SMART DATA SOLUTIONS UTILIZATION MANAGEMENT SUBMISSION PORTAL

Abstract

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

Excellus Health Plan, Inc.

Contents

Topics

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) department electronically. This portal will also allow providers to create coversheets if faxing or when paper submissions are still preferred.

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. Submissions of incorrect documents will result in delayed processing and possible denials.

Registration

Users will need to register an account within the portal to submit files. This is done via a website where certain required data must be completed. See the Portal Registration Tip Sheet for additional information. Double click on the image below to open the tip sheet.
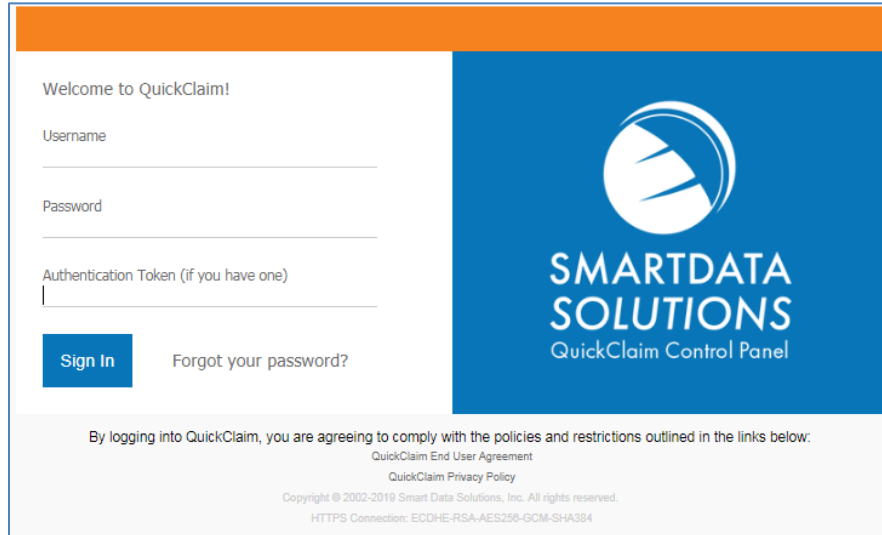
Initial Enrollment
Tip Sheet

Accessing the Portal

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

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

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

The home page contains the following:

Navigation Ribbon
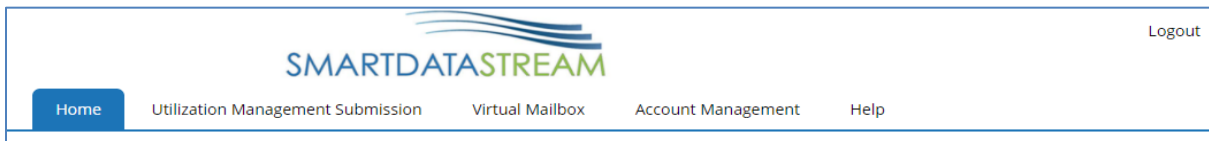
- Home – returns user to the Smart Data Stream home page

- 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

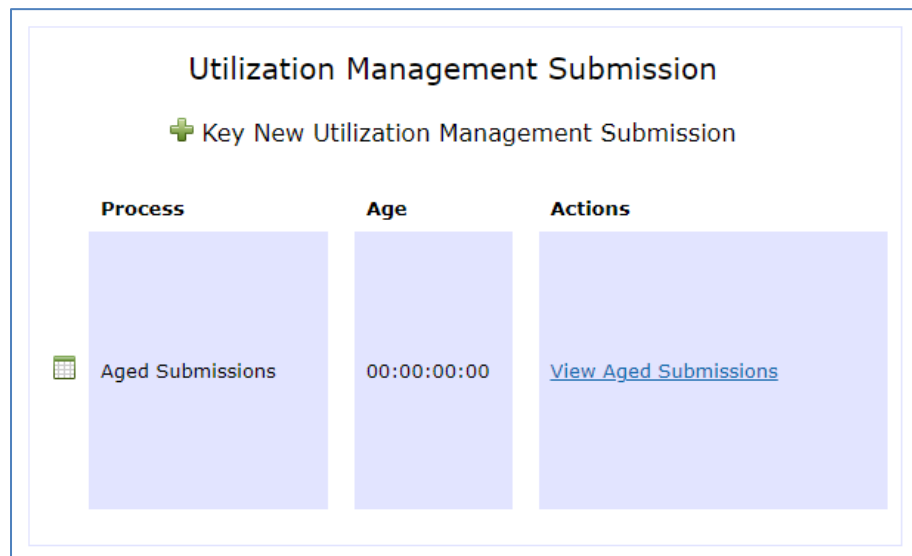- Key New Utilization Management Submission – this link will navigate to the online submission screen. See Submitting Documents for additional information.

- 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:

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 past 90 days. See Submission Tracking – Document Level for additional information.

Submission Tracking – Document Level

This section will display information for submissions within the past **90 days**.

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. If the coversheet option has been used, this will display "Cover Sheet".

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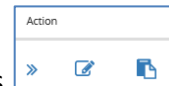
- **Action** - this column will display two or three links to additional options

    » Additional detail regarding the submission, including the ability to see the file originally sent, payer claim number assigned and other details that were entered on the submission screen.

    *If the user has generated a coversheet for the request, the "Document" entry in this section will be a link to a copy of the coversheet, in case it needs to be reprinted.

Document Information	
Patient Name :	
Member Id :	
Payer Claim Number :	
Document :	UM - SNBH9.pdf
Product :	Excellus
Line :	UM SafetyNet - Behavioral Health
Form :	UM Clinical Records
Auth Number :	
Patient Date of Birth :	09/02/1994
Provider NPI :	

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 ( )
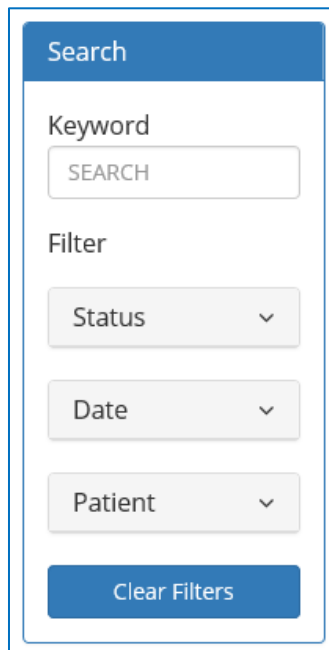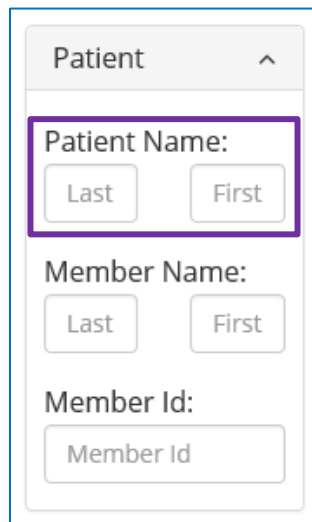
Filtering Results

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

- Keyword - filters results based on the Patient Name or Payer Reference Number

- Status – filters based on the Status of the document (Rejected, Accepted, Submitted)

- Date - filters results based on the date the file was submitted

- Patient – filters results based on the Patient Name when entered in the fields labeled Patient Name Last and First

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.

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** - 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	Patient Date Of Birth	
111	01/01/1989	Patient information not found!
Patient First Name	Patient Last Name	

    o   Patient First Name - enter the first name of the patient
    o   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.

- ***I would like to**… -
  o *Generate Cover Sheet* – in certain situations, the provider may choose to fax or mail their medical record documentation. While this scenario is not preferred, the option is available if a very large record needs to be submitted (e.g. file size is more than 30MBs). If sending via fax, use the "Generate Cover Sheet" option, print the associated coversheet, and attach it as the first page of the document when sending (before any fax coversheets or other information).

  o *Submit Online* – this is the default option and is 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). Files not meeting these criteria will need to be manually sent (use the "Generate Cover Sheet" option).

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:
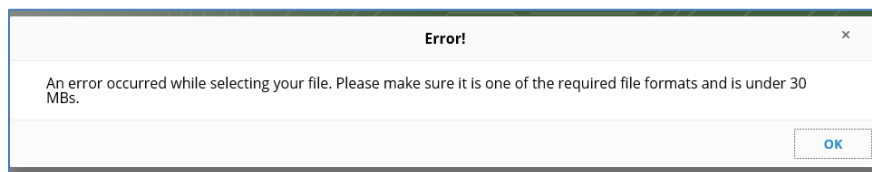

When a file(s) has been attached, the file name(s) will show to the right of the "Choose Files" box.
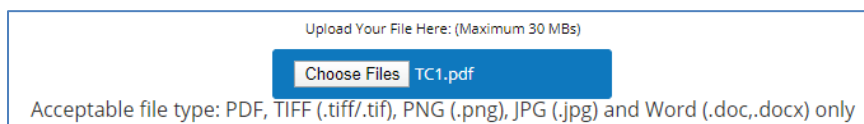
To submit the file(s), click the "Submit Online" button under the upload box. Once the file(s) has been submitted, the user will receive a message indicating the file(s) was submitted, along with a control number (unless >20 pages or Word document, see note below). If there are any questions regarding the submission, please reference this control number when calling Medical Services.
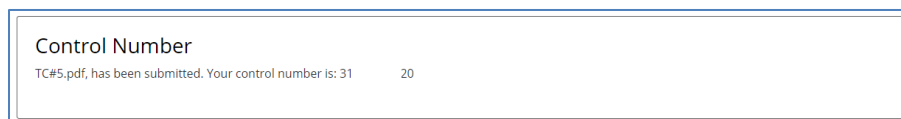
Note: If the file(s) is larger than 20 pages or a Word document, the user will receive a message indicating the file(s) has been queued for conversion. The "Payer Reference Number" on the Utilization Management Submission page will be populated with "Processing" until the conversion is complete.
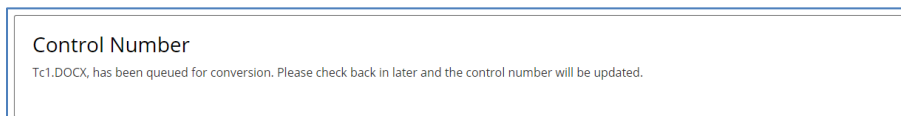

After receiving the control number, another submission may be uploaded by following the same steps (NPI should already be populated).

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.
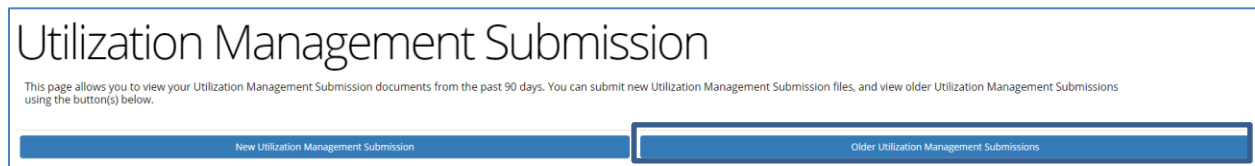
Aged UM Submission Files Page

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.
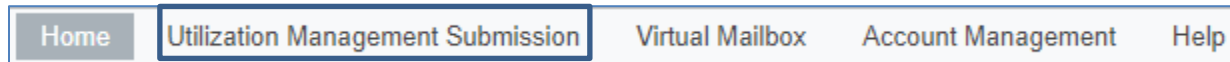
Then, select "Older Utilization Management Submissions".

This will redirect the user to the "Utilization Management Submission Files" page.
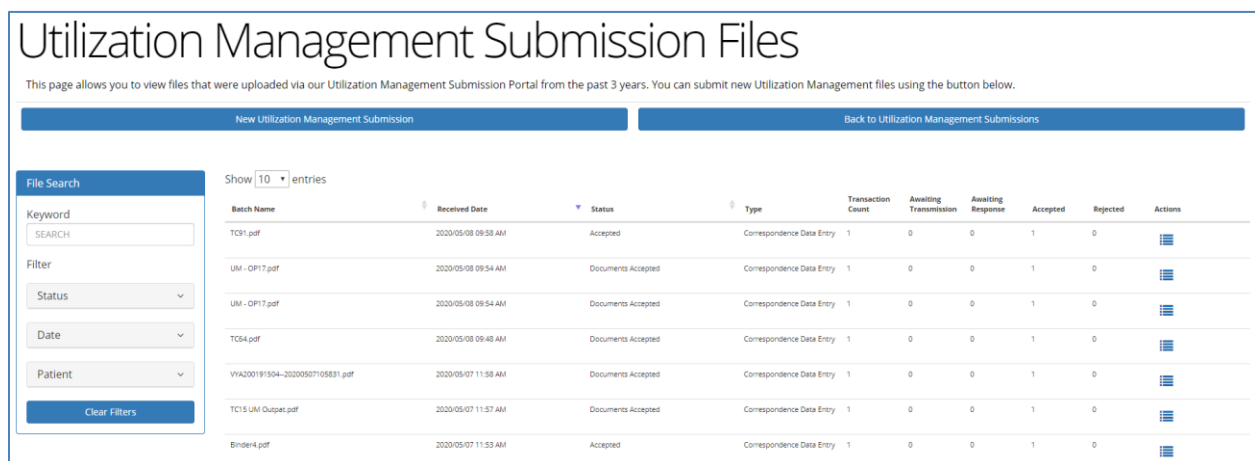
The page contains the following:

- 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

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
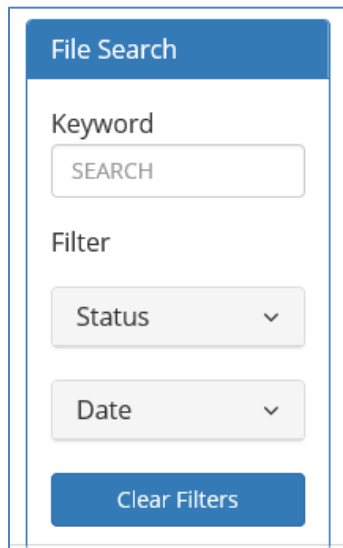
- **Action** - this column will display , which links to the [Utilization Management](#) [Submission](#) page where additional actions are available
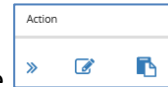
Filtering Results

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

- 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 Skilled Nursing – Treatment in Progress (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)

Medical Specialty Drug (800-306-0188)

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 Skilled Nursing – Treatment in Progress (877-220-4609)
      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

Medical Specialty Drug (800-306-0188)
      Non Urgent MSD Clinical
      Urgent MSD Clinical