How Providers Manage Information Requests (IR)

This article will guide you through how providers view and manage Information Requests (IR) that are sent to them via Secure Message within Dental Office Toolkit (DOT).

How a Provider Accesses Information Request via Secure Message in DOT

When a provider logs into DOT, they will see a bell icon notifying them of a new message.

🛆 DELTA D	ENTAL Dental Office Toolkit				🗘 W Hoome, Logout		
SELECTED SERVICE OFFI Sarah Kosinski 600707 1	CE: 6555 E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE CHANGE OF	FICE Selected Mem	iber ID:	CHANGE MEMBER		
Standard Programs Programs	Service Office Details			Annour 10/23/2024 HELLQ	ncements		
Q. Search		License Number: (NPI Type 1: Tax ID:		10/22/2024 D-12806			
Office Details Metrics Scorecard	Service Office NPI Type 2: Not on file	Business NPI Type 2: 1 Payment Method: [09/12/2024 Welcome DSMI	09/12/2024 Welcome DSMI		
Fee Schedules Direct Deposits	SET AS HOME OFFICE	Par Status: Delta Dental Premier® Delta Dental PPO® Show Mon		08/21/2024 Sign up for EFT.	it is free!		
1 Member	To access EFT/ERA information from other Delta Deni Dental Office Toolkit can be utilized to view information	tal companies on the Delta Dental Nat on and submit claims for the following	ional Portal, click HERE. Deita Dental states	07/23/2024			
O Admin	Activity Log (0) New Please click each tab to vie						
	Message Center Information Request	S EFTS	Pre-Treatment Estimates	No Pay Processed Claims ?	EFT Interest Payments		

Providers will be able use the new 'Message Center' to access secure messages, including an overview of the IR. Providers will see the following information:

1. Filter by Message Category

- 2. Message 'Subject Line'
- 3. Message 'Status'

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- 4. Tagged Message Detail
- 5. Full Information Request detail within the Secure Message
- 6. Full Attachment detail
- 7. Unread messages indicated with an icon (providers can mark them as read or unread)

Filter By Category SO: 28304 Telegraph Rd, 👻	+ MORE FILTERS	INFORMAT Information	ION REQUES	ST Open	er: 31444627	Claim Number(s	4): 250304	4705957 V	IEW INFORMATION REQUESTS	
RESET	SEARCH	delta_dental						12:24	4pm	
Conversations	¢	You have a ne	w information red	quest that n	nust be returned	in 45 days	Claim Nur	mber:25030447059	957	
INFORMATION PEOLIEST	12·50nm	Line Item	Tooth# 14	Area	Surface	D6010	DOS	IR# IR40002	-	
Patient: CRASH DUMMY	License: 600592-MI	Message De	scription							
SO: 28304 Telegraph Rd, Southfield, M	11 480347501	ID Ple	ase clarify your re	equest with	a report for the	line(s) indicated and pr	rovide radio	graphs and	-	
	11:10 am	per	iodontal charting	to support	the need for thi	s treatment.				
Patient: CRASH DUMMY	License: 600592-MI									
SO: 28304 Telegraph Rd, Southfield, M	11 480347501					amal				12:26pr
						Followin	ng documen	t(s) uploaded		
INFORMATION REQUEST	lisense: 600E02 MI					1. Em	nail Queues	Doc.pdf		
SO: 28304 Telegraph Rd. Southfield. N	11 480347501									
						amal				12:26pn
INFORMATION REQUEST	10:47am					THis info	ormation the	at you needed		
Patient: CRASH DUMMY	License: 600592-MI									
30. 20304 Telegraph Ru, Southileid, F						amal				12:50pn
INFORMATION REQUEST	09:58am					Followin	ng documen	t(s) uploaded		
Patient: CRASH DUMMY	License: 600592-MI					1. Em	nail Queues	Doc.pdf		
SO: 28304 Telegraph Rd, Southfield, N	11 480347501									
		P 7	<u>пе</u> :-							
		D 1	2 3 1							

When the Information Request detail is selected, a pop-out screen will appear with full IR related IR details.

			_					
Info	orm	atio	n Re	equest				
Patien	t Infor	mation						Claim Information
Patier	t Name							IR Sent Date: 10/28/2024
Date o	of Birth	11/20/19	81					Plan Name: Delta Dental Plan of Michigan
Relati	onship	To Subsci	iber: Sp	ouse				Client ID:
Subsc	riber N	me:						Claim Number:
Patien	t Acco	int Numb	er:			D		
Provid	ler Infe	rmatio	1					
Provid	ier Nan	e:						
Provid	ler Lice	nse Numi	per:					
Dear Befor to the	Doctor re we ca e addre	n proces: is indicati	the clair d below	m referenced a . Upon receipt,	bove, additic the claim wi	nal informati l be processi	on or clarification of promptly.	is required. Please provide the information requested and return this form, along with any required attachments,
Line Item	s/R T	oth Number	Area Sur	face Procedure Co	de DOS	Submit Amount	IR Number(s)	
3	R			D6545	10/28/2024	203.4	IR00213	
1	s			D6548	10/28/2024	0		
Claim	Inform	ation Rec	uired:					

How a Provider Responds to an Information Request via Secure Message in DOT

For the Provider to resolve the IR, they can respond and provide additional information directly in the Secure Message.

INFORMATION REQUEST Patient: 1 50: 16555 E 10 Mile Rd, Eastpointe, 1	delta_den	tal					03:48pm				
INFORMATION REQUEST	01:19pm	You have	a new inform	nation re	quest.						
Patient: I	License: 17514-MI	Patient Name: Claim Number:									
0: 16555 E 10 Mile Rd, Eastpointe, N	Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#				
INFORMATION REQUEST	01:11pm	1	19			D6740	10/28/2024	IR00213			
Patient: M	License: 17514-MI	2	20		-	D6740	10/28/2024	IR00213			
0: 16555 E 10 Mile Rd, Eastpointe, MI 480211192		3	21	_		D6740	10/28/2024	IR00213			
		4	4 22 D6240 10/28/2024 IR00213								
INFORMATION REQUEST	License: 17514-MI	Message ID	Description								
0: 16555 E 10 Mile Rd, Eastpointe, MI 480211192		Please submit copies of current, pre-operative periapical or panoramic radiographs showing the entire crown and cost apex of each abuttnent tooth									
INFORMATION REQUEST	12:59pm	IR00213	involved wi	th this fi	ked prosthe	odontic partial	denture (bridge).	Radiographs			
Patient: 1	License: 17514-MI		mus	t be date	d, of diagn	ostic quality ar	id labeled right an	d left.			
0: 16555 E 10 Mile Rd, Eastpointe, M	MI 480211192										
INFORMATION REQUEST	11:55am										
Patient: 1	License: 17514-MI	B 7									
0: 16555 E 10 Mile Rd, Eastpointe, 1	480211192		ž U							UPLOA	
INFORMATION REQUEST	10:17am	Messa	ge							SEND	
			SEND								

Provider selects Upload to attach documentation.

Document(s) uploaded successfully	×
Upload Documents (pdf, jpeg, jpg, png and gif)	
CHOOSE OR DROP FILES	

How a Provider Confirms Information Request was Received

Once the Secure Message for the IR has been successfully received, the Provider will see the Case as 'Closed' in DOT, with automated messaging in the conversation.

Iter By Category SO: 16555 E 10 Mile R 👻	+ MORE FILTERS	INFORM Informat	INFORMATION REQUES Closed Information Request Case Number: 27475778 Claim Number(S): 2410284733382 VIEW INFORMA							
RESET	SEARCH	delta_dental 03:48pm								
onversations	¢	You have Patient Na	a new inform	ation re	quest.		Claim Number:24	10284733382		
		Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#		
		1	19			D6740	10/28/2024	IR00213		
INFORMATION REQUEST	03:48pm License: 600707-MI	2	20			D6740	10/28/2024	IR00213		
tient: 1		3	21			D6740	10/28/2024	IR00213		
0: 16555 E 10 Mile Rd, Eastpointe, MI 480211192		4	22			D6240	10/28/2024	IR00213		
INFORMATION REQUEST	01:19pm	Message ID Description								
0: 16555 E 10 Mile Rd, Eastpointe, MI 480211192		Please submit copies of current, pre-operative periapical or panoramic radiographs showing the entire crown and root apex of each abutment tooth								
INFORMATION REQUEST	01:11pm	involved with this fixed prosthodontic partial denture (bridge). Radiographs						Radiographs		
tient: I	License: 17514-MI		must be dated, of diagnostic quarky and labeled right and left.							
: 16555 E 10 Mile Rd, Eastpointe, MI	480211192									
INFORMATION REQUEST	01:10pm									
itient: T	License: 17514-MI						Here's the informa	tion		
WEEK F 10 Mile Bel Fasteralete Mi	40031103						riere a cre morma	cion		

Automated messages are provided for certain IR status: canceled, expired, or returned.