



A Reference Manual For Benefits Administrators



*Defining Value in
Oral Health Improvement*

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ABOUT THIS MANUAL

This Group Administration Manual has been developed for group administrators and their staff who have purchased dental benefit programs through Delta Dental of Nebraska.

The purpose of this manual is to provide quick and easy access to information about the administrative processes that if followed, will result in exceptional customer service to your company's employees. As procedures change or are updated, Delta Dental will send you revisions.

The manual is organized around the following key topics:

- Working with Delta Dental
- Initial Group Installation
- Group Maintenance
- Membership Maintenance
- Billing

WORKING WITH DELTA DENTAL

YOUR ROLE AS GROUP ADMINISTRATOR

It is only through a strong partnership with you and your broker that Delta Dental is able to provide the highest quality service to you and your employees.

As a group administrator for your employer's dental program, you fulfill an important role in ensuring that your company's employees and their dependents understand their plan and that your group is accurately served by Delta Dental. The following is a list of your responsibilities:

- Read this manual to become familiar with Delta Dental's policies and procedures. We are committed to providing the best possible service to you and your group. Compliance with these procedures goes a long way to ensure that the right department gets the information they need to serve you best.
- Read and understand your group's contract with Delta Dental, and the employee benefit booklet.
- Assist employees with completing the Membership and Enrollment and Maintenance Forms completely, accurately and in a timely manner.
- Review the Subscriber Listing each month to determine that member eligibility is correct. (This is addressed in the Billing Section of this manual.)

USING A BROKER

A Broker of Record, sometimes referred to as an insurance agent, represents your group and receives commission for the products sold. A broker is recognized by Delta Dental when he or she is indicated as such on the Broker of Record section of the Master Contract Application that you sign when you complete an application for dental coverage.

Your Broker's Role

- Your broker will work with Delta Dental on your behalf to provide a variety of services and support. These services may include the following:
 - Provide you with the form required to maintain eligibility in the plan and explain how to complete it, if necessary.
 - Review forms for accuracy and completeness. Your broker will work with you as required to obtain any missing information. This effort will be rewarded in fewer delays and a more accurate installation of new enrollment.

- Read and understand your group contract. Delta Dental includes your broker on all mailings sent to you.
- Present renewal information to you at least 30 days before effective date of the date the contract is renewed.
- Work with your group and Delta Dental as necessary with open or re-enrollment, if applicable.
- Ensure that all enrollment forms completed by new members at open enrollment, if applicable, reach Delta Dental at least 15 days before the effective date of the contract.
- Assist the group and Delta Dental in resolving claim and billing issues.
- Assist you with compliance of ERISA and COBRA regulations.

Broker of Information

Before Delta Dental can release group-specific information to a Broker of Information acting on behalf of your group, we must receive written authorization from the designated group administrator. Please send this authorization to DDNE in Omaha.

Changing your Agent of Record

If you change brokers, please send written notification to Delta Dental indicating the new broker's name and address, the date the change is effective, as well as who commission checks should be made payable to.

We will send you a letter acknowledging your request and send a copy of the letter to the new broker as well as the previous broker.

Send notification of your change of broker to your **Delta Dental representative**.

INITIAL GROUP INSTALLATION

Once you and the employees of your company have completed all the necessary application forms, all group and member information will be entered in the Delta Dental systems. During the installation process you will be sent written materials to review and possibly return to Delta Dental.

INFORMATION YOU WILL RECEIVE DURING INSTALLATION

During initial installation, Delta Dental will send you the following material:

- The group contract
Please read it to familiarize yourself with the benefits provided by your dental program, and other information such as renewal notice periods, and cancellation/termination provisions.
- Employee benefit booklets
- Employee benefit summary page
For pooled groups, Delta Dental will send you **standardized member benefit booklets and one-page benefit summary pages** for the product purchased by your group.
For individually rated groups, Delta Dental will create a customized booklet to describe the benefits in your group plan. During the group installation process, you will be sent a booklet proof for review and approval. After we receive your approval, it will be sent out for final printing. You will then receive copies of this booklet for distribution to employees.
Normally we send you an additional supply of booklets and summary pages as there are enrollees to accommodate employee requests for additional booklets.
- Identification cards
For pooled groups, ID cards will be mailed to the group administrator for distribution. The Delta Dental of Nebraska group ID cards will be pre-printed with the group name, number, employee's name and alternate ID number.

GROUP MAINTENANCE

RENEWALS

You will be given at least a 30 day notice of new rates or benefit changes at renewal time. Your broker will receive the copies and in turn will deliver your renewal notification to you.

If you choose to change or cancel your coverage at renewal, you or your broker must notify Delta Dental in writing at least 15 days before the renewal date.

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

CONTRACTS CANCELED BY THE GROUP

Please review your group contract for specific information about canceling your group's coverage. A brief summary of the cancellation provisions are described below:

- a) If your group wants to cancel their contract as a result of a proposed rate increase, the contract requires you to submit a written notice to Delta Dental 15 days prior the contract expiration date.
- b) If your group wants to cancel their contract for any other reason, the contract requires you to submit a written notice to Delta Dental 30 days prior to the contract expiration date.
- c) If your group wants to cancel their contract at any time other than the contract renewal date, the contract allows Delta Dental to compare the amount of premiums paid from the contract effective date to the date of termination with the amount of claims paid since the effective date of the contract to the termination date plus 25% of the total amount of the claims and charge you for the greater of these two amounts. Note: This does not apply to self-insured clients.

CONTRACTS CANCELED BY DELTA DENTAL

By Underwriting:

If your group does not meet underwriting guidelines, the contract may be canceled. Delta Dental will notify you through your broker by letter.

For Non-Payment:

For fully insured pooled groups, when a payment is 15 days overdue, Delta Dental will send a notice informing you that the account is delinquent and claims will not be processed until payment is received.

For individually rated groups, Delta Dental will contact you directly and request a payment.

Delta Dental will give the group a 30 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 to you informing you if payment is not received in 10 days, the group contract will be canceled. Your broker will also receive a copy of this letter.

MISCELLANEOUS CHANGES

Change of Address – Group

If your group has a change of address, please inform your **Delta Dental representative** by fax or mail.

Change of Group Administrator

Please report all changes of group administrator to your **Delta Dental representative** by fax or mail.

MEMBERSHIP MAINTENANCE

As a result of our effort to simplify the number of forms required to communicate eligibility changes to Delta Dental, we have created one form for initial enrollment and one form for all membership maintenance.

MEMBERSHIP ENROLLMENT FORM

Note: In all of the following examples you will need to complete the Employer Section at the bottom of the Membership Enrollment Form.

INITIAL ENROLLMENT

Each employee completes an enrollment form which includes his or her name, address and Social Security number. If family coverage is purchased by the company, include dependent names, birthdates and Social Security numbers (Part C of enrollment form).

As new employees are added throughout the year, a completed enrollment form must be submitted. This form must be returned to your **Delta Dental representative**.

PART F: BENEFIT WAIVER

The enrollment form must be fully filled out even if employee is waiving dental benefit coverage. This section must also be completed if the employee wishes to waive benefits for their dependent(s) and is choosing single coverage. If an employee is waiving coverage either for him- or herself or dependents, Part D - Other Coverage must also be completed.

MEMBERSHIP MAINTENANCE FORM

Note: In all of the following examples you will need to complete the Employer Section at the bottom of the Membership Maintenance Form.

This form is to be used for making changes to current coverage, such as deleting or adding employees/dependents, or changing coverage (single to family or family to single). This form is also used for name changes, termination of employee/dependent (employee is still employed by you) and indications of employee/dependent opting for COBRA.

ENROLLMENT CHANGES

After your group is initially enrolled and subsequent changes are made, the group administrator needs to send the Membership Maintenance Form to Delta Dental.

Termination of Coverage of an active employee: Sections A & B must be completed for employees who wish to be terminated.

Terminating Dependent Coverage or if there is a change of coverage: When a dependent is terminating coverage, be sure Sections A, B.4 a, b, c and C are completed by the employee.

CONTINUATION OF COVERAGE (COBRA)

(For COBRA qualified Employer Groups only.)

COBRA regulations allow employees and their dependents to continue their dental coverage for a specified period of time after a qualifying event has occurred. If the employee or his or her dependents choose to continue coverage through COBRA, it will be effective on the day following the qualifying event so there is no break in coverage.

When an employee or his or her dependents choose to continue coverage through COBRA, you should follow these steps:

- Have the employee complete and sign the applicable sections of the Membership Maintenance Form (*Sections A, D*).
- If the employee has family coverage, the dependents will automatically have benefits extended without providing further information.
- Include the qualifying event. Qualifying events are described in your group contract.
- For each dependent continuing coverage, please also include the name, date of birth and Social Security number.
- Complete the Employer's Section.

MEMBER BENEFIT BOOKLETS AND IDENTIFICATION CARD REQUESTS

During group installation, Delta Dental will send you additional booklets so you can provide them to new hires or fill employee requests. Members can also contact Customer Service if they require additional identification cards or employee booklets.

BILLING

Delta Dental sends all groups a bill for premiums or fees no less than once a month. Group administrators are encouraged to pay the full amount as it appears on the bill rather than making any manual adjustments to accommodate eligibility additions or deletions. By allowing the billing system to reconcile the account, fewer errors are made and the billing staff is better able to answer any questions you may have about your bill.

Each month you will receive a subscriber listing which indicates eligibility changes made to the account, such as employee additions and deletions, and changes in coverage. Please carefully review your subscriber listing each month to verify the names of covered employees, effective dates, and rates.

For eligibility changes to be reflected on the next subscriber listing, the following must be received by Delta Dental:

- For fully insured groups, eligibility changes must be received by the 5th of the month.
- For self-insured groups, eligibility changes must be received by the 15th of the month.

FULLY INSURED

Bills are sent to fully insured groups monthly, and are due on the 1st of each month.

Fully insured groups receive the following reports in their bill:

- A statement
- A subscriber listing

SELF-INSURED

Self-insured groups are billed either monthly or weekly for the claims paid during the previous month/week, and the bill includes the administrative fee.

Self-insured groups receive the following reports in their bill:

- A statement
- A subscriber listing
- An invoice with the amount of claims and administrative fees due
- The Claims Detail Activity Report

The reports included in the bill were summarized in the previous section. This section provides details about each of the reports:

TAKING A CLOSER LOOK AT THE BILL

The Statement

The statement summarizes activity that occurred on the account during the billing period. The group administrator should keep one copy for his/her records, the other should be returned with the payment.

The following information is on the statement:

Invoice Number - Each transaction is distinguished by an invoice number. This is the invoice number referenced in the subscriber listing. For payments, this is the invoice to which the payment was applied.

Transaction Date - This is the date the invoice was generated or the date the payment was received.

Transaction - Type of transaction: Invoice, Debit Memo, Credit Memo, or Payment.

Due Date – Payment due date.

Reference - A reference to describe the transaction. For invoices, debit and credit memos, this is the billing month and year. For payments, it is the check number.

Transaction Amount - The amount billed or payment applied to the account.

Amount Due - The balance due or cash unapplied for each amount billed.

Total Amount Due - The total payment due. This includes 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 on the subscriber listing:

Account Number – This uniquely identifies the bill.

Customer Reporting Number - This number is comprised of a six digit customer number, a four digit benefit package number, and a four digit reporting number. Currently, the last two segments show the same numbers.

Last Name – The last name of the subscriber (employee).

First Name – The first name of the subscriber (employee).

Ref # - “Masked” social security number of the subscriber (employee).

Subscriber ID - The Alt ID of the subscriber (employee).

Effective Date - The effective date of the subscriber's coverage for the coverage type listed within the customer reporting number. The date may be the effective date of the customer reporting number, or if coverage has been terminated, it is the termination date.

Coverage Type - Type of coverage, such as family or single.

Current Amount – The current amount billed for the subscriber.

Retro Amount - The amount billed or credited for previous subscriber periods. The retroactive period is listed below the subscriber's effective date.

Total Amount – Total current and retroactive amount billed by coverage type.

COBRA - COBRA employees are listed in a separate section after the list of active employees.

Summary - A summary of per-subscriber premium (for fully insured) or administrative charges (for self-insured). This includes total employee counts by coverage type as well as current and retroactive per subscriber administrative charges for each coverage type. A page with the grand totals is printed separately at the end of this listing, if you have multiple customer reporting numbers.

The Invoice

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 invoice is sent to self-insured groups only.**

The following information is on the invoice:

Customer Reporting Number - This number is comprised of a six digit customer number, a four digit benefit package number, and a four digit reporting number. Currently, the last two segments show the same numbers.

Number of Current Employees - Total number of employees billed for each Customer Reporting Number.

Number of Claims - Total number of claims processed during this claim period.

Claim Amount - Total dollar amount of claims processed during this claim period, net of any claim adjustments.

Adjustment Amount - Adjusted amount billed for claims or administrative fees. Each adjustment will have a description of the type of adjustment being made (e.g., claims, percentage of claims).

Rate Amount - Administrative fees due for each Customer Reporting Number. Each fee is listed separately with an explanation of the calculation method used.

Total Amount - Total for each Customer Reporting Number. The grand total amount due is on the last page of the invoice in the lower right box.

Messages - On the bottom of the last page of the invoice, ACH debit dates, or other payment messages are displayed, if applicable.

The Claims Detail Activity Report

The Claims Detail Activity Report lists all activity recorded during the claim period noted in the upper right corner. This report is sent to self-insured groups only.

The Claims Detail Activity provides the following information:

Customer Reporting Number: This number is comprised of a six digit customer number, a four digit benefit package number, and a four digit reporting number. Currently, the last two segments show the same numbers.

Name - The subscriber's last name is provided to associate the patient to one of the group's employees. The patient's first name indicates who received the services.

Ref # - "Masked" social security number of the subscriber (employee).

Subscriber ID - The Alt ID of the subscriber (employee).

Rel - The code used to describe the relationship of the patient to the subscriber:

EMP Employee

SP Spouse

DAU Daughter

SON Son

DOB – The date of birth of the patient.

Claim Number - Delta Dental's internal reference number. Please refer to it when making claim inquiries.

Date of Service - The date the last service on the claim was provided.

Submitted Fee - The amount billed to Delta Dental by the provider.

Patient Owes - This is the amount the patient owes the provider considering deductibles, coinsurance, and office co-payments. When the patient sees a participating provider, this amount excludes the difference between the amount submitted by the provider and the total approved amount.

Plan Pays - The amount Delta Dental paid for the services provided.