



A Reference Manual For Benefits Administrators



*Defining Value in
Oral Health Improvement*

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WELCOME TO DELTA DENTAL OF MINNESOTA

Thank you for choosing Delta Dental of Minnesota (Delta Dental). As one of the largest providers of dental benefits in the Upper Midwest, you can count on Delta Dental for world-class service, network savings, great coverage and worldwide access to emergency dental care.

By selecting Delta Dental, you have made a choice that will ensure the greatest economic value and the best dental benefits service to you, your employees and their families. Dental benefits, which focus on prevention and encourage regular checkups and cleanings, allow for early detection of oral disease and immediate access to appropriate care. This can greatly influence overall physical health and quality of life.

As the administrator for your employer's dental program, you fulfill an important role in ensuring that your company's employees understand their plan, and that Delta Dental accurately and efficiently serves your group. This manual includes guidelines, procedures and information on how you can work with Delta Dental to help us deliver the best possible service to your employees. If you have additional questions, please contact Delta Dental's Employer Services at (651) 994-5300 or (866) 318-9449. We look forward to working with you.

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		Phone: (651) 994-5300 or (866) 318-9449
<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 • ACH fund transfer set-up • Bill run schedules • Group premium payment • Questions on payment <p>Option 4 – Group Administrator & Broker Helpline</p> <ul style="list-style-type: none"> • Supply orders • Clarification of contract benefits • Clarification of claims • Broker questions on post-sale member benefits • Clarification of dentist network participation 	
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 • Enrollment Questions • 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 E-mail: eenrollment@deltadentalmn.org Phone: (651) 406-5984 or (800) 928-6459 • Paper Enrollment E-mail: memelig@deltadentalmn.org Phone: (651) 406-5927 or (800) 928-5713 	<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>	
Sales & Marketing (Self-insured, individually rated large groups of 100+ employees)		
<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>	
Sales & Marketing (community-rated groups with 5-199 employees)		
<ul style="list-style-type: none"> • Rates • Proposals • Renewals • Enrollment Meetings • Onsite education opportunities 	<p>Address: Delta Dental of Minnesota Attention: Delta Dental Connect 730 S. Broadway Gilbert, MN 55741</p> <p>Phone: (651) 406-5920</p> <p>Fax: (651) 406-5937</p> <p>E-mail: deltadentalconnect@deltadentalmn.org</p>	

WEB SITE

www.deltadentalmn.org

The primary focus of our Web site is to meet the needs of our subscribers, benefit administrators and dentists. In addition to being a resource for oral health care 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:*** Benefit 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 tips on a range of oral health care topics including children's oral health, how to handle dental emergencies, and how to choose the right dental care products.

UTILIZING THE SERVICES OF AN AGENT/BROKER

AGENT OF RECORD

An agent, also referred to as a broker, may represent your group and receive commission for the products sold to you. Delta Dental recognizes an Agent of Record when he or she is named in the Agent of Record section of the Master Dental Contract Application.

Before Delta Dental can release group-specific information to an Agent of Record acting on your behalf, we must receive written authorization. To designate an Agent of Record, send a letter of notification on your company's letterhead with the following broker information: name, agency name, address and phone number.

All Agents of Record are required to have a signed Business Associates Agreement in place. If your group changes agents, send a letter to Delta Dental on your company letterhead requesting a change in the Agent of Record and list the new Agent of Record's name, agency name, address, and phone number. The effective date of the Agent of Record change is the first of the month following the date of the change request. We will send a letter of acknowledgement to you, and copies of the letter to the new Agent of Record and the previous agent. Delta Dental will then copy your agent on all renewal mailings sent to you.

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.

If you utilize an agent, he or she will work with Delta Dental on your behalf to provide a variety of services and support, which may include:

- Providing you with the forms and information required to maintain plan eligibility.
- Reviewing completed forms for accuracy and working with you to obtain any missing information.
- Reading and understanding your group contract.
- Presenting renewal information to you at least 30 days before the effective date of contract renewal.
- Assisting you with open or re-enrollment if your contract allows.
- Ensuring that all enrollment forms completed by new subscribers at open enrollment, if applicable, reach Delta Dental at least 20 business days before the effective date of contract renewal.
- Assisting with claim and billing issues.
- Helping you to comply with ERISA and COBRA regulations.
- Notifying Delta Dental by fax, phone or mail if the designated benefit administrator or the group address changes.

RENEWALS & CANCELLATIONS

CONTRACT RENEWALS

Renewal letters are sent to you in accordance with the timelines established in the group contract. If you are using a broker, he or she will also receive a copy of your renewal notification.

If you choose to change your coverage at renewal, you or your broker 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 group in writing on company letterhead. 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 group contract and Master Dental Contract Application, the contract may be terminated. Delta Dental will notify the group and Agent of Record by letter.

Contracts Terminated for Non-Payment

When a payment is 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 employee groups of 2,000 or less. In some cases, it is also appropriate for larger groups who have multiple locations and/or groups with minimal ongoing changes. Online Enrollment, a part of our web site, www.deltadentalmn.org, allows you 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 employee groups of 2,000 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

You 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.

Enrollment Changes

You should use the Membership Maintenance form (E02) to report changes and terminations of existing group 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:
 - They are accepted during a maximum 90-calendar day grace period from the effective date of change to the date the request is received by Delta Dental.
 - The following retroactive changes are not 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, e.g., plan has one rate whether enrolled as single or family.
 - * COBRA enrollments will be accepted up to a maximum of 18 months from the date of the qualifying event (e.g., employee terminates from group, dependent reaches plan limiting age).
- 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.
- When unmarried children of the employee are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), participants and beneficiaries can obtain, without charge, a copy of procedures governing QMCSOs from the Plan Administrator.

ENROLLMENT EMAIL PROCESS

For your convenience, certain types of eligibility changes, as identified in the Email Enrollment Process can be emailed to the Enrollment Department. 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 at least once per month. This statement summarizes all activity for the group including all current and retroactive charges since the prior month's billing.

You 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 benefit administrator often result in inaccurate payment, make it more difficult for the billing staff to answer questions about the group's account and create past due balances.

In addition to receiving a statement, you 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, you 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 at (651) 994-5300 or (866) 318-9449.

FULLY-INSURED GROUPS

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

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

- Statement, unless premiums are paid through ACH.
- Subscriber Listing.

SELF-INSURED GROUPS

Self-insured groups are billed for the claims activity 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.

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:** This 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 (e.g. 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 subgroup number and a four-digit reporting number.
- **Last Name:** Subscriber’s (employee) last name.
- **First Name:** Subscriber’s first name.
- **Subscriber ID:** Subscriber’s identification number.
- **Effective Date:** Most recent enrollment change date (e.g. termination, coverage type, Customer Reporting Number).
- **Coverage Type:** Type of coverage (e.g. 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 (e.g. 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 forms at the back of this manual) 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

Please provide payment support documentation with your check. The group is provided with two copies of the statement. One is for your 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

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, health care clearinghouses and certain health care providers. Delta Dental is considered a health plan, as defined by HIPAA and therefore, must comply with the Privacy Rule. Our compliance scope is determined by the relationship we have with each employer or employer sponsored health plan.

SELF-INSURED PLANS (ASO ARRANGEMENT)

The HIPAA Privacy Regulation applies to all health plans, including ERISA group health plans sponsored by an employer.

As your Third Party Administrator for dental claims, we receive Protected Health Information (PHI) from employer sponsored health plans, thus making us a “Business Associate” of the plan. HIPAA requires us to have assurances in place that the PHI shared is handled appropriately. This is accomplished by signing and executing a Business Associate Agreement. This agreement must be in place for PHI to be used or disclosed for processing claims.

HIPAA also requires Delta Dental to send PHI only to designated contacts from each employer sponsored health plan. In addition, it requires the employer sponsored group health plan to amend its plan documents. The HIPAA Certification Form and Designated Contact Form must be completed and returned to Delta Dental. If Delta Dental doesn't have this form on file, we cannot send PHI to you. (Exception: we can send you summary health data, which is information on whether the individual is participating in or is enrolled in the group, or has un-enrolled.)

FULLY-INSURED PLANS (RISK ARRANGEMENT)

The group's sponsor (typically the employer) is not a covered entity under HIPAA and is not required to comply with the Privacy Rule. However, Delta Dental functions as a health plan and is required to comply. One of the HIPAA requirements includes providing a Privacy Notice to all subscribers. This is sent out directly from Delta Dental to the subscriber or is included as part of the Benefit Booklet.

Delta Dental will send the group sponsor summary health information and information on whether the individual is participating in or is enrolled in the group, or has un-enrolled from Delta Dental. If additional information is needed by the group sponsor, please contact Delta Dental directly. An authorization form must be completed by each individual and returned to Delta Dental prior to releasing specific PHI.



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 _____

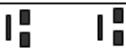
Bank Name _____

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 _____

E:Mail address _____

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

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. If billed monthly, 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. If billed weekly, ACH will be taken two (2) business after the invoice has been delivered/mailed.

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

E:Mail address

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