



Delta Dental of Minnesota

A Reference Manual For Group Administrators

A guide to working with Delta Dental of Minnesota



Welcome to Delta Dental of Minnesota

Delta Dental of Minnesota (Delta Dental) is excited to be your partner in providing quality dental benefits to your employees. 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 health and quality of life. Your partnership with Delta Dental means that you can provide your employees and their families a broad range of products and services, as well as economic value and best in class customer service.

Delta Dental plans offer the Power of...

Savings through effective dentist networks:

The Delta Dental PPO™ and Delta Dental Premier® Networks are two of the largest dentist networks across the state, and the country, and with claims paid in-network there is greater savings to members.

Measurably superior customer service:

98% customer retention year after year due to member satisfaction, accurate and timely claims processing and attentive customer service.

Stability, consistency and flexibility:

Delta Dental offers a variety of plan options for small and large groups as well as individual and family dental plans that are tailored for the needs of our unique customers.

This manual includes guidelines, procedures and information on how you can work with Delta Dental to help us deliver the best possible service to you and your employees.

We look forward to working with you!

We are here if you need us

Employer Service Numbers

Group Admin

Group admin menu options:

- Enrollment
- Billing
- Benefits & Eligibility
- Claims
- Portal support

Phone: (866) 318-9449

Billing: AR@deltadentalmn.org

Enrollment: eligibility@mydeltadental.com

Broker: Delta Dental Connect MN/ND

Broker menu options:

- Sales support
- commissions
- Toolkit / Portal support
- All other inquiries

Phone: (800) 906-5250

Sales Services: DeltaDentalConnect@deltadentalmn.org

Brokers calling on behalf of Group Admin:

- Enrollment
- Billing
- Benefits & Eligibility
- Claims
- Toolkit/ Portal support
- All other inquiries

Customer Service

- Benefits and Eligibility
- Claim Status, Payment, and Adjustments
- Provider Information
- EOB Explanation
- Material Requests
- Website Inquiry
- Address Changes
- Mailing Address

Address: Refer to ID card

Phone: Refer to ID card

Sales and Support - Small Business

- Rates
- Proposals
- Renewals

Phone: (800) 906-5250

Address: Delta Dental of Minnesota
500 Washington Ave. South, Suite 2060
Minneapolis, MN 55415

Sales and Support Large Groups (Custom risk and self-funded for groups 100+)

- Requests for proposals
- Individually rated plans and pricing
- ASO
- Account services

Address: Delta Dental of Minnesota
500 Washington Ave. South, Suite 2060
Minneapolis, MN 55415
Phone: (800) 328-1188

DentalDentalMN.org

The primary focus of our website is to meet the needs of our subscribers, group administrators and dentists. In addition to being a resource for oral healthcare needs, we also have several customer service resources to save time and money. Features include:

Benefits Inquiry:

Dental offices can access information on their patients' eligibility, frequency information for common procedure codes and information for individuals and families.

Claims Inquiry:

Members and dental offices can view claims information including: date of service, procedure detail, deductibles, amount submitted, approved, allowed, claim status and payment details.

Eligibility Inquiry:

Members and dental offices may 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 records for their groups and subgroups, as well as to create system-generated summary reports of daily activity. For more information about our employer portal capabilities, see our online portal overview.

Oral Health Care Information:

Find the latest in oral health information, fun contests and dental news you can use on our website, blog and by connecting with us on Facebook, Twitter, LinkedIn, Instagram, and YouTube.



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 as defined by HIPAA is considered a health plan and 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 and 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.

Community/Pooled Rated Fully Insured Implementation Process

The group implementation process begins when Delta Dental receives a complete and accurate application package, outlined in the checklist below. Please submit the Master Dental Contract Application and completed Membership Enrollment forms at least 30 days prior to the effective date of the contract.

New Group Checklist

- 1. Master Dental Contract Application**
 - Complete all sections of the form.
 - Signed by group administrator.
 - Signed by Agent of Record.
 - Group administrator keeps a copy for his or her files.

- 2. Enrollment Forms**
 - 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).
 - “Other insurance carrier” information completed for employees who waived coverage for themselves and/or their eligible dependents.
 - All applicable sections of the form completed and legible.
 - Employee signs the form.
 - Group administrator provides requested dates, group name, group and subgroup numbers, signature, date, and phone number.
 - Total number of enrollment forms equals the number of eligible employees reported on the Master Dental Contract Application.

- 3. Services Portal Super User Access Request Forms**
 - Complete and return access form to identify your group’s Super User for access to the Delta Dental Services Portal.
 - Super Users may then grant access to additional users within their organization.

- 4. Most Recent Billing Statement (Community/Pooled Business)**
 - If the group currently has dental coverage and would like to be considered for rates “with prior coverage,” include a copy of the most recent billing statement from the current carrier.

- 5. Medical Plan Billing Statement**
 - Include a copy of the latest medical plan’s billing statement, if enrollment in the dental program is locked to medical coverage.

- 6. ACH Authorization Agreement**
 - Include the ACH Agreement, if the group is paying by ACH. (See the “Payment Methods” section for all the benefits of paying via ACH.)
 - Complete all sections of the ACH agreement.
 - Include a voided check.
 - ACH agreement signed by the group administrator or an authorized representative.

- 7. Deposit Premium**
 - 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.)
 - 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
 - Delta Dental Connect
 - 500 Washington Ave. South, Suite 2060
 - Minneapolis, MN 55415

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 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 Groups Receive:

1. Group Contract

Read the group contract so you're familiar 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.

- Client Name
- Client 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 Implementation Process

For our individually rated plans, an Implementation Coordinator will be assigned and will reach out to schedule an implementation meeting or call. The Implementation Coordinator will provide a Master Application and New Customer Checklist, which will be reviewed during the meeting. The Implementation Coordinator will update the documents following the meeting and send them back to the meeting attendees for final review. The documents listed below will need to be returned to the Implementation Coordinator to begin the internal set up process.

New Group Checklist

1. **Master Dental Contract Application**
 - Signed by group administrator
 - Signed by broker
2. **New Customer Checklist**
 - Signed by group administrator
3. **Enrollment**
 - Enrollment Forms
 - Delta Dental will provide Membership Enrollment forms for your use.
 - Enrollment Spreadsheet
 - Delta Dental will provide the required template format.
 - Electronic Enrollment
 - The set up time for an Electronic Enrollment file is approximately 6-8 weeks.
 - The Implementation Coordinator will provide an Electronic Enrollment Requirements document that will need to be completed by the group and vendor in order to being the set up process.
4. **Services Portal Super User Access Request Forms**
 - Complete and return access form to identify your group's Super User for access to the Delta Dental Services Portal.
 - Super Users may then grant access to additional users within their organization.
5. **Medical Plan Billing Statement**
 - Include a copy of the latest medical plan's billing statement, if enrollment in the dental program is locked to medical coverage
6. **ACH Authorization Agreement**
 - Include the ACH Agreement, if the group is paying by ACH.
(see the "Payment Methods" section for all the benefits of paying via ACH.)
7. **Deposit Premium (Fully Insured Only)**
 - Include a check made payable to Delta Dental of Minnesota for the first month's premium.
(the amount is based on the quote provided in the proposal.)
8. **HIPAA Documents (Self-Insured Only)**
 - HIPAA Designated Contact Form
 - Business Associate Addendum

Submit above documentation via email to your Implementation Coordinator. Documents can also be mailed to:

Delta Dental of Minnesota
Sales and Marketing
500 Washington Ave. South, Suite 2060
Minneapolis, MN 55415

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 information, we enter the data in our claims and administrative systems and complete the post-sale underwriting. Once the set-up is complete, Delta Dental will send the following materials:

Individually Rated Plans Receive:

1. **Group Contract**

Please read the group contract so you're familiar 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.

- Client Name
- Client 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 employee's home or 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 you choose to change coverage at renewal, you 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 Canceled by the Group

Any request to cancel coverage must be received 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 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

Submitting Information About Your Members

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: online, electronic, or paper.

Anyone who meets the eligibility requirements outlined in your Delta Dental contract is eligible to enroll in your dental plan.

Remember, retroactive updates to eligibility are limited to 90 days from Delta Dental's date of receipt. Retroactive termination will not be made when claims have been paid after the requested date of termination. Members' coverage can only be terminated after the date of any dental services that have been paid under your plan.

Additionally, it is important to remember that any changes to eligibility will appear on your invoice based on eligibility cutoff dates. You can find a list of cutoff dates for each month at DeltaDentalNE.org/Resources/Employer-Resources. Any eligibility changes made after the cutoff dates will appear on a future invoice; we are unable to rebill an invoice that has already been created.

Submitting Information via Electronic File

Electronically submitting information about your members is the most efficient and effective method. Electronic submission is fast and secure, and reduces the chances for human error. When we load the information into our system, it automatically enrolls new members and makes changes to existing members, including terminations.

If you are interested in submitting information electronically, please contact your Delta Dental representative for more information.

Submitting Information Online in Real Time

Our Services Portal provides secure, immediate access to information about your members. With our portal toolkit, you can view and change member information in real time. See additional information for registration on pages three and four of this guide.

Submitting Information on Paper

Clients with less than 100 subscribers have the option to enroll new members or make changes to existing member information by filling out and submitting an Eligibility Enrollment/Update form. A copy of our paper enrollment form can be found on our website under Employer Resources.

A few quick hints for submitting paper changes:

- Make sure your organization's (client) name and Delta Dental client-subclient number are at the top of the form.
- Review the form for accuracy and completeness before submitting.

Please email or mail the original completed form to:

eligibility@mydeltadental.com

Please do not send any member information changes with your billing statement or payment, as the changes may be missed.

Submitting COBRA Information

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) includes a provision that requires most employers to offer extended dental coverage to qualified beneficiaries who are losing their group coverage. Beneficiaries are responsible for the cost of this coverage.

If a member elects to continue coverage under COBRA, the member's information must be updated. You can update COBRA information using any of the methods described earlier. When COBRA coverage expires, the member's coverage should be terminated.

If a spouse or dependent child elects to continue coverage under COBRA due to a qualifying event such as divorce or death, you will need to enroll that individual as a new subscriber under his or her own Social Security number or member ID.

Enrollment Email Process (without forms)

Changes can be sent to eligibility@mydeltadental.com, please be sure to include all information needed to process your request accurately.

For all requests, please include:

1. Client Name
2. Client and SubClient Number
3. Subscriber First and Last Name
4. Subscriber ID (Full)
5. Effective date of change MM-DD-YYYY (For terminations, please include actual cancel/termination date)

In addition to the above please include the following for these specific changes:

Enrolling a New Subscriber

- Address (Apt/Unit#), City, State, Zip Code
- Date of Birth MM-DD-YYYY
- Date of Hire MM-DD-YYYY

Enrolling Dependents

- Dependent First and Last Name
- Dependent Date of Birth MM-DD-YYYY

Canceling Coverage – subscribers and dependents

- If subscriber cancels, all other dependents automatically cancel.
(For surviving dependents-new enrollment is required)

Canceling Coverage – dependents only

- Dependent First and Last Name
- Dependent Date of Birth MM-DD-YYYY

Changing/Correcting a members name or ID

- Incorrect Current and updated information and Date of Birth MM-DD-YYYY

Please note:

This email address should not be provided to subscribers. It is reserved for client administrators and their brokers to update eligibility information for their members. For requests exceeding 5 changes, please utilize our One Time Load Process or submit enrollment forms.

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 ensure 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	12/9/19
Requested Coverage Effective Date	1/1/20
Date Enrollment Request Received	4/15/20
Adjusted Coverage Effective Date	2/1/20

*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 02/01/20.

Example 2: Termination Request – Retroactive Termination

Employee Termination Date	8/6/19
Requested Termination Date	8/31/19
Date Request Received	12/20/19
Adjusted Termination Date	9/30/19

(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 09/30/19.

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.
- 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.
- If you have 20 or more changes, our system allows for an upload of a spreadsheet in a pre-defined format, saving time and ensuring accuracy. For more information, please contact your Delta Dental representative.
- 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.



Group Billing

Delta Dental sends all groups an invoice for premiums or claims and administrative fees. 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.

In addition to the invoice, the group may access their supporting Subscriber Listing on the Services Portal 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. 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.

Billing schedules are available at DeltaDentalMN.org. The billing schedule is included in the new group packet. If you need a copy, contact Employer Services.

Fully Insured Groups

Invoices 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.



Payment Methods

Automated Clearing House (ACH)

Delta Dental recommends paying premiums or fees electronically through an Automated Clearing House (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 Clearing House Authorization Agreement (see Appendix A and B) and email to AR@deltadentalmn.org or mail to the following address.

Delta Dental of Minnesota
Attn: Accounts Receivable
500 Washington Ave S
Minneapolis, MN 55415

Remitting Payment by Check

Please provide payment support documentation with your check. You will be 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
NW5772
P.O. Box 1450
Minneapolis, MN 55485-5772





DIRECT DEBIT AUTHORIZATION VIA ACH (Automatic Withdrawals)

Delta Dental of Minnesota

Client Name: _____

Client Number: _____

Client Sub-location Number(s): _____

Effective Date: _____

Financial Institution Information:

Bank Name: _____

Bank Address: _____

ABA (Routing) Number: _____

Account Number: _____

Type of Account: _____

I hereby authorize Delta Dental, subsidiaries, and affiliates to initiate automatic withdrawals (ACH) from the account indicated above in accordance with my underlying contract with Delta Dental and Delta Dental's ACH processing policies. I understand that I am responsible for any fees incurred due to the ACH being rejected or returned for any reason by my bank and collection action may be taken.

This authorization will remain in full force and effect until Delta Dental has received written notification from me of its termination in such time as to afford Delta Dental and the Financial Institution a reasonable opportunity to act on it, or until all of my payment obligations under the contract have been satisfied.

Should you have any questions regarding your Direct Debit (ACH) Instructions, please contact the Accounting Department at 1.800.906.4702 or AR@deltadentalmn.org

Mailing address: 500 Washington Avenue So, Suite 2060, Minneapolis, MN 55415

Office hours are Monday through Friday, 8 a.m. to 5 p.m. CST.

Authorized Signature: _____ Date: _____

Printed Name: _____ Phone Number



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www.DeltaDentalMN.org



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