



April 17, 2024

NOTICE: CHANGE IN CLEARINGHOUSE FOR CLAIM SUBMITTAL & EDI 835 ELECTRONIC REMITTANCE ADVICE (ERA)

Dear Provider,

Effective the date of this notice, Kalos Health MLTC will now be utilizing Smart Data Solutions (SDS) clearinghouse to receive electronic Professional (837p) and Institutional (837i) medical claims.

Electronic Claim Submittal Info:

- For Professional (837p) and Institutional (837i) claims
 - Electronic Claim Submission (Primary Claims Only)
Clearinghouse: SMART DATA SOLUTIONS (SDS)
Payer Name: Kalos Health
Payer ID: 40137
Authorization #: Provided on Authorization from Kalos Health
Participant Account #: Provided on Authorization from Kalos Health

- For Dental (837d and ADA) - **No Change**
 - Electronic Claim Submission
Payer Name: Liberty Dental Plan
Payer ID: CX083
 - Mail to Liberty Dental Plan, Attn: Claims, PO BOX 15149, Tampa, FL 33684-5149

If you already utilize a clearinghouse to submit Professional (837p) and Institutional (837i) electronic medical claims, you will need to provide your clearinghouse with our payer ID (40137) and clearinghouse name (SDS). If you do not have a clearinghouse to send electronic claims, SDS can be an option for you. Please review the materials provided by SDS [here](#) and watch this [helpful video](#), which demonstrates the ease of signing up with SDS.

Kalos Health MLTC will also be utilizing Smart Data Solutions (SDS) to send EDI 835 Electronic Remittance Advice (ERA) to providers. You will need to sign up directly with SDS to receive on future payments.

If you have any questions or need assistance with setting up your clearinghouse and/or 835 ERA Remittance, please contact SDS directly here: <https://sdata.us/contact/>.

If you have any general questions regarding claim status or processing, please call 716-304-1212 and ask for the Kalos Health MLTC Claims Department or email at claims@kaloshealth.org.

Thank you for your continued patience and understanding.

Claims Department
Kalos Health MLTC