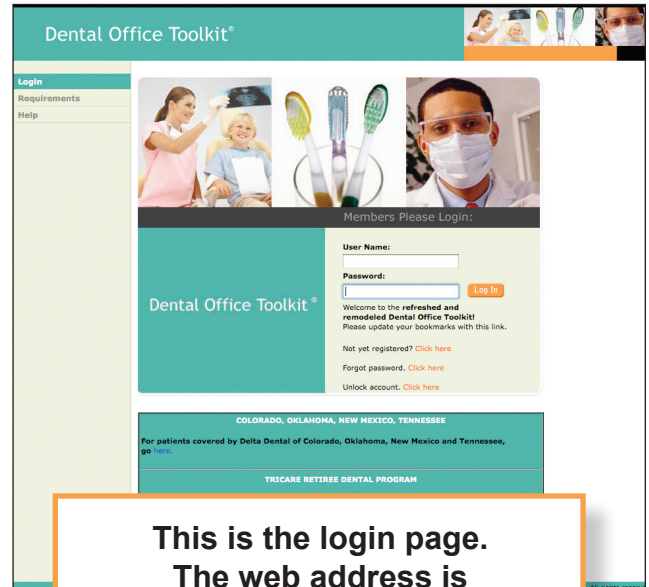# Dental Office Toolkit®

New to the Toolkit?

New to Dental Office Toolkit (DOT)?
Click: **Not yet registered**.

Forgot Password? Click **Forgot/Change password** to establish a temporary password.

Unlock Account: You will receive an unlock code letter within 10 days of initially registering on the Toolkit. When you receive the letter click *Unlock Account* and enter the *Unlock Code*. You will only be required to enter it once. It is imperative that you unlock the account immediately after receiving the letter.

Logging Out: When finished using the Toolkit, you should log off to prevent others from accessing your account. Click the *Log out* button at the top of the screen.

Registering for DOT

1. Registration (Step 1)—Enter or select information in the following fields:

   • **License Number**—Enter your *License Number* in this field.

   • **License State Code**—Select the state in which your license was issued.

   • **Tax Identification Number**—Enter the *Tax Identification Number* for your business.

   • **Service Office Zip Code**—Enter your *Service Office Zip Code*.

2. Click the **Find Provider** button.

3. Registration (Step 2)—

   • Enter a username of 5–15 numbers and/or letters in the *Create user ID* box.

   • Enter a password in the *Password* box. Your password must be 8–15 characters, at least one of which must be a number.

   • Re-type the password in the *Confirm Password* box.

   • Enter your email address in the *Email Address* box, then re-type it in the *Confirm Email Address* box.

**This is the login page.
The web address is
www.toolkitsonline.com**
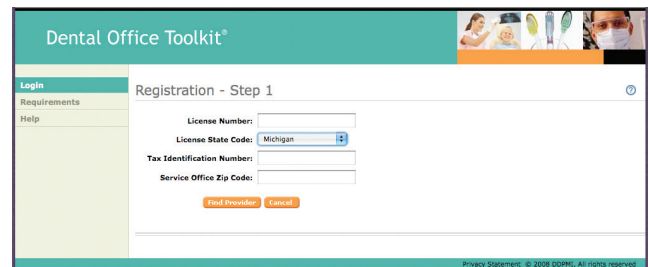
- Select an option under *Secret Question*. This question and the corresponding answer are used to verify your identity if you forget or want to change your password.

- Enter the answer to the selected question in the *Secret Answer* box.

- Click the **Register** button. If the username you entered is already being used by someone else, or if a security requirement for your password has not been met (e.g., your password does not include numbers or your username is not long enough), an error message will display at the top of the screen. If this happens, enter a new username or password and click the **Register** button again. (It may take a few tries to get a unique username or secure password.)

4. The *Registration Complete* screen appears, displaying the information for your new account. Click on the **Please click here to login** link.

   If you receive a message box asking if you would like your browser to remember your password, click **NO**. Otherwise, you may encounter problems in the future if you change your password.

5. The *Dental Office Toolkit Login* screen appears. You will need to log in again with your user name and password. The dentist home page will appear.

Signing on to DOT

Log in with your user name and password. The home page will appear.

1. If necessary, select the appropriate license/service office combination in the drop-down field under the provider information on the right of the screen. For group practices select the correct treating provider by licence number. Before adding a claim, **verify that the desired license and service office combination is selected on the *Selected Office Details* screen.** The provider will not be able to view claims, etc. if an incorrect license and service office combination is selected.

2. From the menu on the left, you may elect to:

   - View patient information

   - Enter claims

   - Find and review your submitted claims

Viewing patient information

View claims history for the whole family, view benefits, add a claim, or add a family member:

1. Select **Patient Info/Enter Claims** from the menu on the left.

2. Enter the patient's *Member ID*. (Usually the subscriber's SSN).

3. The *Subscriber Information* screen appears, listing subscriber information, member information and group benefit information.

4. Click the **Get Member Info** button.

The *Subscriber Information* screen contains the following information for each family member associated with the member shown in the *Member Information* section:

- **Patient Name and Birthday**

- **Relationship**—the relationship of this member to the subscriber

- **Eligible**—Whether or not the person is eligible; the explanations below are displayed when you mouse over the member status:

  - **Active**—patient is currently eligible

  - **Inactive**—patient is not currently eligible

  - **Pending**—eligibility must be confirmed with customer service

  - **Overage**—patient is over the age limit for eligibility

To view benefits for a person—click on the [i].
See View Benefits for additional information.

To add a claim for a person—click on the [+].
See Adding a claim or predetermination for more information.

View claims history for the whole family, view benefits, add a claim, or add a family member:

1. Select the *Patient Information/Enter Claims* screen.

2. Enter the patient's *Member ID*.

3. Click the **Get Member Info** button.

4. The *Patient Information/Enter Claims* screen appears, listing subscriber information, member information, group benefit information, and view family history.

Benefit Information

On the *Patient Information* screen is information on benefit levels, waiting periods, and rules, followed by maximums and deductibles, ortho age limits, and COB information, if the benefit program includes those. Benefits are subject to client contract limitations, exlusions and Delta Dental processing policies.

To obtain eligibility and benefit information, fill in the member/ Social Security number.
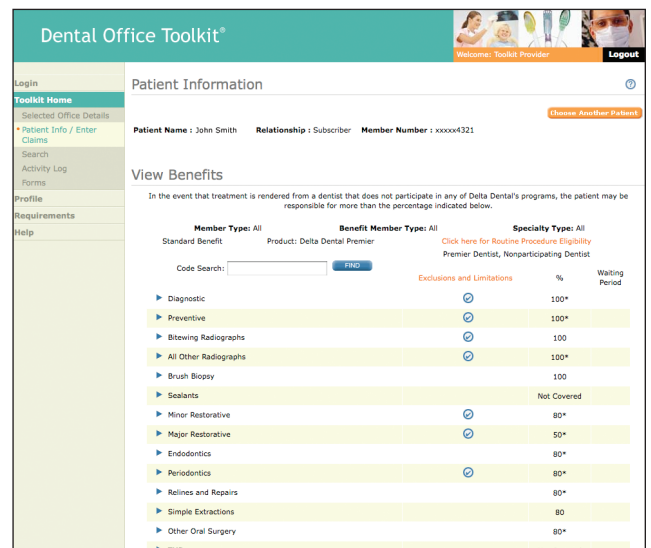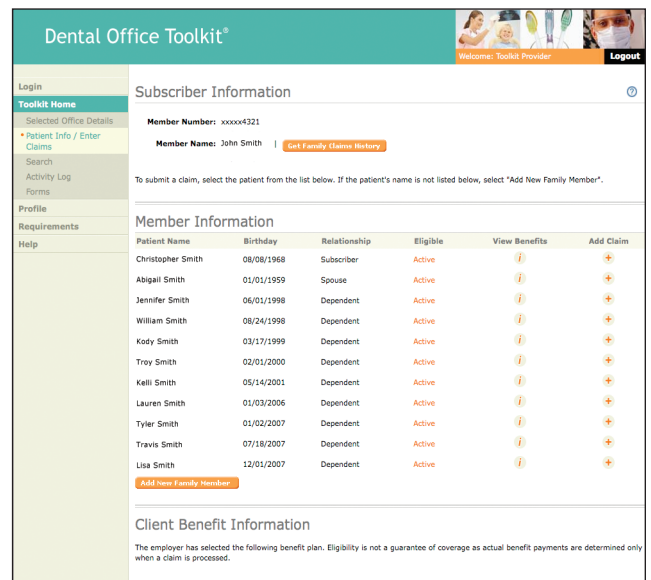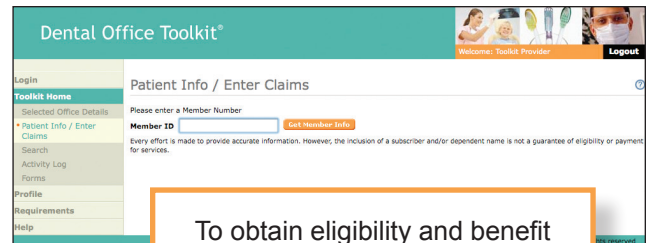
Benefit levels

For easy reference, benefit levels, waiting periods, and rules are assigned to several standard categories. These categories in turn contain subcategories, and within these, individual procedures or services.

- To expand a category or subcategory, click on the ▶.
- To collapse it again, click on the ▼.

Benefits may also vary by provider network. If so, the information is displayed for each network.

You can also use the *Code Search* feature to find benefit information for a specific procedure code or service. Enter the procedure code and click the **Find** button to jump to benefit information for that code.

Adding a claim or predetermination estimate

Before adding a claim, **verify that the desired license and service office combination is selected on the** *Selected Office Details* **screen.** You can verify this information by clicking the **Selected Office Details** button. This will display the provider and office information. If you have multiple offices, select the appropriate option in the drop-down field. The service offices are listed by the license number of the provider, and the Zip code of the office's location.

1. In the *Subscriber Information* screen, click the ➕ button for the appropriate patient.
2. If necessary, enter additional information on the other tabs:

   - **COB Details**—to add coordination of benefits (COB) information; see Submitting a claim with coordination of benefits.

   - **Ortho Details**—to add orthodontic information; see Submitting an orthodontic claim.

3. When all appropriate claim information has been entered, return to the **Treatment Details** tab to continue. You can:

   - Submit the claim for processing by selecting the **Submit Claim** button. The *Claim Payment Statement* screen (or *Predetermination* screen, if appropriate) appears, displaying a summary of the entered claim information. Once a claim is submitted it cannot be modified or cancelled through DOT. If you pend a claim, it will be available for modifying or cancelling until it is submitted. Please call customer service if a change is needed after the claim is submitted.

   - Pend the claim for later editing by selecting the **Pend Claim** button. For a pended claim, the *Claim Summary* screen appears. See Working with a pending claim for more information.

   - Cancel the claim by clicking on the **Cancel** button.

   - **Once you submit a claim you cannot edit or cancel the claim. If you pend a claim it will be available for modifying or cancelling until it is submitted. Please call customer service if a change is needed.**

Submitting a claim with coordination of benefits

If while adding a claim or predetermination estimate, coordination of benefits information needs to be added:

1. Click the **COB Details** tab at the top of the *Claim Entry—Treatment Details* screen.
2. Enter the name of the patient's other carrier in the *Carrier Name* field.
3. Enter the member/account number, name, and birth date of the subscriber for the other coverage in the *Other Member Number, First Name, Last Name,* and *Date of Birth* fields.

4. If this carrier has already made a primary payment (or determined its liability to be $0) on this claim, enter the payment amount in the *Primary Payment* field. (Leave blank if primary payment is unknown.)

5. Return to the treatment details information by clicking the **Treatment Details** link, or click on another tab to add other types of information for this claim. Clicking **Cancel Claim** will cancel all claim information that has been entered.

Submitting an orthodontic claim

If you are submitting a claim or predetermination estimate that includes orthodontic procedures (codes 8000–8999), you must record additional information on the **Ortho Details** tab of the *Claims Entry* screen.

1. Click **Yes** for *Orthodontic Treatment*.

2. If the orthodontic appliance has already been placed, enter the placement date in the *Ortho. Date Placed* field in the format mm/dd/yyyy.

3. Enter the *Number of Active Months* in the treatment plan, not remaining months of treatment.

4. Return to the *Claim Entry—Treatment Details* screen by clicking the **Return to Treatment Details** link, or click on another tab to add other types of information.

Submitting a claim with special patient information

If, while adding a claim or predetermination estimate, special details, such as an overage dependent or an accident resulting in needed dental care, need to be added to the patient information:

1. Click the **Claim Details** tab at the top of the claim. The *Claim Details information* is revealed.

   - **Overage Dependent**—if the patient is a dependent and over the child age limit, select the appropriate type of overage dependent (see Viewing member eligibility and benefits).

   - **Accident**—if the treatment is required because of an accident that may be covered by another form of insurance, select the appropriate type of accident (*automobile*, *employment*, *other*, or *none*. The default is *none*).

2. When finished, click the **Return to Treatment Details to submit this claim** link.

If coordination of benefits applies, fill in and go back to treatment details to complete and submit the cliaim.

Understanding predetermination estimate pricing

A Predetermination estimate (PDE) is used to estimate a patient's expected benefit coverage before the procedures are performed. Predetermination estimates are submitted just like any other claim except the *Service Date* for predetermination lines are left blank. A claim may contain both in-for-pay and predetermination claim lines. Benefits, as well as fees and other time-sensitive attributes, for claim lines without a date of service are determined as if the service date were the date the predetermination estimate is processed.

After the predetermination estimate has been submitted, it can be re-submitted as a Predetermination in for Pay (PDIFP). The outcome of the PDIFP may be different from the outcome of the original predetermination estimate, due to any changes in member benefits, etc., that may have occurred since the PDE was processed. Any changes to the claim information may also result in a different outcome. Therefore, the predetermination estimate is not guaranteed; it is an estimate only, based on current data.

Locating a claim

You can locate a claim by *claim type, date, member number*, and/or *claim number*. To locate a claim:

1. Click **Search**.

2. The *Search* screen appears. Select or enter information for one or more of the following fields:

    - **Claim Number**—enter the *claim number*. (If using this field, you do not need to enter information in the other fields.)

    - **Include**—select the type of claims you would like to locate: *claims* (the default), *claim payments, information requests, predeterminations,* or *claims pending submission*.

    - **Search date range cannot exeed 90 days.**

    - **Member Number**—enter the member number associated with the claim(s). In most cases, the member number is the same as the subscriber's Social Security number. A few groups have elected to assign their own identification numbers to their members; if this is your case, use that assigned number.

3. Click the **Search** button.

4. The claim search results appear at the bottom of the screen. Click the **claim number** of the desired claim to view *claim payment information* (or, if a pending claim, see Working with a pending claim)

    When the claim type selected is claim payments, only *Start Date* and *End Date* are available.

Working with a pending claim or predetermination estimate

To work with a pending claim, you first access the pending claim or predetermination estimate as described in Locating a claim. Once you've located the pending claim/predetermination, you can:

- Edit the claim by clicking the ▤ icon in the *Claim Number* column.
  The *Claim Entry—Treatment Details* screen appears. Edit the claim as needed; see Adding a claim or predetermination estimate for help with claim information.

- Submit the claim for processing by checking the box in the *Select* column, and clicking the **Submit Claims** button. You'll receive a confirmation message.

- Delete the claim by clicking the 🗑 icon in the *Delete* column.

Submitting a Predetermination in for Pay

1. Access the original predetermination estimate as described in Locating a claim.

2. The predetermination estimate opens in the *Predetermination* screen. Click the **Submit Pre-D for Payment** button.

3. The Claim Entry—The *Treatment Details* screen appears with the **Treatment Details** tab displaying the information from the predetermination. Enter the *appropriate date(s)* on the predetermination claim lines in the *Service Date* column.

Viewing the Activity Log

The *Activity Log* provides information regarding your current claims transactions with the carrier including:

- Paid claims
- Predeterminations
- Information requests
- Denied claims

Paid claims, predeterminations, and denied claims are available in the *Activity Log* immediately following submission and processing. EFTs and Information Requests are available the next business day. All transactions in the *Activity Log* remain available for you to view for as long as you choose. Once you are signed up for EFTs you will no longer receive paper EOBs, Pre-Ds, and Information Requests. These are only available in your *Activity Log*. You may also view your claims activity by family or by searching claims.

To review your *Activity Log*, select **Activity Log**. The *Activity Log* screen appears with claim information sorted in date order with the most recent claims showing first.

Activity Log—EFT Section

Direct deposit amounts for paid claims are listed under this heading:

- **InActivate**—if you have reviewed an EFT and no longer wish it to show in the *Activity Log*, check the box in the *Inactivate* column.

- **Date Issued**—the date the EFT was issued.

- **EFT ID**—the unique number assigned by the plan's bank to the direct deposit account of the provider, for a batch of claim payments (via EFT.) Click this link to see the *EFT Payment* screen (see Viewing claim payment information for more information on the *EFT Payment* screen).

- To reactivate a previously inactivated item you must go through the **Search** function, locate the item required, and click the box to activate.

- **Amount**—the total amount direct deposited via EFT.

This listing shows all claims paid via direct deposit to your account. The **EFT ID** can be clicked for further payment detail.

Click **InActivate** to remove from the log.

Activity Log—Processed Predeterminations

Any predeterminations you have sent to the carrier are listed under this heading along with the following information:

- **InActivate**—If you have reviewed a predetermination and no longer wish it to show in the *Activity Log*, check the box in the *InActivate* column.

- **Date Received**—the date the predetermination was received by Delta Dental.

- **Patient Name**—the name of the patient for whom the predetermination was submitted.

- **Claim Number**—the number assigned by the carrier to identify the predetermination you submitted. Click this link to see a copy of the predetermination. You may submit the predetermination for payment by selecting the **Submit Pre-D for Payment** button on this screen.

- Click the **Claim Number** link button to see a summary of the paper EOB that may have been sent to you via the mail. Click on the **Print Preview** link to see the actual EOB image.

- **Member Number**—the member number of the subscriber for whom the predetermination was sent.

Activity Log—Information Requests

Additional information may be required when processing a claim. In such cases, an information request may be sent for this information. This section shows any active information requests for your submitted claims.

- **InActivate**—If you have reviewed an information request and no longer wish it to show in the *Activity Log*, check the box in the *Inactivate* column.

- **Date**—the date that the information request was sent by the carrier.

- **Patient Name**—the name of the patient on the related claim.

- **Claim Number**—the carrier assigned number for the related claim. Click this link to see a copy of the *information request (IR)*. To return to the *Activity Log* screen, click the **Activity Log**.

Dealing with information requests

If you receive an *information request (IR)* regarding a claim or predetermination estimate that you have submitted, it appears in your *Activity Log*. You can click on the **Claim Number** link to view the *IR* screen. A brief message will appear stating what kind of information is being requested. To return an *IR* with the requested information on a form, fill in the information, and send it to the address on the bottom of the page. If additional documentation is needed, it is recommended that you send a copy of the *IR* along with the requested information so that the claim can be fixed and continue processing.

Predeterminations sent to the carrier are listed here. By clicking the **claim number**, the *predetermination* can be submitted for payment.

This section shows any active information requests for your submitted claims. A copy of the *Information Request* can be viewed by clicking the **claim number**.

Click **InActivate** to remove it from the log.

Viewing claim payment information from the EFT screen

To review any payment information:

1. **Locate the claim** you wish to view.

2. From the returned search results, click on the **payment number** you'd like displayed.

3. The *Check Payment Statement* screen opens and displays the following information:

   - **Payment ID number**—a unique number assigned by Delta Dental to identify this payment

   - **Issue Date**—the date the payment was issued

   - **Pay**—the total amount paid in this check payment (the amount of the payment is spelled out and shown in numbers)

   - **To the order of**—the name and address of the payee

   - **A listing of the claims paid under this payment, with the following information:**

     - **Claim Number**—the carrier assigned number for the related claim. Click on this link to view the *Explanation of Benefits* screen for that claim. To view more claim payment information:

       > Click the **Payment Number** link to return to the *Check Payment Statement screen*

       or

       > Click **Back** to return to the main *Claim Payments Search Results* screen. You'll need to find the correct payment number from the results list, and start again at step one to see the remainder of the attributes on the check payment.

     - **Patient Name**—the name of the patient on the associated claim

     - **Member Number**—the member number of the patient

     - **Plan Payment Amount**—the amount to be paid by the carrier

     - **Net Payment Amount**—the amount to be paid by the carrier minus any adjustments

     - **Totals**—the sum of the net payment amounts

     - **Garnishment**—total amount of monies applied to the payment of a debt by court order

     - **Overpayment**—total amount withheld due to previous claim overpayments

     - **Net Payment Amount**—totals minus garnishments and overpayments

EFT Payment

Payment ID #:
Issue Date: 01/05/2009

Pay: ONE HUNDRED FIFTY THREE DOLLARS AND ZERO CENTS $153.00

To the order of:
TOOLKIT PROVIDER
4100 Okemos Rd.
Ste. AB
Okemos, MI 488643215

Claim No	Patient Name	Member N0.	Plan Payment Amount	Net Payment Amount
0000000000000	Larry Brown	xxxxx0000	$153.00	$153.00

Totals: $153.00
Garnishment: $0.00
Overpayment: $0.00
Net Payment Amount: $153.00

Changing your password

Want to change your password? After you have successfully logged in, you can set a new password. (If you have lost or forgotten your password, see Resetting your password for help.) Remember, your password:

- Must be between eight and 15 characters

- Must contain at least one number

- Cannot contain more than two repeating characters

To change your password:

1. Click **Profile**.

2. The *User Profile* screen appears. Click the **Change Password** link.

3. The *Change Password* screen appears. Enter a new password in the *Enter new password* field.

4. Re-type the new password in the *Confirm new password* field.

5. Click the **Change Password** button.

6. The *User Profile* screen appears, with a message confirming that your password has been changed.

Resetting your password

Lost or forgotten your password? Set a new password:

1. On the *Login* screen, click the **Forgot password? Click here** link.

2. Enter your username in the *Enter your User Name* field. (You need your username and secret answer in order to reset your password. If you have lost or forgotten these, please contact customer service.)

3. Click on the **Submit User Name** button. The secret question you selected when registering is displayed.

4. Enter your license number in the *License Number* field.

5. Select your license state from the list of states in the *License State Code* field.

6. For additional identification purposes, you may optionally enter your *Tax Identification Number* and *Service Office Zip Code* in those text boxes.

7. Enter a new password in the *Enter new password* field. Remember, your password:

   • Must be between eight and 15 characters

   • Must contain at least one number

   • Cannot contain more than two repeating characters

8. Re-type the new password in the *Confirm new password* field.

9. Click the **Validate Secret Answer** button.

10. The Password Changed screen confirms that the password has been changed. Click the **Please click here to go back to login page** link to login.

Changing your email address

If you change electronic mail service providers or have made changes to your existing address, you can update your profile information:

1. Click **Profile**.

2. The *User Profile Information* screen appears. Click the **Change Email** link.

3. The *Change Email* screen appears. Enter a new email address in the *New email address* field.

4. Re-type the email address in the *Confirm new email address* field.

5. Click the **Change Email** button.

6. The *User Profile* screen appears, with a message confirming that your email has been changed.

Changing your secret question and answer

You can change the secret question that you selected when you first registered for the Dental Office Toolkit, as well as the answer you entered:

1. Click **Profile**.

2. The *User Profile* screen appears. Click the **Change Secret Question and Answer** link.

3. The *Change Secret Question* screen appears. Select a different question.

4. Enter the new answer in the *Secret Answer* field.

5. Click the **Change Secret Question** button.

6. The *User Profile* screen appears, with a message confirming that the secret question and the answer have been changed.