

A Guide to Working with Delta Dental of Minnesota

A Reference Manual for Brokers



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WELCOME TO DELTA DENTAL OF MINNESOTA

Thank you for choosing to partner with Delta Dental of Minnesota (Delta Dental). Dental benefits, which focus on prevention and encourage regular checkups and cleanings, allow for early detection of oral disease, immediate access to appropriate care and can greatly influence overall physical health and quality of life. Your partnership with Delta Dental means that you can provide your clients and their employees a broad range of products and services, as well as economic value and world-class customer service.

This manual includes guidelines, procedures and information on how you can work with Delta Dental to help us deliver the best possible service to our mutual clients. If you have administrative questions, contact Employer Services at (651) 994-5300 or (866) 318-9449. If you have questions regarding products and rates, contact Delta Dental's Sales and Marketing department at (651) 406-5900 or (800) 328-1188. We look forward to working with you.

HIPAA INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) mandates the establishment of standards to protect the privacy of individually identifiable health information. The HIPAA Privacy Rule applies directly to covered entities, including health plans, healthcare clearinghouses and certain healthcare providers. Delta Dental is considered a health plan, as defined by HIPAA and, therefore, must comply with the Privacy Rule.

Business Associates are defined by HIPAA as persons who perform functions on behalf of a covered entity and involve the use or disclosure of Protected Health Information (PHI). As a covered entity, Delta Dental has determined that Brokers/Consultants are Business Associates.

Delta Dental may disclose PHI to a business associate and may allow a business associate to create or receive PHI on Delta Dental's behalf if Delta Dental obtains assurance that the Business Associate will safeguard the information. This is accomplished by signing and executing a Business Associate Agreement. This Agreement must be in place for PHI to be used or disclosed to a Broker.

WHO TO CONTACT

Throughout this manual you will find references to various Delta Dental departments and contact areas. Below is a summary of those contact areas.

Employer Service Numbers	
<p>Option 1 – Paper Enrollment</p> <ul style="list-style-type: none"> • Help completing enrollment or maintenance forms • Help adding or deleting enrollees • Enrollment or eligibility verification <p>Option 2 - Electronic & Online Enrollment</p> <ul style="list-style-type: none"> • Help with electronic enrollment files • Help with Online Enrollment • Help adding or deleting enrollees • Enrollment or eligibility verification <p>Option 3 - Billing</p> <ul style="list-style-type: none"> • Billing statement reprints • Automatic Clearinghouse (ACH) fund transfer set-up • Bill run schedules • Group premium payment <p>Option 4 – Group Administrator & Broker Helpline</p> <ul style="list-style-type: none"> • Supply orders • Clarification of contract benefits • Clarification of claims • Clarification of dentist network participation 	<p>Phone: (651) 994-5300 (866) 318-9449</p>
Broker Commissions	
<ul style="list-style-type: none"> • Payments • Rates • Dates • Address Changes 	<p>Phone: (651) 406-5900 Ext. 4277 (800) 328-1188 Ext.4277</p>
Customer Service	
<ul style="list-style-type: none"> • Benefits and Eligibility • Claim Status, Payment, and Adjustments • Provider Information • EOB Explanation • Material Requests • Website Inquiry • Address Changes • Mailing Address 	<p>Address: Refer to ID card</p>
	<p>Phone: Refer to ID card</p>
Enrollment	
<ul style="list-style-type: none"> • Electronic & Online Enrollment • Paper Enrollment 	<p>Address: Delta Dental of Minnesota Attn: Enrollment Department P.O. Box 330 Minneapolis, MN 55440-0330</p>
	<p>Fax: (651) 994-5414 (800) 821-5946</p>
<p>Electronic & Online Enrollment enrollment@deltadentalmn.org</p>	<p>Phone: (651) 406-5984 (800) 928-6459</p>
<p>Paper Enrollment memelig@deltadentalmn.org</p>	<p>Phone: (651) 406-5927 (800) 928-5713</p>
Sales/Marketing	
<ul style="list-style-type: none"> • Rates • Proposals • Renewals • Enrollment Meetings • Onsite education opportunities 	<p>Address: Delta Dental of Minnesota 3560 Delta Dental Drive Eagan, MN 55122-3166</p>
	<p>Phone: (651) 406-5900</p>
	<p>Fax: (651) 406-5933</p>

WEB SITE

The primary focus of our Web site is to meet the needs of our subscribers, group administrators and dentists. In addition to being a resource for oral healthcare needs, we've also developed several creative, interactive components that address critical customer service needs that will begin to immediately save time and money for all our key stakeholders. Features include

- ***Benefits Inquiry:*** Dental offices can access information on their patients' eligibility, frequency information for common procedure codes, and "benefits used" information for individuals and families.
- ***Claims Inquiry:*** Members and dental offices log on to view claims information including date of service, procedure detail, amounts paid by Delta Dental and the member, deductibles, date of service, amount submitted, approved and allowed, claim status, and date claim was paid.
- ***Eligibility Inquiry:*** Members and dental offices verify eligibility and access information including dates and level of coverage and specific details on subscriber and/or dependents.
- ***Interactive Dentist Search:*** Input city and state or zip code and receive a current list of dentists or specialists who meet your specified geographical requirements.
- ***Online Enrollment:*** Group administrators have the ability to enter and view daily additions, changes and terminations to Delta Dental's membership file for their groups and subgroups, as well as to create system-generated summary reports of daily activity. Online enrollment is an excellent choice for groups of 2,000 or less employees who do not currently send enrollment via electronic (tape) format. For more information, contact your Sales and Marketing representative.
- ***Oral Health Care Information:*** View, print and/or save informational brochures on a range of oral healthcare topics including children's oral health, how to handle dental emergencies, and how to choose the right dental care products.

For more information, check out our Web site at www.deltadentalmn.org.

WHAT'S YOUR ROLE?

AGENT OF RECORD

As an agent, also referred to as a broker, your role is to solicit new dental business, assist the client in the enrollment process once you have sold the plan, provide service to the group while the plan is in force, and present renewal information to preserve the business at the end of the contract period.

As the Agent of Record associated with a contract, you will automatically receive any commissions earned on new and renewal business.

WHAT IS AN AGENT OF RECORD?

The Agent of Record represents Delta Dental to the client and receives applicable commissions on the Delta Dental products purchased by the client. When you sell a new Delta Dental plan and name yourself in the Agent of Record section on the Master Dental Contract Application, you become the Agent of Record on that specific business.

For consistency with Federal privacy regulations, you, as an Agent of Record, must have on file with Delta Dental a signed Business Associate Agreement. This will enable Delta Dental to send to you — and no other broker — specific information related to the group.

If you are assuming business from another Delta Dental broker and want to obtain specific group information, the group must send Delta Dental a letter on their company letterhead requesting a change in the Agent of Record and listing the new Agent of Record's name, agency name, address and phone number.

Send completed forms to:

Delta Dental of Minnesota
Attn: Sales & Marketing Department
3560 Delta Dental Drive
Eagan, MN 55122-3166

Fax forms to Delta Dental at (651) 406-5933.

To confirm the change, Delta Dental will mail a Letter of Acknowledgement to the group, the new Agent of Record, and the previous Agent of Record. The change is effective on the first day of the month following Delta Dental's receipt of the change request. (For example, a change request received February 10 would be effective March 1.)

COMMISSIONS

Commission checks are issued monthly. The calculations used to determine the amount vary with the type of business that has been sold. Checks are generally mailed by the fifth business day of the month, based on premiums collected in the prior month.

COMMUNITY/POOLED-RATED BUSINESS

Generally, pooled business includes Delta Dental products for groups with 5 to 99 eligible employees. The commission paid is based on the premiums collected from the group for the previous month. A commission is built into the published rate.

INDIVIDUALLY RATED BUSINESS

Generally, Delta Dental individually underwrites groups of 100 or more eligible employees. The initial commission rate is established at the time of the original sale. That commission rate is in effect for the entire contract year, based upon projected annual revenue at time of underwriting. Commissions are paid based upon premiums collected in the prior month.

QUOTING A NEW GROUP

COMMUNITY/POOLED RATED GROUPS

Pooled products have pre-determined rates, coverage levels and benefits, and are designed for groups that have 5 to 99 eligible employees. If the group is interested in a fully-insured product:

1. Determine that the group meets participation and eligibility requirements. Refer to your product summaries or contact your sales representative.
2. Submit the following information about the group.
 - a. Census information on employees
 - Marital status
 - Date of Birth or age
 - Gender
 - b. Geographic location of the employees
 - c. Contract effective date
3. Send all information obtained in Step 2 to your sales representative.

INDIVIDUALLY RATED GROUPS

Generally, groups with 100 or more eligible employees are individually rated. These groups have the flexibility to modify a standard plan design to meet their budget and benefit requirements. If the group is interested in an individually rated product:

1. Contact your Delta Dental representative to request a proposal. Your representative will discuss plan design, requirements, network options, participation and eligibility requirements with you.
2. Obtain the following information.
 - Group address(es)
 - Type of business
 - Geographic location of employees
 - Contract effective date
 - Current dental carrier
 - Current dental plan design
 - Current group contract and employee benefit booklet
 - Current and prior premium or administrative fee/rate history
 - Two years of month-by-month enrollment information and claims experience
 - Current number of eligible and/or enrolled employees by tier structure, i.e., single/family, employee/employee plus one/family, etc.
 - Census information on employees
 - Marital status
 - Date of Birth or age
 - Gender
 - Current enrollment status
3. Send all information obtained in Step 2 to your sales representative.
4. Upon receipt of the information, Delta Dental will prepare a proposal and send it to you within ten business days.
5. When you receive our proposal, review it with the group administrator. Involve your sales representative as necessary.
6. Inform your sales representative when the group administrator has accepted the proposal.
7. Schedule open enrollment meetings with the group administrator and the employees. Please work with your Delta Dental Sales and Marketing representative as necessary to assist you with these meetings.

NOTE: The sale is not final until approved by Underwriting

AFTER-SALE UNDERWRITING

After-sale underwriting is the process of verification and approval of newly sold groups to insure that the group meets the underwriting guidelines as set forth in the proposal for dental coverage. Verification and approval are completed to assure that the coverage applied for, the eligibility/enrollment assumptions, rates/fees and any other requirements sold are consistent with the proposed coverage.

NEW GROUP INSTALLATION

The group installation process begins when Delta Dental receives a complete and accurate application package. The application package should include a signed Master Dental Contract Application, Membership Enrollment forms, and a check for the first month's premium on fully-insured groups or ACH authorization form.

We encourage you to work with your client to submit the Master Dental Contract Application and completed Membership Enrollment forms at least 30 days prior to the effective date of the contract. This will allow sufficient time for the group's benefits to be set up in our system, members enrolled and identification cards distributed in a timely manner. Please use the following New Group Checklist to ensure completion of the application package.

NEW GROUP CHECKLIST

1. Master Dental Contract Application
 - a. Complete all sections of the form.
 - b. Signed by group administrator.
 - c. Signed by Agent of Record.
 - d. Group administrator keeps a copy for his or her files.
2. Enrollment Forms
 - a. All eligible employees complete a Membership Enrollment form, if required (including newly hired employees in their probationary period, employees covered by COBRA and employees who waive coverage).
 - b. "Other insurance carrier" information completed for employees who waived coverage for themselves and/or their eligible dependents.
 - c. All applicable sections of the form completed and legible.
 - d. Employee signs the form.
 - e. Group administrator provides requested dates, group name, group and subgroup numbers, signature, date, and phone number.
 - f. Total number of enrollment forms equals the number of eligible employees reported on the Master Dental Contract Application.
3. Most Recent Billing Statement (Community/Pooled Business)
 - a. If the group currently has dental coverage and would like to be considered for "with prior coverage" rates, include a copy of the most recent billing statement from the current carrier.
4. Medical Plan Billing Statement
 - a. Include a copy of the latest medical plan's billing statement, if enrollment in the dental program is locked to medical coverage.
5. ACH Authorization Agreement
 - a. Include the ACH Agreement, if the group is paying by ACH. (See the "Payment Methods" section for all the benefits of paying via ACH.)
 - 1) Complete all sections of the ACH agreement.
 - 2) Include a voided check.
 - 3) ACH agreement signed by the group administrator or an authorized representative.
6. Deposit Premium
 - a. Include a check made payable to Delta Dental for the first month's premium. (The amount is based on the quote provided in the proposal.)
 - b. Binder check or deposit premium required on fully-insured funding (even if group is choosing ACH).

Please submit all application and initial enrollment information to:

Delta Dental of Minnesota
Sales & Marketing Department
3560 Delta Dental Drive
Eagan, MN 55122-3166

7. Post-Sale Underwriting

- Please note that the premium for the group will change if there is a discrepancy between the enrollees listed in the proposal and those who actually enroll in the plan.

Once Delta Dental receives complete and accurate new client information, we enter the data in our claims and administrative systems and complete the after-sale underwriting. During initial group installation, Delta Dental will send the following materials:

COMMUNITY/POOLED RATED — FULLY-INSURED

1. Group Contract — Read the group contract to familiarize yourself with the benefits provided by the dental program and other information, such as renewal notice periods and cancellation/termination provisions.
2. Identification Cards – Delta Dental will provide personalized identification cards that are printed with the following information.
 - Group Name
 - Group Number and Subgroup
 - Network Name (if applicable)
 - Subscriber Name
 - Subscriber ID

The identification cards are sent to the group administrator, who is responsible for distribution to employees.

3. Employee Benefit Booklets — Delta Dental will send standardized benefit booklets to the group administrator for the product purchased by the group. The group administrator is responsible for distribution to employees.

INDIVIDUALLY RATED — FULLY-INSURED AND SELF-INSURED

1. Group Contract — Please read the group contract to familiarize yourself with the benefits provided by the dental program and other information, such as renewal notice periods and cancellation/termination provisions.
2. Identification Cards – Delta Dental can provide either personalized or custom identification cards based on the group size and needs. Custom cards can include the group’s company logo. There are minimum group size requirements and additional costs for custom cards. Personalized or custom identification cards are printed with the following information.
 - Group Name
 - Group Number and Subgroup
 - Network Name (if applicable)
 - Subscriber Name
 - Subscriber ID (optional)

The identification cards are sent to the employee’s home or to the group administrator, who is responsible for distribution to employees.

3. Employee Benefit Booklets - Delta Dental will provide a customized benefit booklet to the group for review and approval. Upon approval, booklets will be printed and sent to the group administrator for distribution to employees. Instead of printed booklets, the group has the option of receiving a read only electronic version of the employee booklet that can be placed on their Intranet for easy access by their employees.

RENEWALS AND CANCELLATIONS

CONTRACT RENEWALS

Renewal letters are sent to the group and/or broker in accordance with the timelines established in the group contract.

If your client chooses to change coverage at renewal, you or your client must notify Delta Dental in writing.

If Delta Dental does not receive a response to the renewal offer, the contract will be renewed according to the terms described in the letter, effective on the contract renewal date. The renewal letter serves as an Amendment to the group contract.

CANCELLATIONS AND TERMINATIONS

Contracts Cancelled by the Group

Any request to cancel coverage must be received from the client in writing. Please review the group contract for specific information about canceling coverage.

Failure to Meet Underwriting Guidelines

If a group does not meet underwriting guidelines as defined in the contract and Master Dental Contract Application, the contract may be terminated. Delta Dental will notify the broker and group by letter.

Contracts Terminated for Non-Payment

When a payment is ten days overdue, Delta Dental will send a letter to the group informing the group that the account is delinquent and claims may be placed on hold until payment is received.

Delta Dental will give the group a 31-day grace period in which to make payment. If payment is received during the grace period, the hold on claims is removed. If payment is not received during this period, Delta Dental will send a letter of notification to the group informing them the contract will be terminated and claims will be denied.

Groups that have not paid will have their contract terminated effective on the last day of the month for which the premium was paid. If payment is received after the contract is terminated, the group may apply for re-instatement. Should the reinstatement be approved, the group will be required to make future payments via Automated Clearing House (ACH).

MEMBERSHIP ENROLLMENT AND MAINTENANCE

Accurate and timely enrollment information from the group allows us to respond to member inquiries, process claims correctly and generate accurate billing statements. Delta Dental offers three methods for reporting enrollment information. The method a group uses depends on such factors as the group size, the level of change activity, and required reporting frequency.

ONLINE ENROLLMENT

Online Enrollment is recommended for employer groups of 2,000 employees or less. In some cases, it is also appropriate for larger groups who have multiple locations responsible for submitting enrollment and/or groups with minimal ongoing changes. Online Enrollment, a part of our web site, www.deltadentalmn.org, allows Benefits Administrators to view and apply daily additions, changes and terminations to the Delta Dental membership file. Please contact your marketing representative to obtain more information about using Online Enrollment.

ELECTRONIC ENROLLMENT

The Electronic Enrollment process is recommended for employer groups of 2,000 employees or more. Electronic Enrollment facilitates the transfer of enrollment information in a standard data format that increases data accuracy and decreases turnaround time. Please contact your marketing representative if you would like information on our implementation process and file format requirements.

PAPER ENROLLMENT

If Online or Electronic Enrollment are not options, we also accept enrollment and changes using enrollment forms. Delta Dental will provide Membership Enrollment and Membership Maintenance forms for your use.

Initial Enrollment

The group administrator should use the Membership Enrollment form (E01) to report eligibility for

- New hires.
- Employees who have not previously been covered under the group's dental plan through Delta Dental.
- Employees who waive coverage, when required.

Enrollment Changes

The group administrator should use the Membership Maintenance form (E02) to report changes and terminations of existing members, including

- Termination of employee and/or dependent coverage.
- Coverage type status changes (e.g., family coverage to employee only coverage; add or delete individual or dependent coverage).
- Employee name change.
- Employee change of address.
- Add or terminate COBRA continuation coverage.
- Change employee's group and/or sub-group.

When submitting either the Membership Enrollment or Membership Maintenance form, make sure to include

- Group Name and Telephone Number.
- Group Number and Subgroup Number.
- Employee Name, Social Security Number and Date of Birth.
- Employee Date of Hire.

- Employee Home Address (for new enrollments only).
- Dependent Name and Date of Birth.
- Coverage Effective and/or End Dates.

RETROACTIVE ELIGIBILITY POLICY

Enrollment requests should be submitted within 30 days of the effective date of a change. Requests received beyond 30 days are considered retroactive changes and may result in adjusted coverage dates. Because it is not always possible to submit changes within 30 days, Delta Dental provides a grace period for most enrollment changes. Delta Dental must receive requests within 90 days of the effective date of the change (60 Days for DeltaCare groups) to avoid adjusted coverage dates. Additional information on the Retroactive Eligibility Policy is provided below:

- Eligibility additions, changes and terminations are administered according to Contract Underwriting Limitations and the Retroactive Eligibility Policy.
- Retroactive additions and changes are explained below.
 - Accepted during a maximum 90-calendar day grace period from the effective date of change until the request is received by Delta Dental.
 - If claims were paid during the 90-day grace period, we will still honor the requested effective date if the request is received within 90 days of the effective date.
 - The following changes will not be held to the 90-day Retroactive Eligibility Policy limit.
 - * Subscriber moves between subgroups with no coverage level change.
 - * Subscriber adds dependent and is already enrolled with family coverage.
 - * Other changes that have no billing or claim impact, i.e., plan has one rate whether enrolled as single or family, etc.
 - * COBRA enrollments will be accepted up to a maximum 18 months from the date of the qualifying event. (i.e., employee terminates from group, dependent reaches plan limiting age, etc.).
- Retroactive termination dates are adjusted if a claim was benefited during the maximum 90-day grace period.
 - The termination date will be adjusted to the end of the month in which the claim was incurred for groups with an end of month termination provision.
 - The termination date will be adjusted to the day after the claim was incurred for groups that use an actual termination date.
 - If a group does not report terminations until after the 60 day COBRA enrollment period and the individual does not elect COBRA, the Retroactive Eligibility Policy applies and termination dates will be adjusted according to the above rules.
- It is the group's responsibility to oversee their TPA/COBRA vendor to insure the vendor administers their program in accordance with Delta Dental procedures including monthly reviews of subscriber lists.
- If an effective/termination date is adjusted because of the Retroactive Eligibility Policy the group will receive a letter or a phone call advising the date that was applied.

Example 1 - Request to Add Newly Hired Employee – Retroactive Addition

Employee Hire Date	12/09/02
Requested Coverage Effective Date	01/01/03
Date Enrollment Request Received	04/15/03
Adjusted Coverage Effective Date	02/01/03*

**The coverage effective date is adjusted to a maximum of 90 days from the date the request is received. Since the group has a first of the month enrollment provision, the effective date is adjusted to 02/01/03.*

Example 2 - Termination Request – Retroactive Termination

Employee Termination Date	08/06/02
Requested Termination Date	08/31/02
Date Request Received	12/20/02
Adjusted Termination Date	09/30/02* (Assumes no claims were paid.)

**The termination date is adjusted to a maximum of 90 days from the date the request is received. Since the group has an end of the month termination provision, the termination date is adjusted to 09/30/02.*

ADDITIONAL ENROLLMENT INFORMATION

- New enrollments, changes and terminations should be submitted within 30 days of employment or qualifying events, regardless of the eligibility waiting period.
- Incomplete forms or forms with conflicting information will be returned for correction and re-submission. Delta Dental will not retain a copy of any requests that are returned.
- Enrollment requests cannot be submitted on the billing Subscriber Listing and will not be processed.
- Prior approval is needed for use of non-Delta Dental printed enrollment/maintenance forms and/or employee listings. This also applies to COBRA reporting.
- Send all enrollment requests to the attention of the Enrollment Department. (See “Who To Contact.”)
- Review the billing Subscriber Listing on a monthly basis and submit any necessary changes using the appropriate forms. Changes that are received will be reflected on the next Subscriber Listing.
- Delta Dental generally completes enrollment requests within five business days of receipt.
- For unmarried children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order, participants and beneficiaries can obtain, without charge, a copy of procedures governing Qualified Medical Child Support Orders ("QMCSOs") from the Plan Administrator.

ENROLLMENT EMAIL PROCESS

For your convenience, certain types of eligibility changes, as identified in this section can be emailed to the Enrollment Department. Group and Benefit Administrators, who are responsible for reporting plan eligibility information, new hires, and employees waiving coverage, can use the enrollment email address.

- The email address should not be provided to subscribers. If subscribers send requests to this address, they will be asked to contact Customer Service or their employer.
- You may submit up to five individual enrollment maintenance requests per email. If you have more than five enrollment requests, you should use individual Membership Maintenance Forms or the Delta Dental Enrollment Worksheet that can be sent as an email attachment.
- The Enrollment Worksheet is an Excel spreadsheet that provides space for necessary information and promotes quality and efficiency in the processing of enrollment requests. To obtain a copy of the Enrollment Worksheet, send an email to memelig@deltadentalmn.org or call the Enrollment Department at (651) 406-5984 or (800) 928-6459.

Enrollment Email Request	Information to Provide – Based on the Type of Request
Information to Provide on ALL Email Requests	<ul style="list-style-type: none"> • Group Name • Group Number and Subgroup Number • Subscriber Name • Subscriber ID • Additional detail as appropriate for type of enrollment request
Enroll New Subscriber	<ul style="list-style-type: none"> • Name • Address • Date of Birth • Coverage Type • Date of Hire • Effective Date of Coverage • Dependent(s) Name • Dependent(s) Date of Birth • Full Time Student Status Age 19+
Terminate Coverage	<ul style="list-style-type: none"> • Coverage Termination Date (All enrolled members' coverage will terminate unless otherwise noted.)
Change Group Number and/or Subgroup Number	<ul style="list-style-type: none"> • New Group and/or Subgroup • Effective Date of Change
Change Subscriber Address	<ul style="list-style-type: none"> • New Address • City • State • Zip Code
Change/Correct Subscriber or Dependent Name	<ul style="list-style-type: none"> • Provide Incorrect and Correct Spelling of Name and Individual's Date of Birth
Change/Correct Subscriber ID	<ul style="list-style-type: none"> • Correct Subscriber Identification Number
Add Dependent Coverage	<ul style="list-style-type: none"> • Dependent Name • Date of Birth • Full Time Student Status Age 19+ • Qualifying Event
Terminate Dependent Coverage	<ul style="list-style-type: none"> • Dependent Name • Date of Birth • Coverage Termination Date • New Coverage Type (if applicable)
Full Time Student Status	<ul style="list-style-type: none"> • Dependent Name • Date of Birth • Full Time Student Through Date
All Other Types of Requests	<ul style="list-style-type: none"> • Use a Delta Dental Membership Enrollment or Maintenance Form

GROUP BILLING

Delta Dental sends all groups a statement for premiums or claims and administrative fees no less than once per month. This statement summarizes all membership activity for the group including all current and retroactive charges since the prior month's billing.

Group administrators are encouraged to pay the amount as it appears on the statement rather than making manual adjustments to accommodate enrollment additions or deletions. The Delta Dental billing system automatically makes the adjustment on the next month's billing for changes received. Please review your Subscriber Listing every month to confirm that all expected changes have been made. Manual adjustments made by the group administrator often result in inaccurate payment, make it more difficult for the Delta Dental billing staff to answer questions about the group's account and create past due balances.

In addition to receiving a statement, the group will also receive a monthly Subscriber Listing indicating enrollment changes made prior to the billing date, such as employee additions and deletions, effective date changes, and status changes. Using the Subscriber Listing, the group administrator can verify the names of covered employees and effective dates.

Billing schedules are mailed yearly to the groups indicating the date group statements will be mailed for the upcoming calendar year. The billing schedule is also included in the new group packet. If you need a copy, contact Employer Services.

FULLY-INSURED GROUPS

Statements are sent to fully-insured groups once per month and premium payments are due by or on the first of each coverage month.

Fully-insured groups receive the following reports with their bill.

- Statement, unless payments are made through ACH
- Subscriber Listing

SELF-INSURED GROUPS

Self-insured groups are billed for the claims checks issued during the previous billing period plus an administrative fee.

Self-insured groups receive the following reports with their bill.

- Statement, unless payments are made via ACH
- Subscriber Listing
- Invoice with the amount of claims and administrative fees due
- Claims Detail Activity Report

CONTINUATION OF COVERAGE (COBRA)

Groups are responsible for administering COBRA billing

TAKING A CLOSER LOOK AT THE BILL

THE STATEMENT

The statement summarizes activity that has occurred on the account during the billing period. The client should keep one copy for their records and the second copy should be returned with the payment. Groups that elect to pay premiums via ACH will not receive a statement. The following information is included on the statement.

- **Invoice Number:** Invoice number distinguishes each transaction and is referenced on the Subscriber Listing.
- **Transaction Date:** Date invoice was generated or date payment was received.
- **Transaction:** Type of transaction (i.e. Invoice, Debit Memo, Credit Memo or Payment).
- **Due Date:** Payment due date.
- **Reference:** Billing period for debit and credit memos and the check number or ACH reference for payments.
- **Transaction Amount:** Amount billed or payment applied to account.
- **Amount Due:** Balance due or cash unapplied for each amount billed.
- **Total Amount Due:** Total payment due including current and past due amounts.

THE SUBSCRIBER LISTING

The Subscriber Listing reports all individuals who were subscribers during the subscriber period noted on the upper right corner of the Subscriber Listing. Premium amounts (for fully-insured) or administrative fees (for self-insured) billed on a per subscriber basis are reported in the “Current Amount” and “Retro Amount” columns. The following information is included on the Subscriber Listing.

- **Account Number:** Uniquely identifies the bill.
- **Customer Reporting Number:** Six-digit group number, a four-digit sub-group number and a four-digit reporting number.
- **Last Name:** Subscriber’s (employee) last name.
- **First Name:** Subscriber’s (employee) first name.
- **Subscriber ID:** Subscriber’s (employee) identification number.
- **Effective Date:** Most recent enrollment change date (i.e. termination, coverage type, Customer Reporting Number).
- **Coverage Type:** Type of coverage (i.e. single, family etc.).
- **Current Amount:** Amount billed for each subscriber.
- **Retro Amount:** Amount billed or credited for previous subscriber periods as indicated below the subscriber’s effective date.
- **Total Amount:** Current and retroactive amount billed by coverage type.
- **COBRA:** Subscribers identified as enrolled for COBRA benefits.
- **Summary:** Per subscriber premiums (for fully-insured) or administrative charges (for self-insured) shown by total employee counts for each coverage type and any retroactive charges or credits.
- **Messages:** ACH debit dates or other messages are displayed.

THE INVOICE (SELF-INSURED GROUPS ONLY)

The invoice summarizes all amounts due for the current billing period, as designated by the subscriber and claims periods noted in the upper right corner of the invoice. The invoice provides total amounts due by Customer Reporting Number. The following information is included.

- **Customer Reporting Number:** Six-digit group number, a four-digit sub-group number, and a four-digit reporting number.
- **Number of Current Employees:** Total number of employees billed for each Customer Reporting Number.
- **Number of Claims:** Total claims processed during claim period.
- **Claim Amount:** Total dollar amount of claims processed during claim period.
- **Adjustment Amount:** Adjusted amount billed for claims or administrative fees including description (i.e. claims, percentage of claims).
- **Rate Amount:** Administrative fees due for each Customer Reporting Number including explanation of the calculation method used.
- **Total Amount:** Totals for each Customer Reporting Number and grand total due in the lower right box on last page.
- **Messages:** ACH debit dates and other payment messages, if applicable.

THE CLAIMS DETAIL ACTIVITY REPORT (SELF-INSURED GROUPS ONLY)

The Claims Detail Activity report lists all activity recorded during the claim period noted in the upper right corner. The following information is included.

- **Name:** Subscriber's last name and patient's first name.
- **Subscriber ID:** Subscriber's identification number.
- **Rel:** Code describes relationship of patient to subscriber.
EMP = Employee
SP = Spouse
DAU = Daughter
SON = Son
- **DOB:** Patient date of birth.
- **Claim Number:** Unique number assigned to each claim processed.
- **Date of Service:** Most recent date services were rendered.
- **Submitted Fee:** Amount billed by provider.
- **Patient Owes:** Amount patient owes provider including deductibles, coinsurance and office co-payments.
- **Plan Pays:** Amount Delta Dental paid for the services provided.

PAYMENT METHODS

AUTOMATED CLEARINGHOUSE (ACH)

Delta Dental recommends paying premiums or fees electronically through an Automatic Clearinghouse (ACH) debit to your bank account.

Benefits of using ACH

- The bill is paid electronically and conveniently.
- ACH eliminates the cost of writing and mailing checks.
- ACH eliminates the cost of lost, misdirected payments or mail delays, and ensures that bills are paid consistently each billing cycle.
- With ACH there is no worry about late payments or a lapse in coverage.
- ACH is safer than writing a check, as the customer has additional rights with the bank not available with a check.

If you have any questions, call Delta Dental Group Billing at (800) 906-4702 or (651) 406-5902.

To sign up for ACH, you must complete an Automated Clearinghouse Authorization Agreement (see Appendix A) and fax to (877) 201-7345 or (651) 406-5934 or mail to the following address.

Delta Dental of Minnesota
Attn: Group Billing
P.O. Box 9304
Minneapolis, MN 55440-9304

REMITTING PAYMENT BY CHECK

The client should provide payment support documentation with the check. The group is provided with two copies of the statement. One is for the client's records and one is provided to submit with payment.

When submitting payment by check, remit payment to:

Delta Dental of Minnesota
SDS 12-0944
P.O. Box 86
Minneapolis, MN 55486-0944



Appendix A

Self-Insured Groups

Automated Clearinghouse Authorization Agreement

Company Name _____

authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the **Total Amount Due** according to our Invoice / Statement. ACH will be taken on the 10th of each month. If the 10th is a weekend or holiday, ACH will be taken the next business day.

Group Number _____

ACH Effective Date _____



Bank Name _____

Bank Address _____

Bank Account Number _____

Type of Account Checking Savings

Bank Account Name _____

Bank Routing Number _____
 (between these symbols   on the bottom left of your check)

PLEASE INCLUDE A VOIDED CHECK

Authorized individual of the Account _____

Print _____

Signature _____ Today's Date _____

Title _____ Telephone Number _____

Questions? Please call our Billing and A/R Department at: 651-406-5902 or 1-800-906-4702

Please complete this form and fax to us at: 651-406-5934 or 1-877-201-7345.

or,

Please complete this form and mail to:

Delta Dental of Minnesota
ATTN: Billing and Accounts Receivable
P.O. Box 9304
Minneapolis, MN 55440-9304



Appendix B

Fully-Insured Groups

Automated Clearinghouse Authorization Agreement

Company Name _____

authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the **Total Amount Due** according to our Invoice / Statement. Premium will be taken on the first business day of each month.

Group Number _____

ACH Effective Date _____



Bank Name _____

Bank Address _____

Bank Account Number _____

Type of Account Checking Savings

Bank Account Name _____

Bank Routing Number _____
 (between these symbols   on the bottom left of your check)

PLEASE INCLUDE A VOIDED CHECK

Authorized individual of the Account _____

Print _____

Signature _____ Today's Date _____

Title _____ Telephone Number _____

Questions? Please call our Billing and A/R Department at: 651-406-5902 or 1-800-906-4702

Please complete this form and fax to us at: 651-406-5934 or 1-877-201-7345.

or,

Please complete this form and mail to:

Delta Dental of Minnesota
ATTN: Billing and Accounts Receivable
P.O. Box 9304
Minneapolis, MN 55440-9304