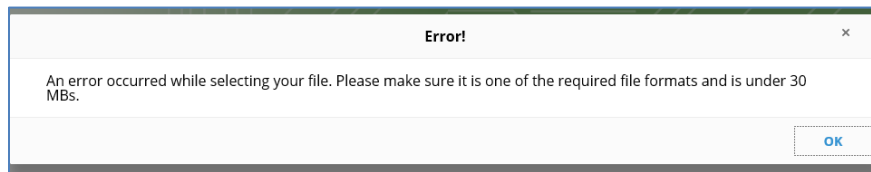
- ***Submit Online** - used to upload a file(s) for review. The file upload box allows the user to either click the “Choose Files” box (to navigate to the file location) or drag and drop files into this box. Files must be less than 30MBs and in one of the following formats: PDF, TIFF (.tif/.tiff), PNG, JPG or Word (.doc/.docx).



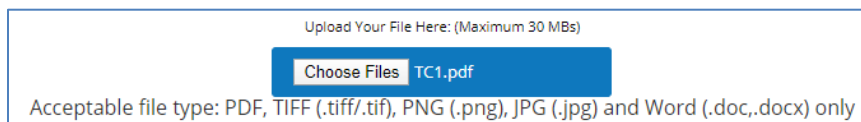
Reminder: Documents for only **one patient** should be submitted **per request**; do not combine records for different patients on the same request.

Note: You may submit more than one document/file for the patient. The system will merge files together from a single submission to create one document. To select more than one file, hold Control/CTRL down on your keyboard. This will work when you use the “Choose Files” box (to navigate to the file location) or when you drag and drop files from an open location.

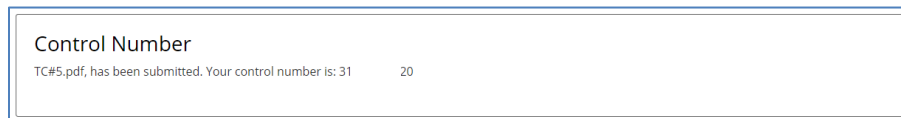
Note: If a file(s) larger than 30MBs or not in one of the required formats [PDF (.pdf), TIFF (.tif/.tiff), PNG (.png), JPG (.jpg), and Word (.doc/.docx)] is selected, the following error message will display:



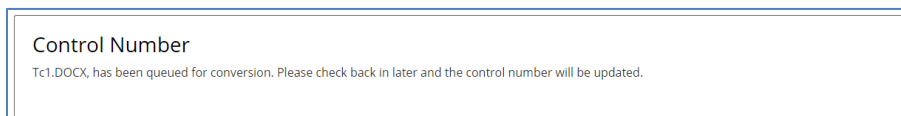
When a file(s) has been attached, the file name(s) will show to the right of the “Choose Files” box.



To submit the file(s), click the “Submit Online” button under the upload box. Once the file(s) has been submitted, the user will receive a message indicating the file(s) was submitted, along with a control number (unless >20 pages or Word document, see note below). If there are any questions regarding the submission, please reference this control number when calling Medical Services.



Note: If the file(s) is larger than 20 pages or a Word document, the user will receive a message indicating the file(s) has been queued for conversion. The “Payer Reference Number” on the [Utilization Management Submission](#) page will be populated with “Processing” until the conversion is complete.



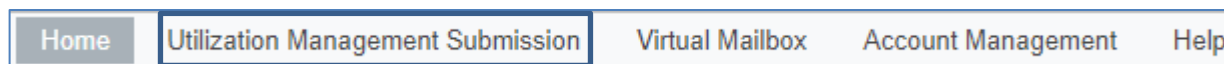
After receiving the control number, another submission may be uploaded by following the same steps (NPI should already be populated).

Note: If the file(s) is password protected, the user will receive a message indicating the file(s) will not be uploaded until the file(s) is decrypted.

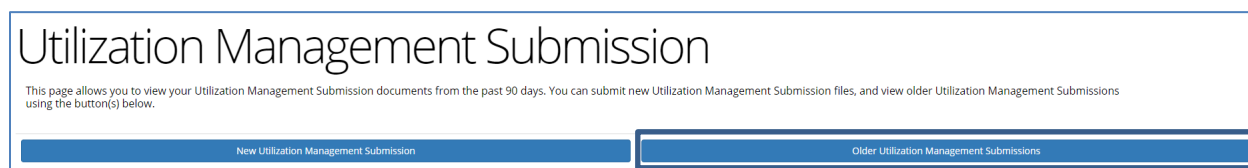
Password protected PDFs are not allowed. Please decrypt your file and resubmit. No files have been uploaded.

Aged UM Submission Files Page

To track submissions through the Utilization Management portal from the past 3 years, first select “Utilization Management Submission” from the Navigation Ribbon to go to the [Utilization Management Submission](#) page.



Then, select “Older Utilization Management Submissions”.



This will redirect the user to the “Utilization Management Submission Files” page.

The screenshot shows the "Utilization Management Submission Files" page. It has a title and a description: "This page allows you to view files that were uploaded via our Utilization Management Submission Portal from the past 3 years. You can submit new Utilization Management files using the button below." Below the text are two buttons: "New Utilization Management Submission" and "Back to Utilization Management Submissions" (highlighted with a blue border). On the left is a "File Search" sidebar with a "Keyword" search box, a "Filter" section with dropdowns for "Status", "Date", and "Patient", and a "Clear Filters" button. The main area shows a table of submission files with columns: Batch Name, Received Date, Status, Type, Transaction Count, Awaiting Transmission, Awaiting Response, Accepted, Rejected, and Actions. The table contains 7 rows of data.

Batch Name	Received Date	Status	Type	Transaction Count	Awaiting Transmission	Awaiting Response	Accepted	Rejected	Actions
TC91.pdf	2020/05/08 09:58 AM	Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
UM - OP17.pdf	2020/05/08 09:54 AM	Documents Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
UM - OP17.pdf	2020/05/08 09:54 AM	Documents Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
TC64.pdf	2020/05/08 09:48 AM	Documents Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
	2020/05/07 11:58 AM	Documents Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
TC15 UM Outpat.pdf	2020/05/07 11:57 AM	Documents Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]
Bindet4.pdf	2020/05/07 11:53 AM	Accepted	Correspondence Data Entry	1	0	0	1	0	[icon]


The page contains the following:


- New Utilization Management Submission – this link will navigate to the online submission screen. See [Submitting Documents](#) for additional information.
- Back to Utilization Management Submissions – this link is used to navigate to the [Utilization Management Submission](#) page.
- Displays batch level details for submissions uploaded to the Utilization Management Portal within the past 3 years. See [Submission Tracking – Aged Files](#) for additional information.

Submission Tracking – Aged Files

This section will display information for submissions within the past 3 years.

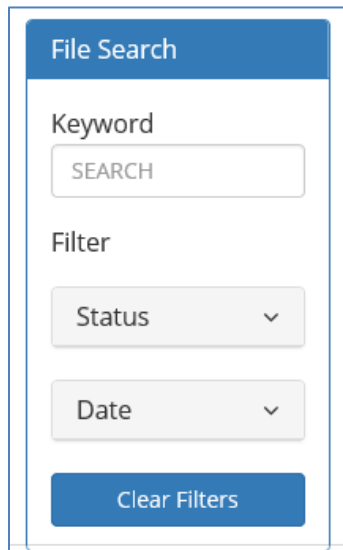
Batch Name	Received Date	Status	Type	Transaction Count	Awaiting Transmission	Awaiting Response	Accepted	Rejected	Actions
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You can click on  next to most of the column headings to sort the results in ascending or descending order based on the column criteria.

- **Batch Name** - file name submitted through the Utilization Management portal
- **Received Date** - date and time (Eastern/EST) of submission
- **Status** - status of the file uploaded through the Utilization Management portal
 - Submitted: Document has been submitted by provider, but not yet accepted for processing by Health Plan
 - Documents Accepted/Accepted: Document has been accepted for processing by Health Plan
 - Rejected: Document is unable to be processed due to issues with upload and has been rejected by Health Plan
 - Note: Any indication of processing being complete does not mean the review has been done. For a status of your request, please contact Medical Services and reference the Payer Reference Number/Control Number from the submission.
- **Type** – “Correspondence Data Entry” indicates the file was submitted through the Utilization Management portal
- **Transaction Count** - number of transactions submitted
- **Awaiting Transmission** - number of transmissions awaiting transmission
- **Awaiting Response** - number of files waiting to be received by the Health Plan
- **Accepted** - number of files accepted for processing by the Health Plan
- **Rejected** - number of files rejected by the Health Plan
- **Action** - this column will display  , which links to the [Utilization Management Submission](#) page where additional actions are available

Filtering Results

The Search box on the left side will allow users to filter results by the following criteria:

A screenshot of a 'File Search' filter interface. It features a blue header with the text 'File Search'. Below the header, there is a 'Keyword' section with a text input field containing the word 'SEARCH'. Underneath is a 'Filter' section containing two dropdown menus: 'Status' and 'Date', both with a downward arrow icon. At the bottom of the filter section is a blue button labeled 'Clear Filters'.

- Keyword - filters results based on the Batch Name
- Status – filters based on the Status of the document (Rejected, Accepted, Submitted)
- Date - filters results based on the date the file was submitted

Appendix

Appendix A – Line of Business Options

Utilization Management (UM) Inpatient/DME (800-292-5109)

UM Outpatient (800-222-8182)

UM Skilled Nursing (315-731-2529) – alternate number 877-220-4609

UM Behavioral Health (585-399-6640)

SafetyNet UM - Health Risk Assessments (866-838-7617)

SafetyNet UM - Behavioral Health (844-878-6989/844-247-9450)

SafetyNet UM - Care/Case Management (866-838-7617)

SafetyNet UM - LTSS (844-620-7013)

SafetyNet UM - Medical Non-Urgent (844-279-7140)

SafetyNet UM - Urgent/Concurrent (855-742-0126)

Medicare UM – Inpatient

Medicare UM - Outpatient

Medicare UM – Behavioral Health

Medicare UM – SNF

D-SNP UM – Urgent/Concurrent

D-SNP UM – Behavioral Health

D-SNP UM – Medical Non-Urgent

D-SNP UM – Case Management

Appendix B – Form Type Options

UM Inpatient (800-292-5109)

Non-Urgent: Services more than 48 hrs from submission

Urgent: Services within next 48 hrs

UM Outpatient (800-222-8182)

Non-Urgent: Services more than 48 hrs from submission

Urgent: Services within next 48 hrs

UM Skilled Nursing (315-731-2529)

Non-Urgent: Services more than 48 hrs from submission

Urgent: Services within next 48 hrs

UM Behavioral Health (585-399-6640)

Non-Urgent: Services more than 48 hrs from submission

Urgent: Services within next 48 hrs

SafetyNet UM - Health Risk Assessments (866-838-7617)

Health Risk Assessment

SafetyNet UM - Behavioral Health (844-878-6989/844-247-9450)

Clinical Records

SafetyNet UM - Care/Case Management (866-838-7617)

Clinical Records

SafetyNet UM - LTSS (844-620-7013)

Long-Term Services/Support Records

SafetyNet UM - Medical Non-Urgent (844-279-7140)

Urgent Clinical Records

Clinical Records

SafetyNet UM - Urgent/Concurrent (855-742-0126)

Urgent Clinical Records

Clinical Records

Inpatient Prior Auth

Urgent Outpatient Prior Auth

Medicare UM – Inpatient

Medicare UM – Inpatient

Urgent Medicare UM - Inpatient

Medicare UM – Outpatient

Medicare UM – Outpatient

Urgent Medicare UM - Outpatient

Medicare UM – Behavioral Health

Medicare UM – Behavioral Health

Urgent Medicare UM – Behavioral Health

Medicare UM – SNF

Medicare UM – SNF

Urgent Medicare UM – SNF

D-SNP UM – Urgent/Concurrent

Urgent Clinical Records

Clinical Records

Inpatient Prior Auth

Urgent Outpatient Prior Auth

D-SNP UM – Behavioral Health

Clinical Records

D-SNP UM – Medical Non-Urgent

Urgent Clinical Records

Clinical Records

D-SNP UM – Case Management

Clinical Records