

BMT: Shared Admin Toolkit (SAT)

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Last Updated: September 2021

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Effective Date	Reviewed by	Date Reviewed
9/13/2021	Lauren Brooks	September 2021
Last Updated	Last Update Prepared By	Last Update Reviewed By
-	-	-

Context

The screenshot displays the Delta Dental Benefit Manager Toolkit interface. The top navigation bar includes the Delta Dental logo, the text "Benefit Manager Toolkit ©", and a "SIGN OUT" button. A sidebar on the left contains several menu items: "MANAGE ELIGIBILITY", "BENEFITS INQUIRY", "SAT" (highlighted with a red box), "REPORTS", "CLIENT KNOWLEDGE REPORTS", and "DENTIST DIRECTORY". The main content area shows the "Shared Admin Toolkit" section, which includes "Claim Submission" and "Claim Search" links. Below this, a "Member Search" form is visible, featuring a breadcrumb trail: "Member Search" > "Family Details" > "Provider Search" > "Claim Entry". The "Member Search" form includes input fields for "Member Number", "First Name", "Last Name", and "Date of Birth" (with a calendar icon). Each of the first three fields has a red asterisk and the text "* This field is required". There is also a "Single Name" checkbox. An "ADD NEW MEMBER" button is located in the top right of the form area. At the bottom right of the form are "RESET" and "SEARCH" buttons.

Purpose

The Shared Admin Toolkit (SAT) sits within the larger Benefit Manager Toolkit application, and is available to some users for claim submission and search.

Scope

This document covers the steps needed to manually enter a claim through the SAT application. This application is used by external users to manage benefits and claims on a members' behalf.

Family members and providers can be added within this workflow, but it is worth noting that does not add them fully to the database, only for this claim. After processing, the patient or provider then goes through a more robust process to be added. Pre-treatment estimates can also be submitted with the Claim Submission workflow by omitting the date of service.

Prerequisites

- *Credentials* – Users that have access to legacy SAT will receive access to future state SAT within BMT.

Definitions

- *BMT* – Benefit Manager Toolkit
- *CAID* – Client Assigned ID
- *PTE* – Pre-treatment Estimate
- *SAT* – Shared Admin Toolkit

1. Introduction

1.1 SAT SUMMARY

Shared Admin Toolkit (SAT) is the portion of the BMT Application that allows external users to submit claims on behalf of the member as well as to search for Claims.

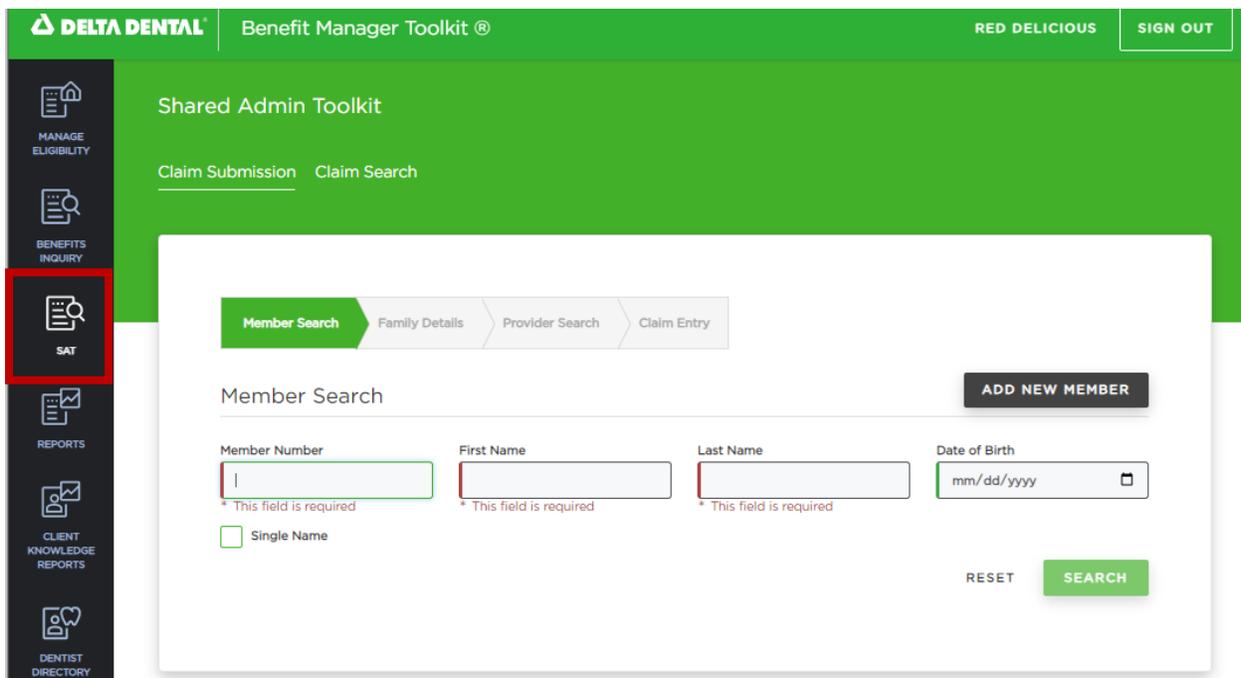
Within SAT, users use the following steps to submit a claim:

- Search members to find correct enrolled family in **Member Search**
- See family details and select appropriate patient in **Family Details**
- Search for and select provider in **Provider Search**
- Enter all claim details in **Claim Entry**

1.2 LOGGING IN

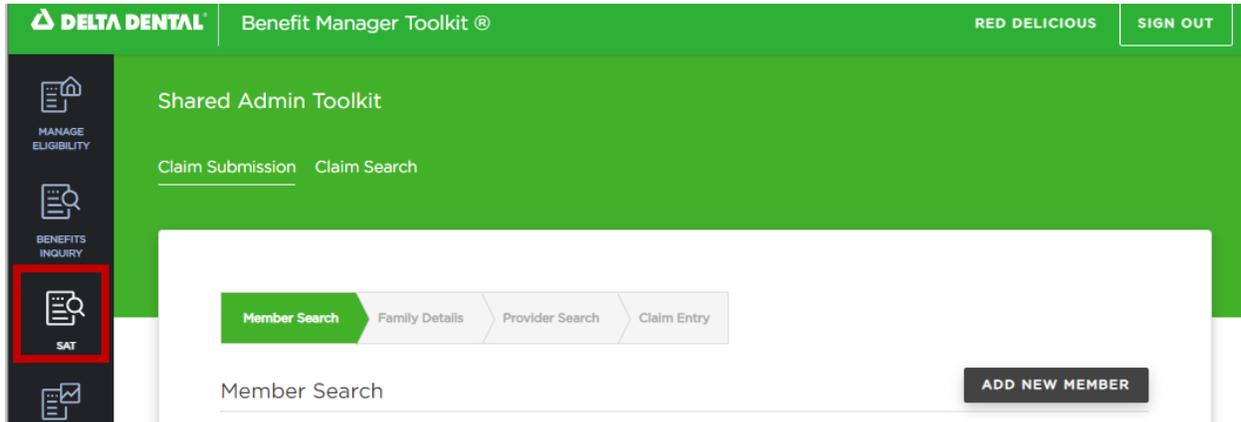
Visit <https://www.benefitmanagertoolkit.com> to access the site

1. Enter your username in the *Username* field.
2. Enter your password in the *Password* field
3. Click **Log In**
4. You will be signed in and taken to the **Manage Eligibility** screen
5. Users that have access to SAT will have the option to access SAT by clicking on the symbol on the left hand side of the screen as shown below



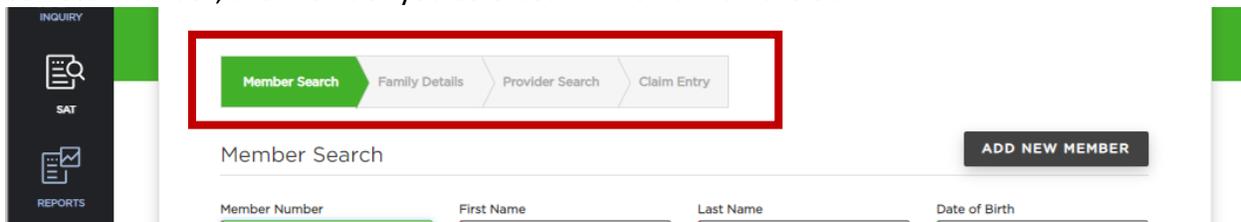
1.3 ACCESSING SAT

To access the External SAT section, click the **SAT** option on the left-hand side bar of the BMT application.



1.4 HELPFUL TIPS BEFORE STARTING

Breadcrumbs | At the top of each page, there is a “breadcrumb” tile that will highlight the section of the claim currently being navigated. Toggle between each section freely throughout the process. To go back, simply click on the tracker to return to the desired section. Other sections filled out will retain the information already selected. For example, if the wrong member is selected on the “Claim Entry” page, click as far back as Member Search to select the correct member; the Provider you selected will remain on the claim.



Header Section | Also located at the top of each page, there is a header section that includes “Payer,” “Subscriber ID,” “Subscriber Name,” “Patient Name,” “Provider TIN,” and “Provider Name.” This header will follow the user through each section and fill information as each section is completed.

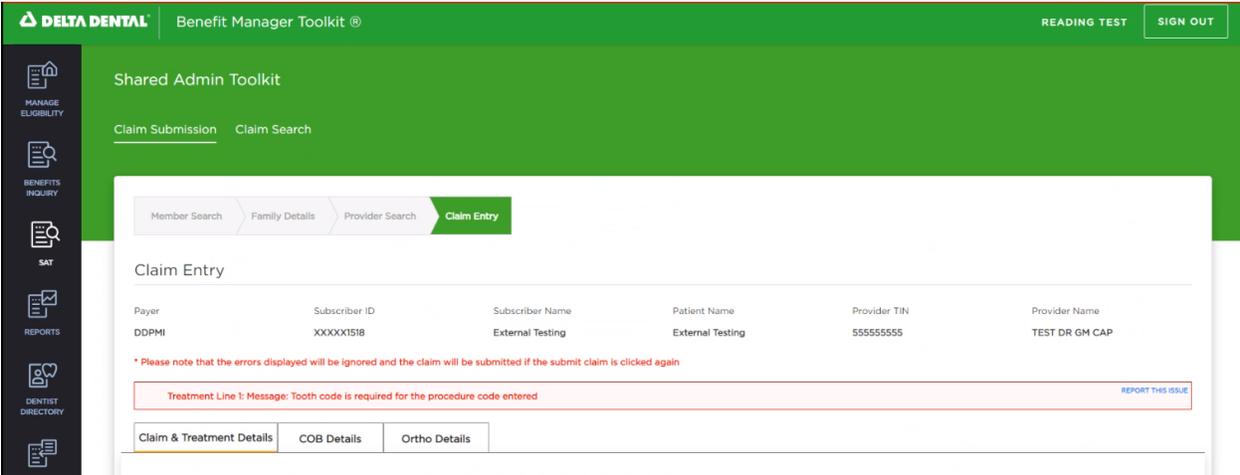
Family Details					
Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPMI	XXXXX2345	Lauren Test	-	-	-

Required Fields | Required fields will be highlighted in red and marked as “required.” See the example in the image below.

First Name

* This field is required

Trying to submit a claim without completing all required fields will result in a warning message highlighting the missing information:



The screenshot shows the 'Shared Admin Toolkit' interface with a sidebar on the left containing icons for 'MANAGE ELIGIBILITY', 'BENEFITS INQUIRY', 'SAT', 'REPORTS', and 'DENTIST DIRECTORY'. The main content area is titled 'Shared Admin Toolkit' and includes 'Claim Submission' and 'Claim Search' tabs. A breadcrumb trail shows 'Member Search', 'Family Details', 'Provider Search', and 'Claim Entry'. The 'Claim Entry' form contains a table with the following data:

Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPMI	XXXXX1518	External Testing	External Testing	555555555	TEST DR GM CAP

Below the table, a warning message is displayed in a red box: "Treatment Line 1: Message: Tooth code is required for the procedure code entered". A note above the message states: "* Please note that the errors displayed will be ignored and the claim will be submitted if the submit claim is clicked again". A "REPORT THIS ISSUE" link is located to the right of the message. At the bottom of the form, there are three tabs: "Claim & Treatment Details", "COB Details", and "Ortho Details".

To override the warning, click **Submit this Claim** again and the claim will still submit.

2. Member Search

The first step to submitting a claim is finding and selecting the correct member for which this claim is being submitted.

2.1 SEARCH FOR A MEMBER

There are two ways to search for members:

1. By the CAID, DAI, or SSN in the **Member Number** field
2. With the complete combination of **First Name, Last Name, & DOB**

Fill out either option 1 or 2 as detailed above, then select the **Search** button to populate a list of members that match the search criteria.

The screenshot displays the 'Member Search' form within the 'Shared Admin Toolkit'. The form includes the following elements:

- Navigation:** A breadcrumb trail at the top of the form area shows 'Member Search' as the active step, followed by 'Family Details', 'Provider Search', and 'Claim Entry'.
- Buttons:** An 'ADD NEW MEMBER' button is located in the top right corner of the form. A 'SEARCH' button is highlighted with a red box at the bottom right, next to a 'RESET' button.
- Form Fields:**
 - Member Number:** A text input field with a red asterisk and the text '* This field is required' below it.
 - First Name:** A text input field with a red asterisk and the text '* This field is required' below it.
 - Last Name:** A text input field with a red asterisk and the text '* This field is required' below it.
 - Date of Birth:** A date picker field with a placeholder 'mm/dd/yyyy' and a calendar icon.
- Other Elements:** A 'Single Name' checkbox is located below the Member Number field.

TIP: Users will have access to all members included in one family by using the subscriber's number to search for a member.

Search results show in the bottom part of the screen.

Member Search

ADD NEW MEMBER

Member Number: 080420211

First Name: []

Last Name: []

Date of Birth: mm/dd/yyyy

RESET SEARCH

First Name	Last Name	DOB	Payer ID	Group	Subgroup	Member ID	Alternate ID	System Generated ID	Status	Effective Date
Ocean	Shelly	03/04/1987	DDPMI	10642	0004	*****0212	080420211	05000005854081	ACTIVE	08/05/2021
Ocean	Shelly	03/04/1987	DDPMI	10642	0002	*****0212	-	-	ACTIVE	08/01/2021
Ocean	Shelly	03/04/1987	DDPMI	10642	0001	*****0212	931595133	-	INACTIVE	08/06/2021
Day	Sunny	01/01/2021	DDPMI	10642	0001	*****0211	931595132	-	INACTIVE	08/04/2021

If the member exists, select the member by clicking on the row with the member’s information and continue the process by proceeding to *Section 3*. If not, add new member using the steps in *Section 2.2*.

2.2 ADD A NEW MEMBER

If the desired member is not in the system, they can be added using the [Add New Member](#) button.

Member Search

ADD NEW MEMBER

Member Number: 080420211

First Name: []

Last Name: []

Date of Birth: mm/dd/yyyy

RESET SEARCH

PLEASE NOTE: Clicking “Add New Member” will not add a member to the system (BMT). Instead, it adds that member to the specific claim in progress. After submitting this claim, the member added in this section will not be found in BMT but will populate on the claim.

ADD NEW FAMILY MEMBER

Add Member

First Name Last Name Birth Date Relationship to Subscriber

Note: New family members created here will be listed as "Undetermined" and will not be registered with the dental plan until a claim is processed for them.

RESET SUBMIT

3. Family Details

The next step in submitting a claim is to view Family Details.

3.1 NAVIGATE FAMILY DETAILS

Notice the breadcrumb as updated to show the user is now on the Family Details section of the workflow.

Member Search **Family Details** Provider Search Claim Entry

Family Details

Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPMI	XXXXX0212	Ocean Shelly	Ocean Shelly	-	-

Eligibility **Family Claims History** Member Benefits

Group Information

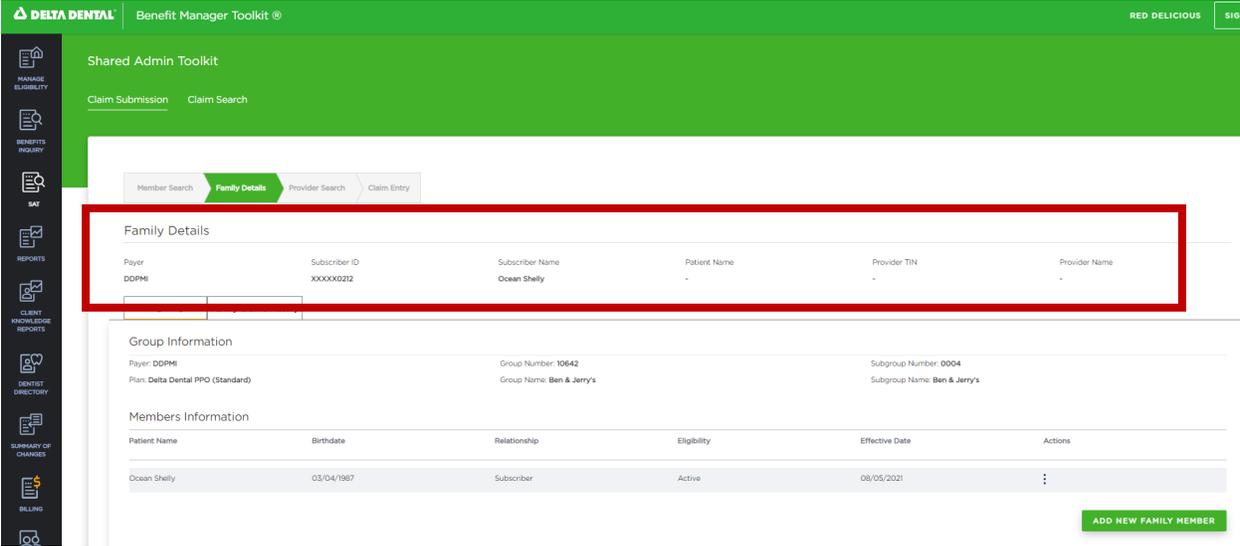
Payer: DDPMI	Group Number: 10642	Subgroup Number: 0004
Plan: Delta Dental PPO (Standard)	Group Name: Ben & Jerry's	Subgroup Name: Ben & Jerry's

Members Information

Patient Name	Birthdate	Relationship	Eligibility	Effective Date	Actions
Ocean Shelly	03/04/1987	Subscriber	Active	08/05/2021	⋮

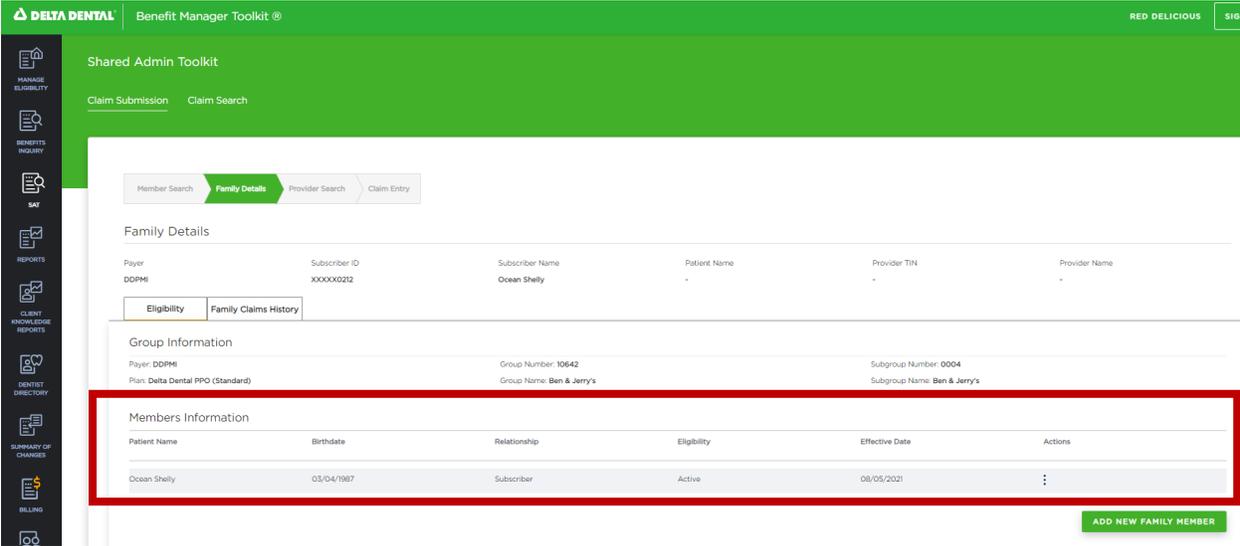
ADD NEW FAMILY MEMBER

The information in the header will continue to be filled out as more information is selected.



The member’s **Eligibility** and **Claim History** can be determined in the Family Details section.

All members that are eligible under this subscriber are listed under **Members Information** in the Eligibility tab.



3.2 SELECT FAMILY MEMBER

To proceed with submitting a claim for an eligible member, hover over the **three-dot-dash** menu in the **Actions** column. Click **View Benefits** to view the member's benefits and proceed to *Section 3.3*. Click **Enter Claim** to continue with entering a claim and proceed to *Section 4*.

Member Search **Family Details** Provider Search Claim Entry

Family Details

Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPMI	XXXXX0212	Ocean Shelly	-	-	-

Eligibility Family Claims History

Group Information

Payer	Group Number	Subgroup Number
DDPMI	10642	0004
Plan: Delta Dental PPO (Standard)	Group Name: Ben & Jerry's	Subgroup Name: Ben & Jerry's

Members Information

Patient Name	Birthdate	Relationship	Eligibility	Effective Date	Actions
Ocean Shelly	03/04/1987	Subscriber	Active	08/05/2021	<ul style="list-style-type: none"> View Benefits Enter Claim

ADD NEW FAMILY MEMBER

3.3 VIEW BENEFITS

A user can click **View Benefits** to view that member's benefits.

Actions

- View Benefits
- Enter Claim

Member Search **Family Details** Provider Search Claim Entry

Family Details

Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPMI	XXXXX0212	Ocean Shelly	Ocean Shelly	-	-

Eligibility Family Claims History **Member Benefits**

Patient Information

Patient Name: Ocean Shelly	Group Number: 10642	Subgroup Number: 0004
Relationship: Subscriber	Group Name: Ben & Jerry's	Subgroup Name: Ben & Jerry's

COINSURANCE ROUTINE PROCEDURES MAXIMUMS & DEDUCTIBLES COB INFORMATION **EXPAND ALL**

Coinsurance

Here is where users can view all benefits that apply to that member.

By clicking **Expand All**, users can scroll through all categories of benefits. Click each tab to view specific benefits.

CHANGES

USER ADMIN

PROFILE

HELP

* In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

COINSURANCE ROUTINE PROCEDURES MAXIMUMS & DEDUCTIBLES ORTHODONTIC INFO COB INFORMATION COLLAPSE ALL

Standard Benefits

Procedure Code: **SUBMIT**

Procedure Code Category	PPO Dentist, Premier Dentist, Nonparticipating Dentist			
	Exclusions & Limitations	Maximums & Deductibles	Coinsurance	Waiting Period
▶ Diagnostic		Max	50%	
▶ Preventive		Max	50%	
▶ Bitewing Radiographs		Max	50%	
▶ All Other Radiographs		Max	50%	
▶ Brush Biopsy		Max	50%	
▶ Sealants		Max	Not Covered	
▶ Minor Restorative		Max	50%	

Hover over the blue icons and words to view more information about the member's benefits.

Procedure Code: **SUBMIT**

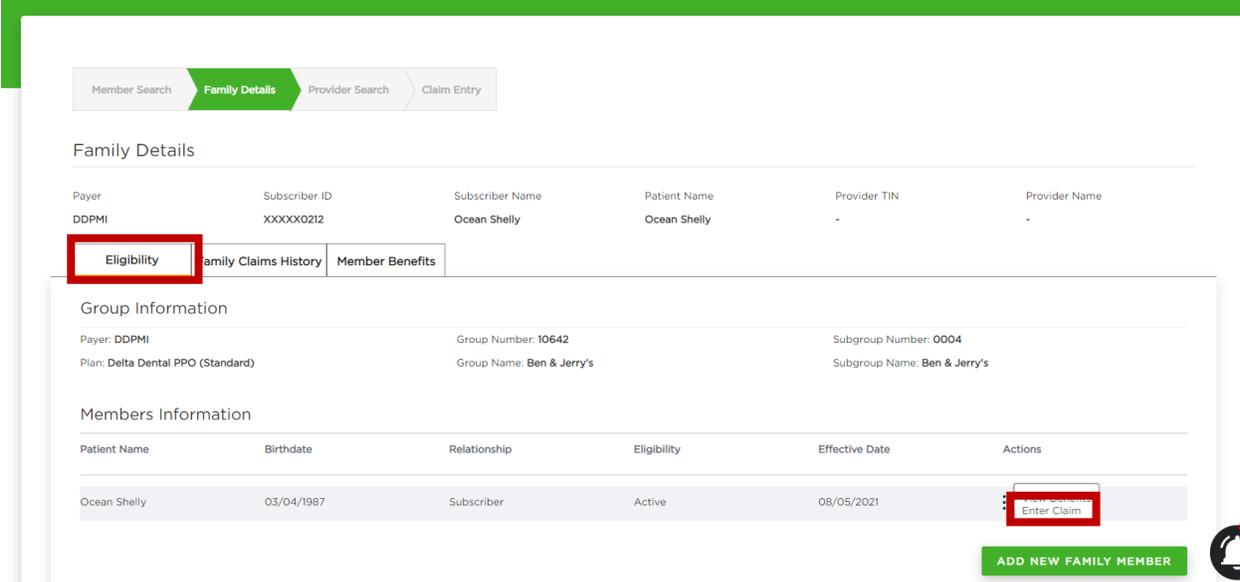
Procedure Code Category	PPO Dentist, Premier Dentist, Nonparticipating Dentist			
	Exclusions & Limitations	Maximums & Deductibles	Coinsurance	Waiting Period
▶ Diagnostic		Max	50%	
▶ Preventive		Max	50%	
▶ Bitewing Radiographs		Max	50%	
▶ All Other Radiographs		Max	50%	
▶ Brush Biopsy		Max	50%	

Exclusion & Limitations
Oral examinations (including examinations by a specialist) are payable twice per calendar year.



When done viewing the member's benefits, click back on [Eligibility](#).

Next, click [Enter Claim](#) to proceed with entering a claim.



This opens the next step, Provider Search.

4. Provider Search

The next step in submitting a claim is to select the appropriate Provider. Notice the navigation breadcrumb is now on the **Provider Search** section, and additional information about the patient has been added to the header.

4.1 SEARCH FOR PROVIDER

There are three ways to search for providers:

1. Provider **TIN**
2. Rendering **NPI**
3. Complete combination of **License Number & State**

Fill one of the options as detailed above, then select the **Search** button to populate a list of Providers that match the search criteria.

4.2 SELECT A PROVIDER

A list of providers will populate based on the search criteria.

The screenshot shows the 'Provider Search' form with the following search criteria: Payer: DDPOH, Subscriber ID: XXXXX6202, Subscriber Name: Wonder Woman, Patient Name: Wonder Woman, Provider TIN: 55555555, Rendering NPI: (empty), License Number: (empty), State: (dropdown menu). The results table is highlighted with a red border and contains the following data:

Business Name	Provider Name	Provider TIN	Rendering NPI	License Number	State	Country	Address	Status
TEST DR GM CAP	Provider Disaster	55555555		11111	MI	US	4100 Okemos Rd Ste Ab	Active
TEST DR GM CAP	Toolkit Provider	55555555		555555	MI	US	3554 Okemos Rd	Active
TEST DR GM CAP	Toolkit Provider	55555555		555555	MI	US	32624 5 Mile Rd	Active
TEST DR GM CAP	Toolkit Provider	55555555		555555	MI	US	2138 Michigan Ave	Active

All column names can be sorted on by clicking on the **column headers**. For example, clicking **Address** will sort all results by that value from lowest to highest. Click on the same header again to change the sort

The screenshot shows the same results table as above, but the 'Address' column header is highlighted with a red box, indicating it has been selected for sorting.

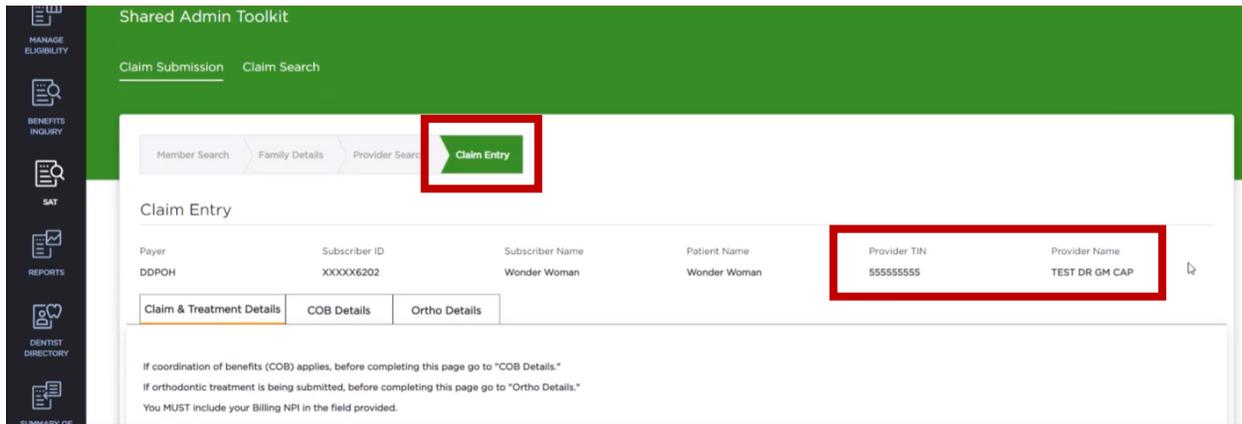
Select the desired provider by clicking on the row with the provider’s information. Note that if the desired provider cannot be found, the provider can be added to the claim in progress by clicking **Add Provider**. This does not add the provider to the provider system, just adds the provider to the specific claim.

The screenshot shows the same results table as above, but the row for 'TEST DR GM CAP' with 'Toolkit Provider' and address '32624 5 Mile Rd' is highlighted with a red border, indicating it has been selected.

Clicking on the row with the provider’s information will take the user to the next step, Claim Entry.

5. Claim Entry

Now that the appropriate member, patient, and provider have been selected, the claim is ready to be entered. Notice the navigation breadcrumb is now on the **Claim Entry** section, and additional information about the provider has been added to the header.



Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPOH	XXXXX6202	Wonder Woman	Wonder Woman	55555555	TEST DR GM CAP

[Claim & Treatment Details](#) | [COB Details](#) | [Ortho Details](#)

If coordination of benefits (COB) applies, before completing this page go to *COB Details.*
 If orthodontic treatment is being submitted, before completing this page go to *Ortho Details.*
 You MUST include your Billing NPI in the field provided.

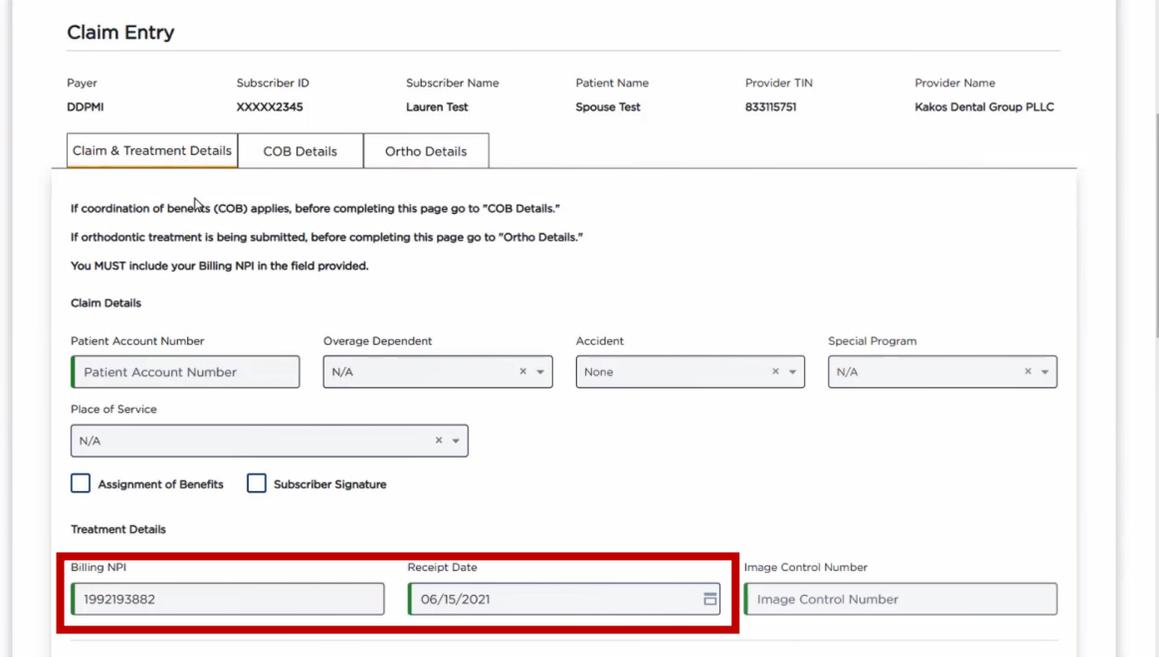
Upon reviewing the information in the now complete header, if the patient is incorrect for this claim, navigate back to the **Family Details** tab by clicking on the breadcrumb tile to select a new member. Click the new member's menu at the end of the row and select **Enter Claim** to continue the process. All other information from prior searches will retain, but users will have the option to select a new Provider at this point as well.

5.1 CLAIM & TREATMENT DETAILS TAB

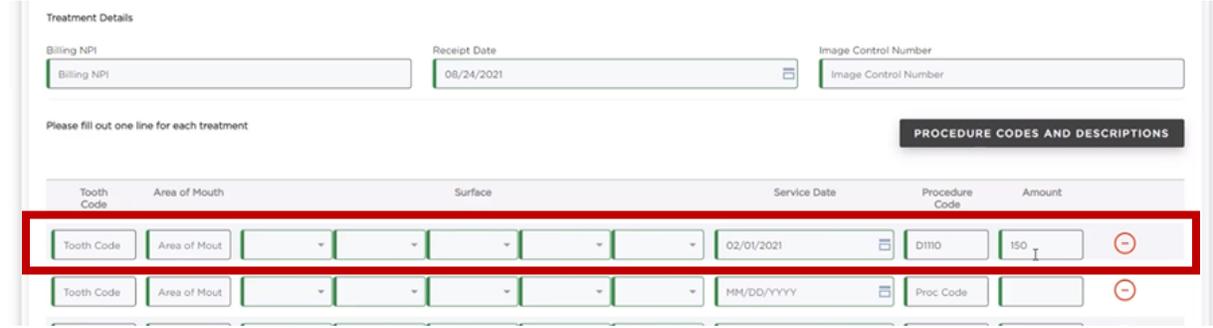
This tab is the main tab containing the information a user will use to enter the claim information.

Though there is a lot of information on the page, not much is required to submit the claim.

Some information is auto populated, such as the billing NPI based on the provider selection and the receipt date based on today's date.



At a minimum, one treatment line must be filled out for the claim to process, including the procedure code.



View procedure codes and descriptions by clicking the Grey Button

Please fill out one line for each treatment

PROCEDURE CODES AND DESCRIPTIONS

Tooth Code	Area of Mouth	Surface	Service Date	Procedure Code	Amount
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>

+ Add Treatment Line

Review the information, then click the X in the upper right corner to close the modal.

Code	Name
D0110	Initial oral evaluation
D0120	Periodic oral evaluation - established patient
D0130	Emergency oral exam (during regular hours)
D0140	Limited oral evaluation - problem focused
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	Comprehensive oral evaluation - new or established patient
D0160	Detailed and extensive oral evaluation - problem focused
D0170	Re-evaluation - limited, problem focused (established patient; not post - operative visit)
D0171	Re-evaluation -- post-operative office visit
D0180	Comprehensive periodontal evaluation - new or established patient
D0190	Emergency of a patient

Finish completing at least one line of treatment information by entering at least the Date of Service (DOS). The Date of Service field can be filled in typing the date or by using the calendar icon. Clicking the date box will also auto-populate the following date field for efficiency.

Please fill out one line for each treatment

PROCEDURE CODES AND DESCRIPTIONS

Tooth Code	Area of Mouth	Surface	Service Date	Procedure Code	Amount
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>
<input type="text" value="Tooth Code"/>	<input type="text" value="Area of Mout"/>	<input type="text" value="Surface"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Proc Code"/>	<input type="text" value="Amount"/>

+ Add Treatment Line

To submit a **Pretreatment Estimate**, leave the service date field blank. See *Section 5.5* for more instructions on how to submit a PTE.

5.2 COB DETAILS TAB

The **Coordination of Benefits** tab is option and used only if it is a COB claim. By selecting **Yes** in the COB Claim field, additional information is then required.

Claim Entry

Payer	Subscriber ID	Subscriber Name	Patient Name	Provider TIN	Provider Name
DDPOH	XXXXX6202	Wonder Woman	Sibling Wonder	555555555	TEST DR GM CAP

Claim & Treatment Details | **COB Details** | Ortho Details

COB Claim	Carrier Name	Primary Payment	Do not enter 0 unless primary payment is actually \$0.00
Unknown	Carrier Name	Primary Payment	
Other Member Number	First Name	Last Name	Date of Birth
Other Member Number	First Name	Last Name	MM/DD/YYYY

RESET

RESET ALL **SUBMIT CLAIM**

Successful submission of the claim will result in a page that includes all Claim Details.

5.5 SUBMIT A PRETREATMENT ESTIMATE

After all information, except for the Service Date, has been filled out, click [Submit Claim](#).

Successful submission of the estimate will result in a page that includes all Claim Details.

Claim Details

Claim #: 2109075203535 Payer: DDPMI Status: **Processed - Estimated** Receipt: 09/07/2021 Entry: 09/07/2021 Process: 09/07/2021

Claim Type: **Pre-treatment Estimate** Other Payer: Other Payer Payment:

Subscriber
Subscriber ID: 369121518
Name: External Testing
Birthdate: 09/07/2000

Patient
Name: External Testing
Birthdate: 09/07/2000
Relationship: Subscriber
Account Number:

Provider
Tax ID: 555555555
Lic. Number: 11111 - MI
Rendering NPI:
Billing NPI:

Business Name: TEST DR GM CAP
Last Name: Disaster
Specialty: General Practitioner
S.O. Address: 27500 Stansbury Blvd
Farmington Hills, MI 483343811

#	Proc Code	Date of Service	Tooth # Surface Area of Mouth	Submitted Amount	Approved Amount	Allowed Amount	Ded	Office Visit	Copy %	OOP Pay	Patient Pay	Plan Pay	Payee	Network	Product	Status
1	D7140		01	\$150.00	\$150.00	\$101.00	\$0.00		50%	\$99.50	\$50.50	\$	Nonparticipating Dentist	Delta Dental PPO (Point-of-Service)	Estimated	

This page is similar to the claim submission confirmation page, but includes a Submit for Payment button. To proceed with submitting the claim, select **Submit for Payment**.

Claim Details

Claim #: 2109075203535 Payer: DDPMI Status: Processed - Estimated Receipt: 09/07/2021 Entry: 09/07/2021 Process: 09/07/2021

Claim Type: Pre-treatment Estimate Other Payer: Other Payer Payment:

Subscriber
Subscriber ID: 369121518
Name: External Testing
Birthdate: 09/07/2000

Patient
Name: External Testing
Birthdate: 09/07/2000
Relationship: Subscriber
Account Number:

Provider
Tax ID: 555555555
Lic. Number: 11111 - MI
Rendering NPI:
Billing NPI:

Business Name: TEST DR GM CAP
Last Name: Disaster
Specialty: General Practitioner
S.O. Address: 27500 Stansbury Blvd
Farmington Hills, MI 483343811

#	Proc Code	Date of Service	Tooth # Surface Area of Mouth	Submitted Amount	Approved Amount	Allowed Amount	Ded	Office Visit	Copy %	OOP Pay	Patient Pay	Plan Pay	Payee	Network	Product	Status
1	D7140		01	\$150.00	\$150.00	\$101.00	\$0.00		50%	\$99.50	\$50.50	\$	Nonparticipating Dentist	Delta Dental PPO (Point-of-Service)	Estimated	

Clicking the Submit for Payment button brings back the Claim Entry page, where a **Service Date** can be entered.

Tooth Code	Area of Mouth	Surface	Service Date	Procedure Code	Amount
Tooth C	Area of		06/01/2021	D0210	150

+ Add Treatment Line

Electronic Radiograph
Example: NEAXXX, RSSXXX, CHCXXX, DXCXXX X-ray received

Remarks

Click **Submit Claim** to submit the claim with the new Service Date.
 The Claim has now been submitted as has the type *Pre-treatment Estimate In For Pay*.

Claim No: 2106155771785 Payer: DDPMI Status: Processed - Paid Receipt: 06/15/2021 Entry: 06/15/2021 Process: 06/15/2021

Claim Type: **Pre-treatment Estimate In For Pay** Other Payer: Other Payer Payment:

Subscriber	Patient	Provider	
Subscriber ID: 154512345	Name: Sam Test	Tax ID: 833115751	Business Name: Kakos Dental Group PLLC
Name: Lauren Test	Birthdate: 05/08/2010	Lic. Number: 20432 - MI	Last Name: ZEKAJ-NREKAJ
Birthdate: 11/01/1990	Relationship: Dependent	Rendering NPI: 1780971770	Speciality: General Practitioner
	Account Number:	Billing NPI: 1992193882	S.O. Address: 6443 Inkster Rd Ste 176 Bloomfield Hills, MI 483011303

Group-Subgroup: 1545-0001		Pmt Status: Not Issued											Net Pmt Amount: \$56.00		Payee: Provider		
#	Proc Code	Date of Service	Tooth #		Submitted Amount	Approved Amount	Allowed Amount	Ded	Office Visit	Copay %	OOP Pay	Patient Pay	Plan Pay	Payee	Network		Product
			Surface	Area of Mouth											Status		
1	D0210	06/01/2021			\$150.00	\$81.00	\$81.00	\$25.00		100%	\$25.00	\$25.00	\$56.00	P	PPO Dentist	Delta Dental PPO (Point-of-Service)	
Total:					\$150.00	\$81.00	\$81.00	\$25.00	\$0.00		\$25.00	\$25.00	\$56.00				
													Paid to Subscriber:		\$0.00		
													Paid to Provider:		\$56.00		

5.6 SUBMIT ANOTHER CLAIM

After completing a claim submission, an additional claim can be submitted using the same base information. From the Claim Details confirmation screen, click **Submit Another Claim**.

Member Search
Family Details
Provider Search
Claim Entry

Claim Details

SUBMIT ANOTHER CLAIM

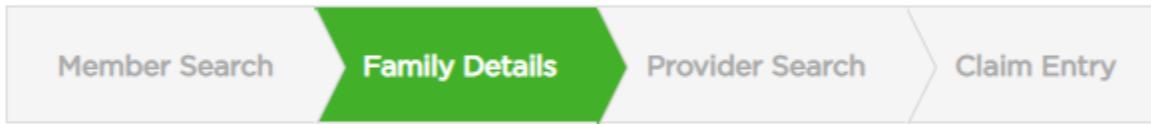
Claim #: 2108245500578	Payer: DDPOH	Status: Processed - Denied	Receipt: 08/24/2021	Entry: 08/24/2021	Process: 08/24/2021
Claim Type: In For Pay	Other Payer:	Other Payer Payment:			

Subscriber Subscriber ID: 481216202 Name: Wonder Woman Birthdate: 08/23/2000	Patient Name: Sibling Wonder Birthdate: 08/23/2011 Relationship: Dependent Account Number:	Provider Tax ID: 555555555 Lic. Number: 11111 - MI Rendering NPI: Billing NPI:	Business Name: TEST DR GM CAP Last Name: Disaster Specialty: General Practitioner S.O. Address: 27500 Stansbury Blvd Farmington Hills, MI 483343811
--	---	---	---

Group-Subgroup: 2500-1000

#	Proc Code	Date of Service	Tooth # Surface Area of Mouth	Submitted Amount	Approved Amount	Allowed Amount	Ded	Office Visit	Copy %	QOP Pay	Patient Pay	Plan Pay	Payee	Network	Product	Status
1	D1110	02/01/2021		\$150.00	\$150.00	\$0.00			%		\$150.00	\$0.00	5	Nonparticipating Dentist	Delta Dental PPO (Point-of-Service)	Denied
Policy Code(s): AP13000																
Total:				\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00				
Paid to Subscriber:				\$0.00												
Paid to Provider:				\$0.00												

This navigates back to the **Family Details** section, where another eligible member under a subscriber from the original member search can be selected.



Clicking back to **Member Search** allows for the search of an entirely new member.

If another member is selected under the original subscriber, the Provider Search page is brought up and includes most information retained from the prior claim submission. Adjust the information as needed and select a Provider. Clicking the desired provider will direct users to the Claim Entry page.

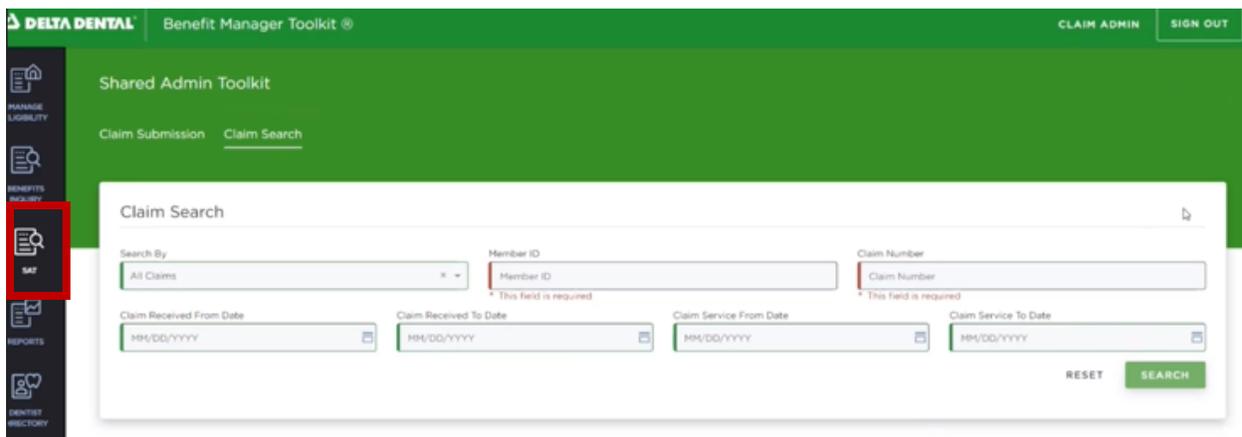
After completing the Claim Entry page with the new information, repeat the steps above to submit another claim or click **Submit for Payment** if all claims are done.

6. Claim Search

To search for a claim without using the claim submission workflow, use the **Claim Search** section of the application. Claims can be found using Member ID or Claim Number, and additional fields such as Date can be used to narrow the search.

6.1 ACCESSING CLAIM SEARCH

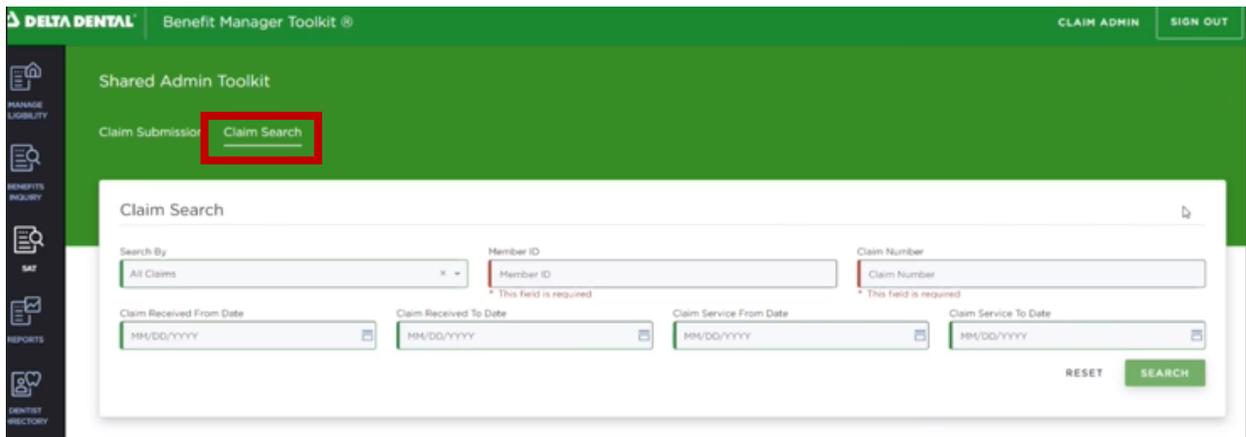
To access the Claim Search section, click the **SAT** option on the left-hand side bar of the Claim Admin application.



The screenshot shows the 'Shared Admin Toolkit' interface with the following elements:

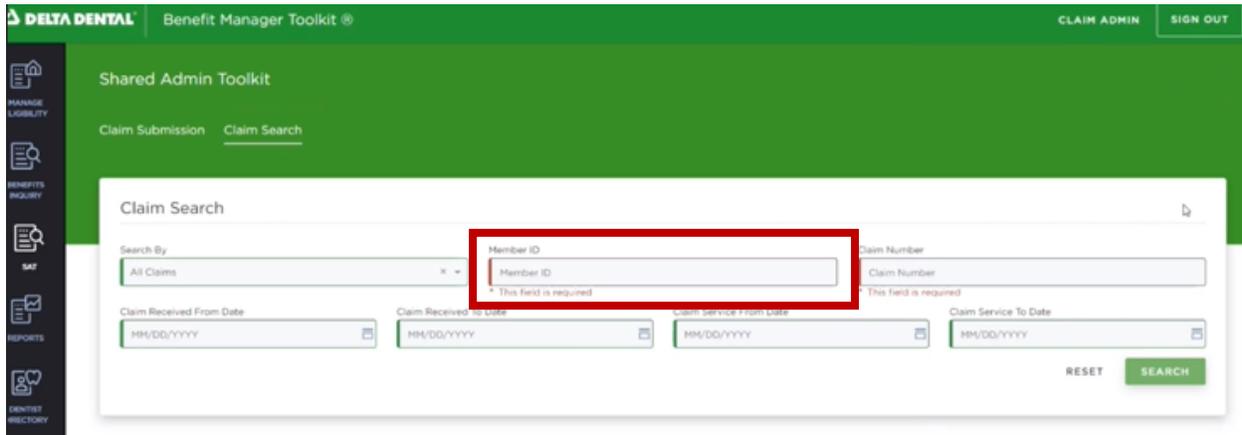
- Header:** DELTA DENTAL Benefit Manager Toolkit, CLAIM ADMIN, SIGN OUT
- Left Navigation Bar:** MANAGE LIABILITY, BENEFITS PROFILE, **SAT** (highlighted), REPORTS, DENTIST DIRECTORY
- Main Content Area:** Claim Submission, Claim Search
- Claim Search Form:**
 - Search By:** All Claims (dropdown)
 - Member ID:** Member ID (text input, required)
 - Claim Number:** Claim Number (text input, required)
 - Claim Received From Date:** MM/DD/YYYY (date input)
 - Claim Received To Date:** MM/DD/YYYY (date input)
 - Claim Service From Date:** MM/DD/YYYY (date input)
 - Claim Service To Date:** MM/DD/YYYY (date input)
 - Buttons:** RESET, SEARCH

Then, click [Claim Search](#) to access the search functionality.



6.2 SEARCH FOR A CLAIM BY MEMBER ID

Enter the **Member ID**. This can either be the CAID, DAI, or SSN.



Notice that after entering the Member ID, the required fields errors disappear. This is because only Member ID *OR* Claim Number are required to search.

To search without any additional parameters, click [Search](#). To utilize additional search fields, move to [Section 6.4](#) of this document.

Shared Admin Toolkit

Claim Submission Claim Search

Claim Search

Search By: All Claims

Member ID: Member ID (This field is required)

Claim Number: Claim Number (This field is required)

Claim Received From Date: MM/DD/YYYY

Claim Received To Date: MM/DD/YYYY

Claim Service From Date: MM/DD/YYYY

Claim Service To Date: MM/DD/YYYY

RESET SEARCH

Search results show in the bottom part of the screen.

Shared Admin Toolkit

Claim Submission Claim Search

Claim Search

Search By: All Claims

Member ID: 48026202

Claim Number: Claim Number

Claim Received From Date: MM/DD/YYYY

Claim Received To Date: MM/DD/YYYY

Claim Service From Date: MM/DD/YYYY

Claim Service To Date: MM/DD/YYYY

RESET SEARCH

1-17 of 17 Records

Claim Number	Received Date	Service Date	Patient Name	Member ID	Process Status	Claim Status
2108245498021	08/24/2021		Wonder Woman	xxxxx6202	Processed	Denied
2108245498022	08/24/2021		Wonder Woman	xxxxx6202	In Process	Routed
2108245498024	08/24/2021		Wonder Woman	xxxxx6202	In Process	Routed

6.3 SEARCH FOR A CLAIM BY CLAIM NUMBER

Enter the **Claim Number**.

The screenshot shows the 'Claim Search' form in the 'Shared Admin Toolkit'. The form includes several input fields: 'Search By' (set to 'All Claims'), 'Member ID', 'Claim Number', 'Claim Received From Date', 'Claim Received To Date', 'Claim Service From Date', and 'Claim Service To Date'. The 'Claim Number' field is highlighted with a red box. There are 'RESET' and 'SEARCH' buttons at the bottom right of the form.

To search without any additional parameters, click **Search**. To utilize additional search fields, move to *Section 2.3* of this document.

This screenshot is identical to the previous one, but the 'SEARCH' button at the bottom right of the form is highlighted with a red box.

Search results show in the bottom part of the screen.

The screenshot shows the search results table. The table has 7 columns: Claim Number, Received Date, Service Date, Patient Name, Member ID, Process Status, and Claim Status. The table is highlighted with a red box.

Claim Number	Received Date	Service Date	Patient Name	Member ID	Process Status	Claim Status
2106105583574	06/10/2021		Spouse Test	xxxxx2345	Processed	Denied

6.4 ADDITIONAL SEARCH FIELDS

When searching by either Member ID or Claim Number, there are a number of additional fields that can help narrow the search. None of these additional fields are required.

The following are details on each additional field:

Field Name	Type	Description	Options or Format
Search By	Dropdown	Current process status of the claim	<ul style="list-style-type: none"> All Claims Processed Claims In-Process Claim Pre-treatment Estimate
Claim Received From Date	Date	The earliest date which a claim could have been received	MM/DD/YYYY
Claim Received To Date	Date	The latest date which a claim could have been received	MM/DD/YYYY
Claim Service From Date	Date	The earliest date which a claim could have been serviced	MM/DD/YYYY
Claim Service To Date	Date	The latest date which a claim could have been serviced	MM/DD/YYYY

For example, limiting the **Search By** field to Processed Claims for this Member ID will return that specific list of results.

The screenshot shows the 'Claim Search' interface. A sidebar on the left contains navigation icons for BENEFITS, POLICY, SAT, REPORTS, DENTIST DIRECTORY, SUMMARY OF CHANGES, USER ADMIN, and PROFILE. The main search area includes the following fields:

- Search By:** A dropdown menu with 'Processed Claims' selected.
- Member ID:** A text input field containing 'XXXXX1515'.
- Claim Number:** A text input field.
- Received Date:** A date picker field.
- Service Date:** A date picker field.
- Claim Service From Date:** A date picker field.
- Claim Service To Date:** A date picker field.

Buttons for 'RESET' and 'SEARCH' are located at the bottom right of the search area. Below the search filters, a table displays the search results:

Claim Number	Received Date	Service Date	Patient Name	Member ID	Process Status	Claim Status
2109075202148	09/07/2021		External Testing	XXXXX1515	Processed	Denied
2109075202533	08/03/2021		External Testing	XXXXX1515	Processed	Estimated
2109075202554	08/03/2021	08/07/2021	Dependent Testing	XXXXX1515	Processed	Denied
2109075202525	05/02/2021		External Testing	XXXXX1515	Processed	Estimated

– End of Document –