



Access For Agents Employer Services Portal

Streamline your benefits management process using the Employer Services Portal (ESP)!

- Easily manage your client’s eligibility – view, enter, edit, and cancel member eligibility in real-time.
- Access your client’s billing details and large client utilization reports.
- Delegate Employer Services Portal users for your company, maintain security levels for your users, and disable accounts when roles change or a delegated user leaves your organization.

Select a Super User within your company using the form below. This Super User will be able to set up and maintain your ESP accounts, enabling immediate access for your users. *(Each licensed agent may select an individual Super User or delegate one Super User for multiple agents)*

Agency Information			
AGENCY NAME		AGENCY TIN	
Super User Information			
NAME		TITLE	
EMAIL		PHONE NUMBER	
Licensed Agent Authorization			
<i>Note: This form must be signed by the Licensed Agent(s) within your organization to delegate access to the accounts corresponding to the Licensed Agent(s) listed below. Signatures signify that you are authorized by our Customer to access and perform administrative services on their behalf.</i>			
LICENSED AGENT'S NAME	LICENSED AGENT'S SIGNATURE	NPN #	DATE
LICENSED AGENT'S NAME	LICENSED AGENT'S SIGNATURE	NPN #	DATE
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LICENSED AGENT'S NAME	LICENSED AGENT'S SIGNATURE	NPN #	DATE

Delta Dental of Minnesota will send your delegated Super User an email with further registration information and instructions. Please send completed form to:

BrokerSuperUser@DeltaDentalMN.org

If you have any questions, please contact the Portal Support Team at 1-866-398-9480.

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OBLIGATIONS: Agency Administrator acknowledges the confidential nature of billing, enrollment or subscriber information included in the Employer Services Portal (ESP) and that such information includes Protected Health Information (PHI) as that term is defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Agency Administrator agrees to do the following:

- a) Use and disclose the information provided through the ESP, including PHI, in compliance with all applicable law and regulations including but not limited to HIPAA;
- b) Notify all employees who have access to billing or enrollment information of the necessity to maintain the confidentiality of such information and to comply with applicable confidentiality laws;
- c) Ensure that only those individuals who require access to ESP to administer the plan functions are delegated access;
- d) Utilize the ESP and any PHI in accordance with Agent's Business Associate Agreement with the Client and Delta Dental of Minnesota and/or DDMN ASO, LLC

TERMINATION: This agreement shall continue in effect until Agency Administrator ceases using the ESP or terminates his or her agent relationship with the client.