# BMT: Shared Admin Toolkit (SAT)
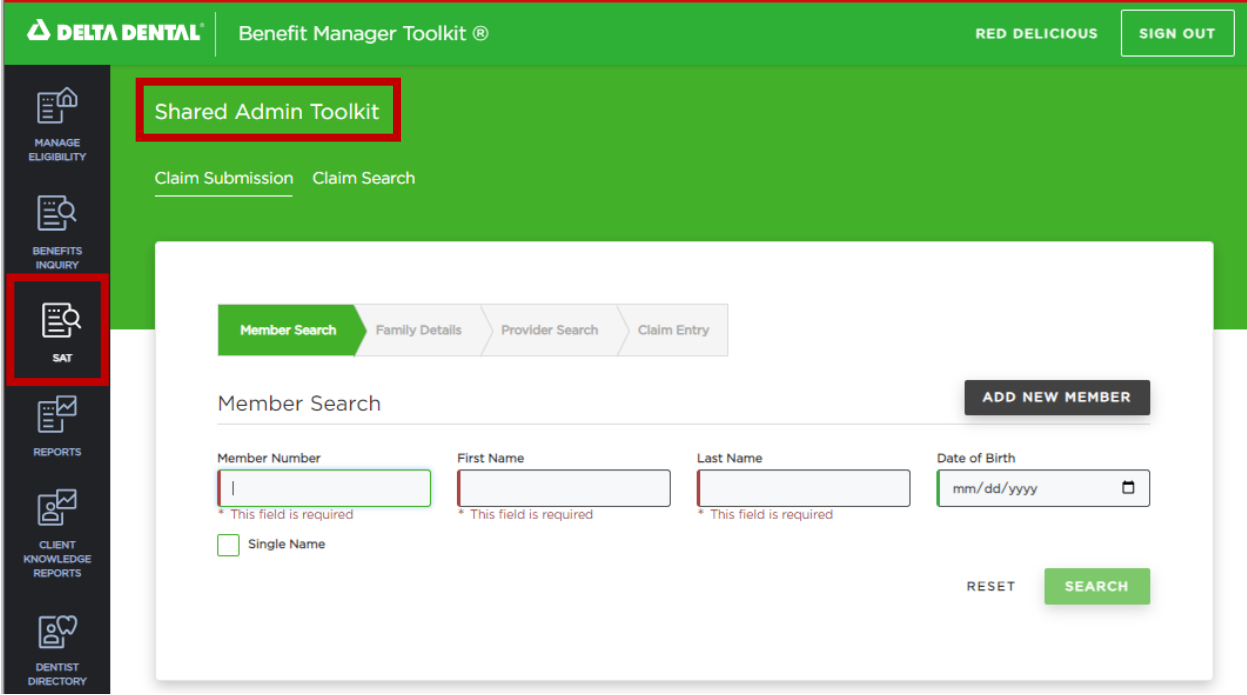
Prepared by West Monroe

Last Updated: September 2021

# Contents

| Title | Prepared By | Date Prepared |
|---|---|---|
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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



## 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
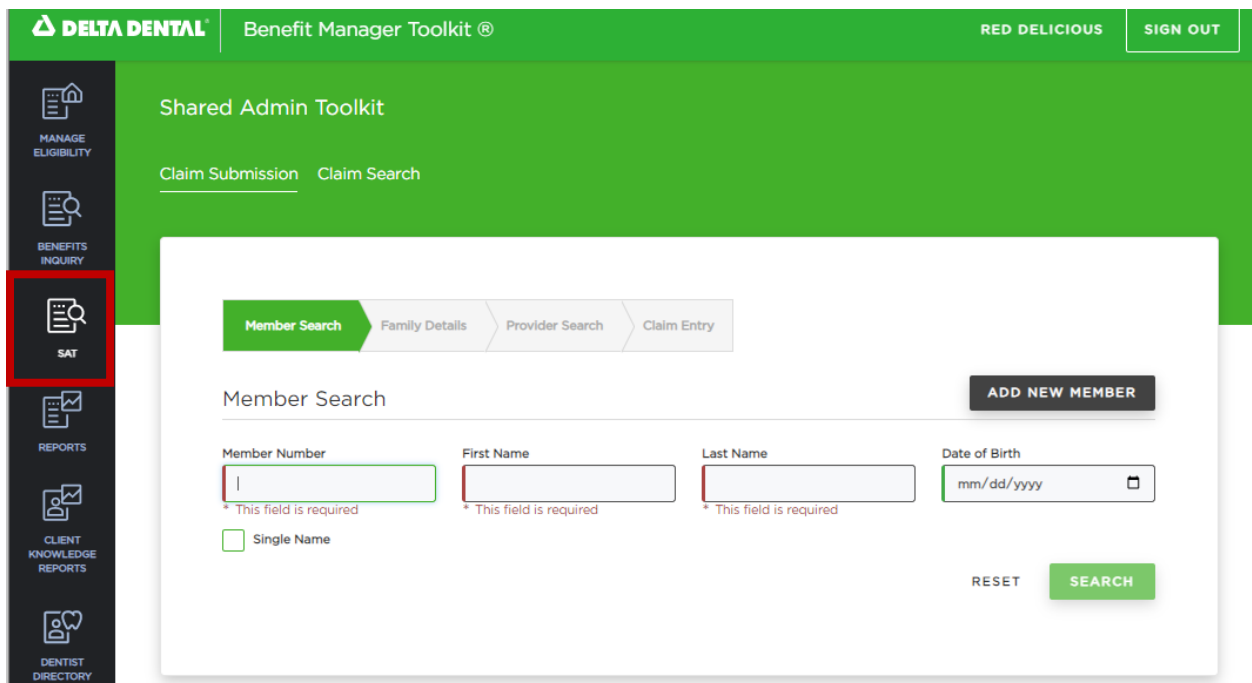
## 1.3 ACCESSING SAT

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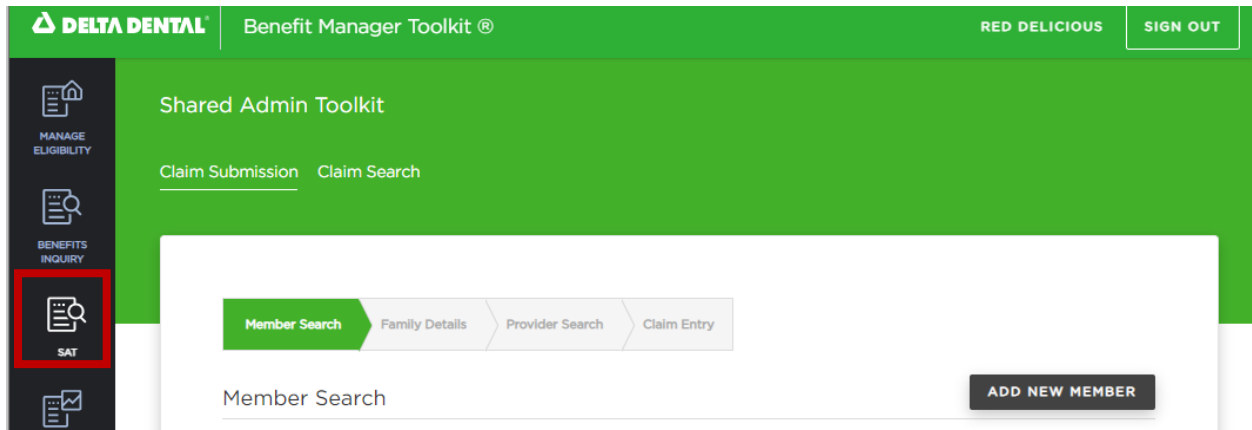


## 1.4 HELPFUL TIPS BEFORE STARTING

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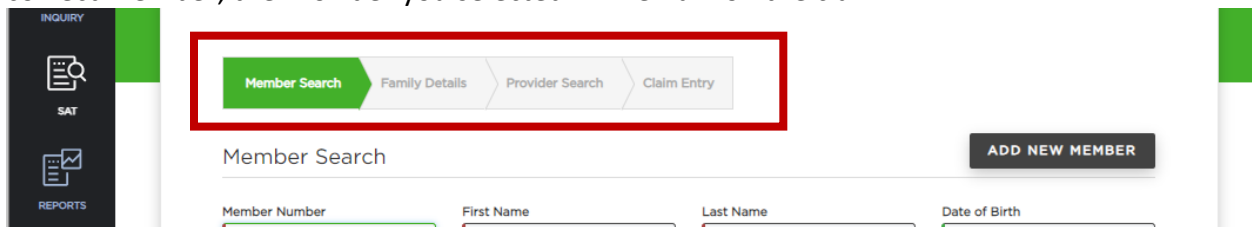
**Header Section |** Also located at the top of each page, there is a header section that includes "Payer," "Subscriber ID," "Subscriber Name," "Patient Name," "Provider TIN," and "Provider Name." This header will follow the user through each section and fill information as each section is completed.

| 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:



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

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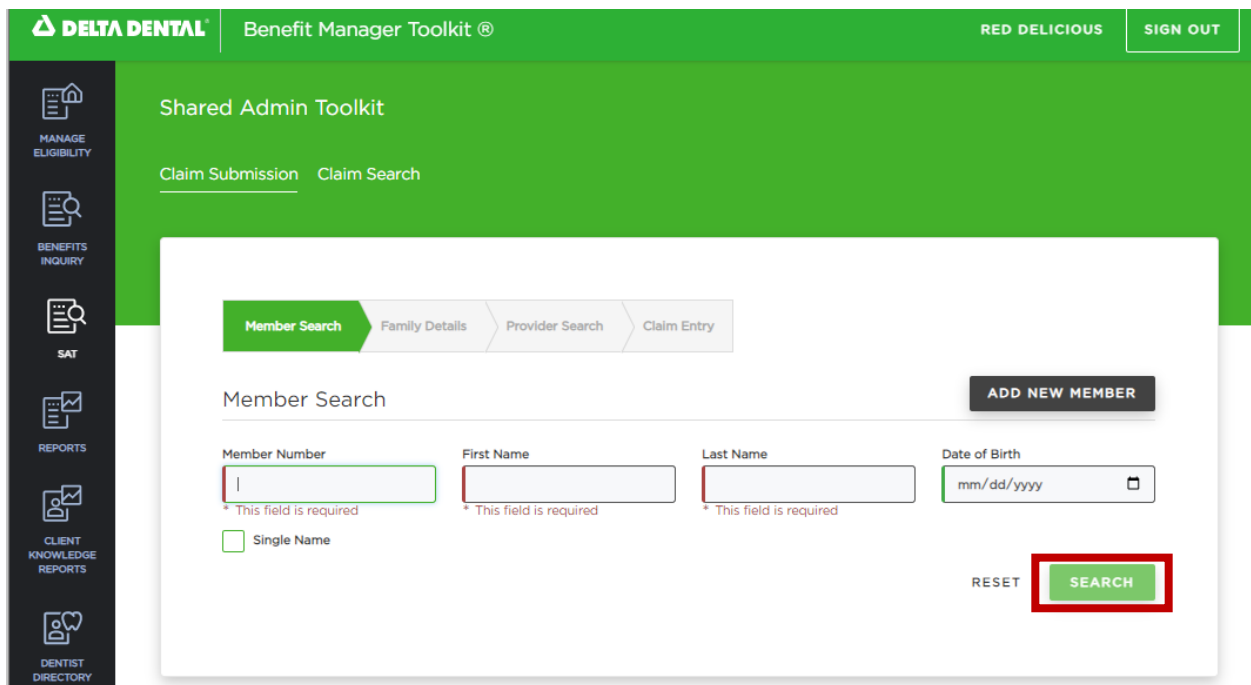
The first step to submitting a claim is finding and selecting the correct member for which this claim is being submitted.

### 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.



**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.



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.



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.

# 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.

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*.



## 3.3 VIEW BENEFITS

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

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.



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

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.
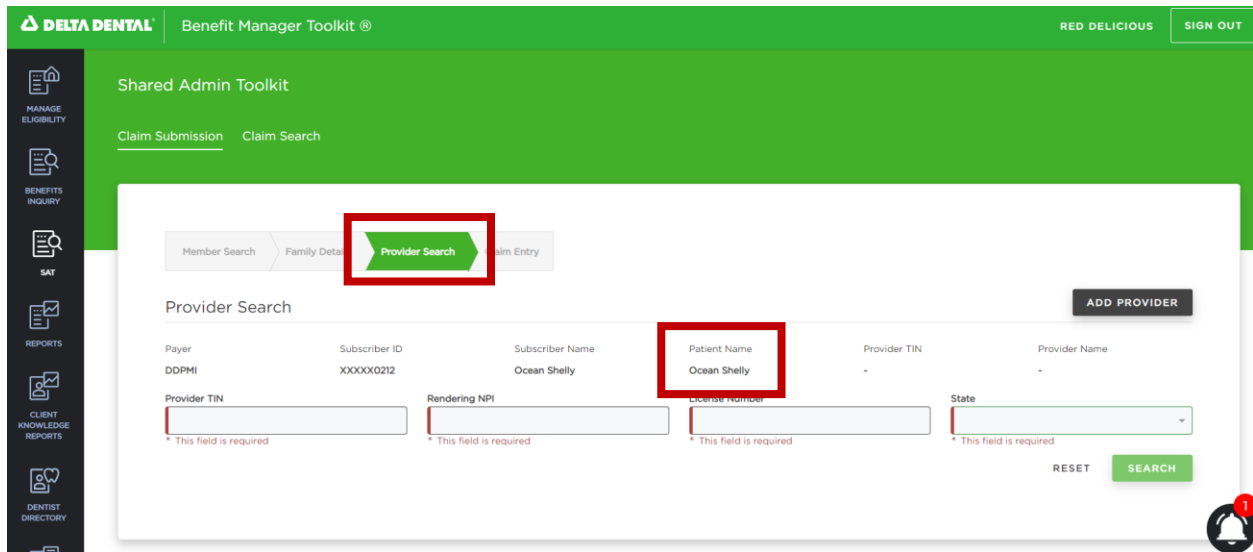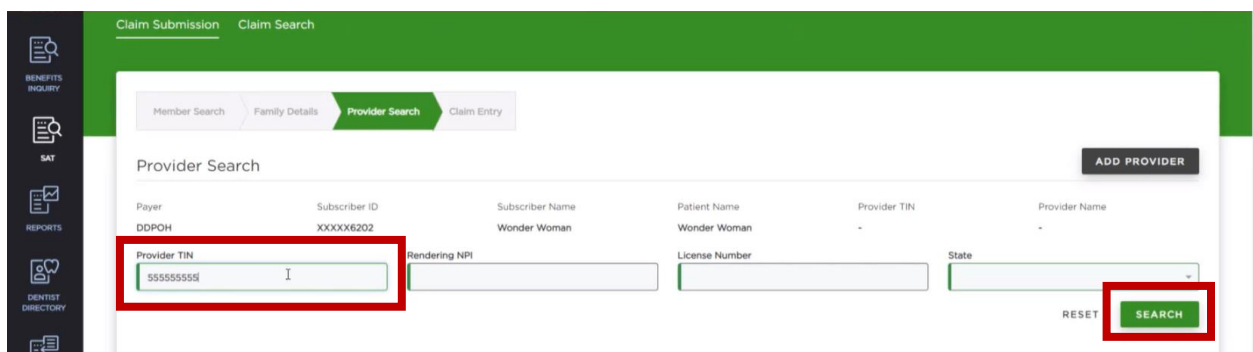


## 4.1 SEARCH FOR PROVIDER
There are three ways to search for providers:

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.



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



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.



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.
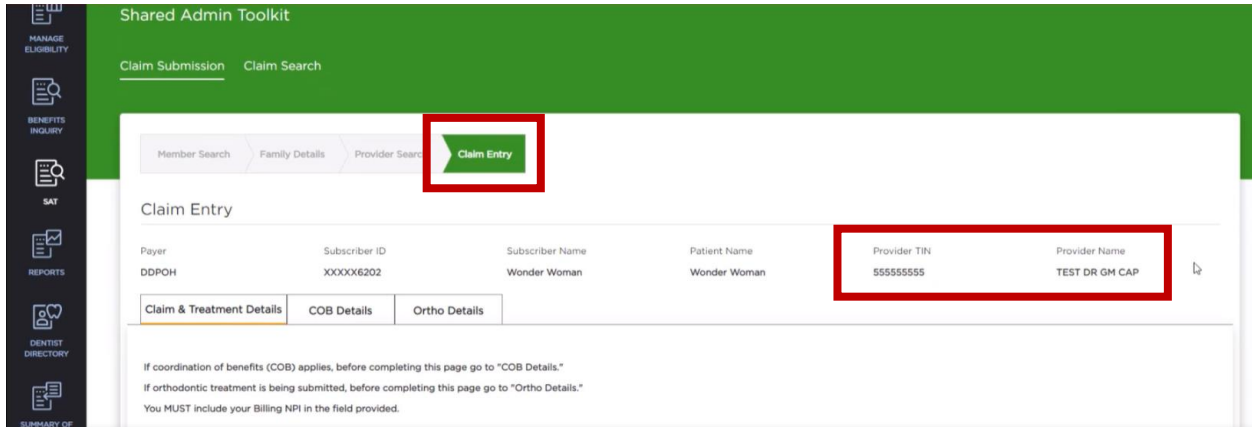


Upon reviewing the information in the now complete header, if the patient is incorrect for this claim, navigate back to the **Family Details** tab by clicking on the breadcrumb tile to select a new member. Click the new member's menu at the end of the row and select **Enter Claim** to continue the process. 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

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



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.



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.

## 5.3 ORTHO DETAILS

If the claim is an orthodontic claim, select **Yes** on the **Ortho Details** tab. The **Number of Active Months** is required unless **Yes** is selected.



## 5.4 SUBMIT CLAIM

After all information has been filled out, click **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.
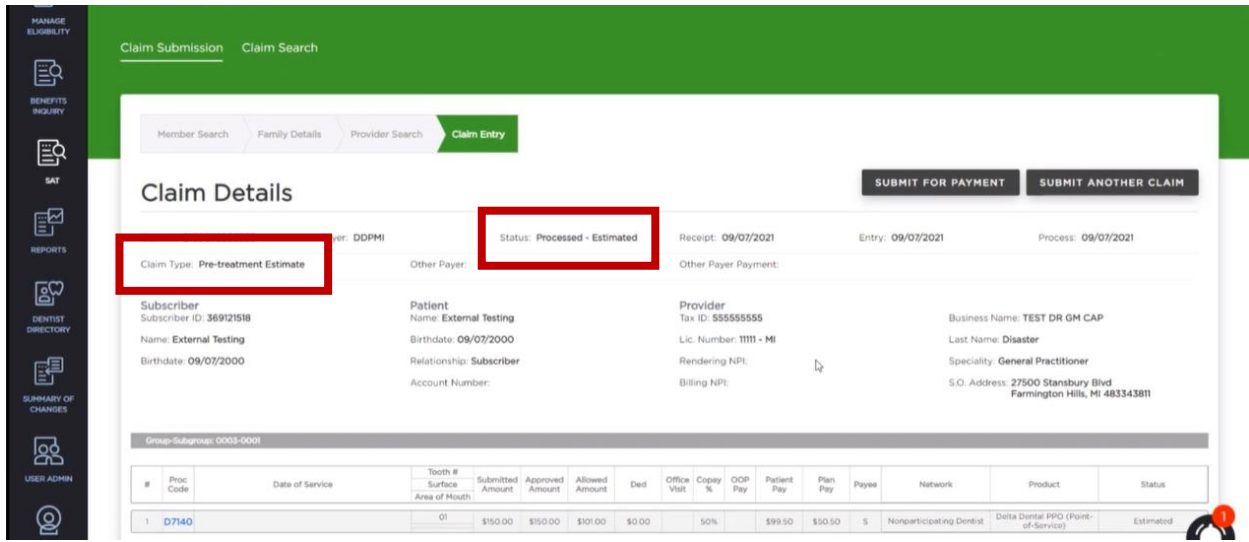


This page is similar to the claim submission confirmation page, but includes a Submit for Payment button. To proceed with submitting the claim, select **Submit for Payment**.
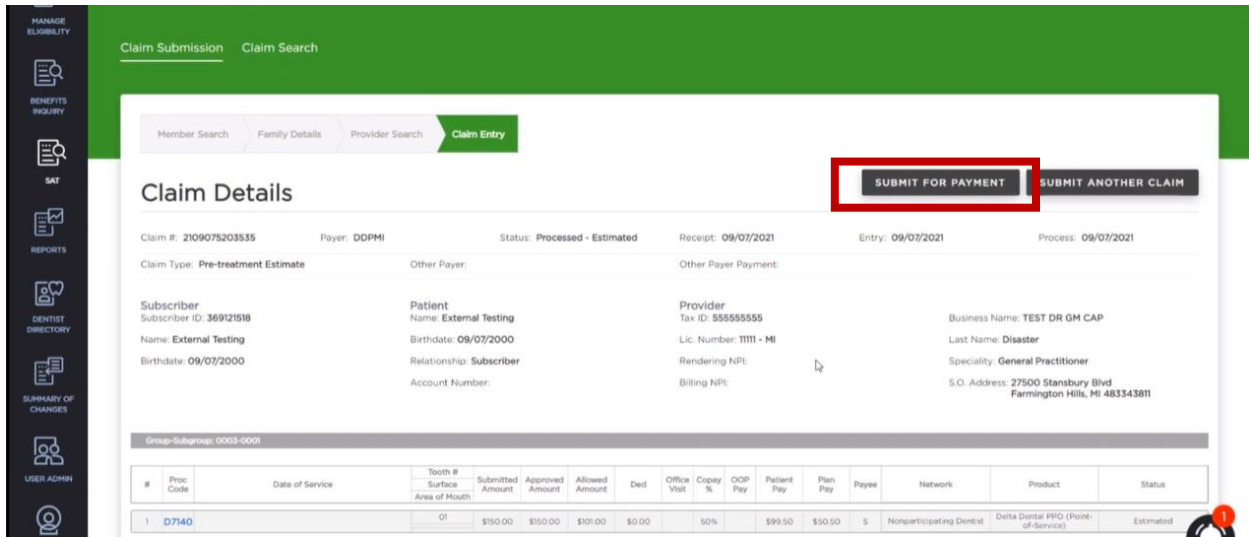


Clicking the Submit for Payment button brings back the Claim Entry page, where a **Service Date** can be entered.
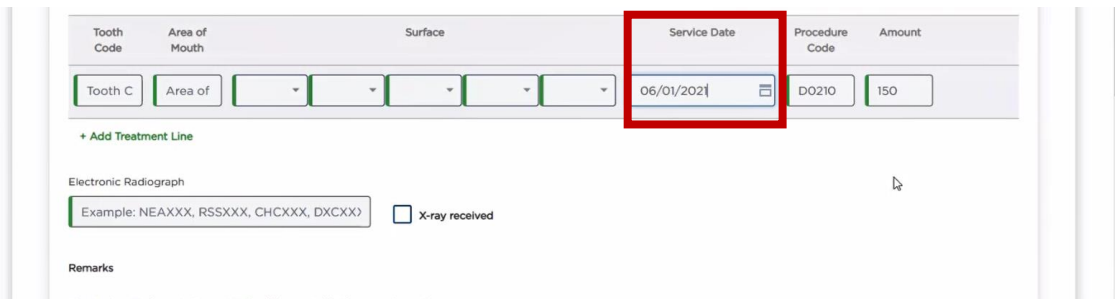
Click **Submit Claim** to submit the claim with the new Service Date.
The Claim has now been submitted as has the type *Pre-treatment Estimate In For Pay*.

## 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**.

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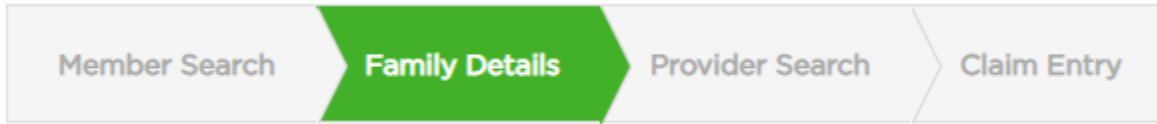


Clicking back to **Member Search** allows for the search of an entirely new member.

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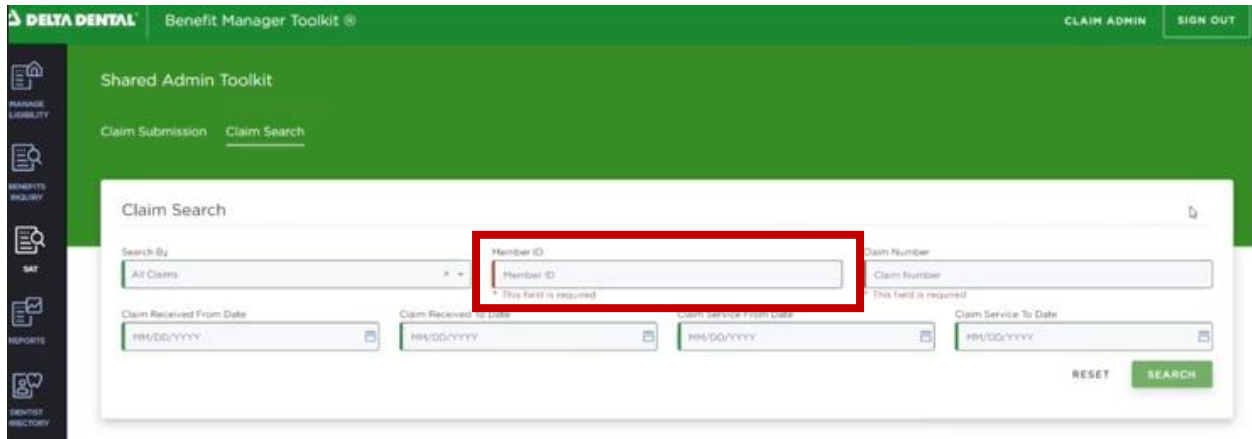To access the Claim Search section, click the **SAT** option on the left-hand side bar of the Claim Admin application.

Then, click **Claim Search** to access the search functionality.
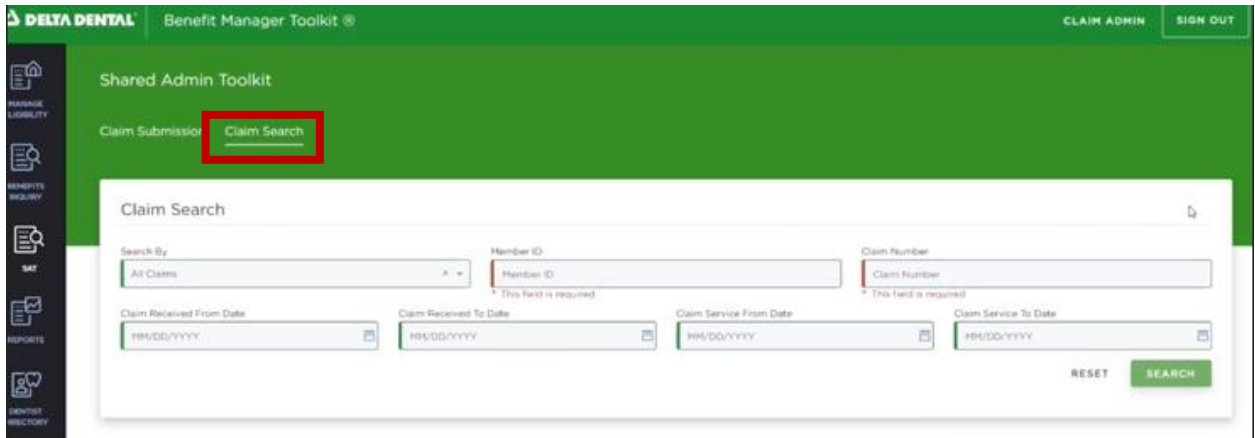


## 6.2 SEARCH FOR A CLAIM BY MEMBER ID

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.



Search results show in the bottom part of the screen.

## 6.3 SEARCH FOR A CLAIM BY CLAIM NUMBER
Enter the **Claim Number**.



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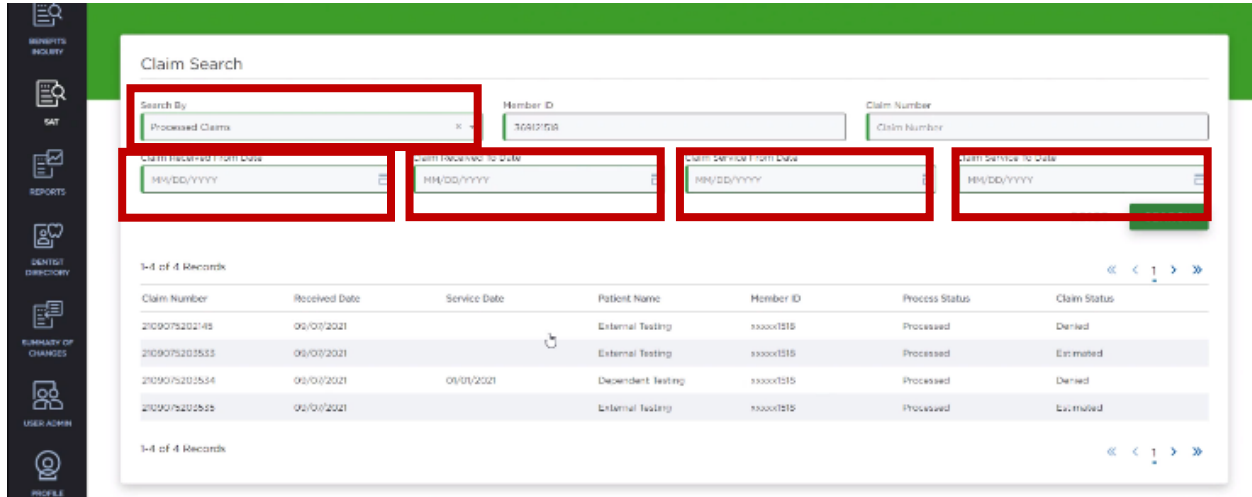


Search results show in the bottom part of the screen.

## 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 | • All Claims<br>• Processed Claims<br>• In-Process Claim<br>• 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.



– End of Document –