

Reference Manual for Group Administrators



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WELCOME TO MEDICA DENTAL

Thank you for choosing Medica Dental, administered and underwritten by Delta Dental of Minnesota. By selecting Medica, you have made a choice that will ensure economic value and the best dental benefits service for 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 Medica accurately and efficiently serves your group. This manual includes guidelines, procedures and information on how you can work with us to deliver the best possible service to your employees. We look forward to working with you.

Delta Dental is a registered mark of Delta Dental Plans Association ("DDPA"). Delta Dental of Minnesota is an independent nonprofit dental services company and is an authorized licensee of the Delta Dental Plans Association of Oak Brook, Illinois. Medica is not an authorized licensee of DDPA. Nothing contained in this statement or set forth in this document, is in any way meant to imply or suggest that any of Medica's products or services are, in any way, sponsored, approved, endorsed or recommended by DDPA.

WHO TO CONTACT

Administered and Underwritten by Delta Dental of Minnesota

MEMBER CUSTOMER SERVICE	
<ul style="list-style-type: none"> • Coverage Questions • Claim Status • General Information 	Phone: (800) 981-8125 or (651) 406-5914 (8 a.m. – 4:30 p.m. CST)
	Hearing Impaired (TDD): (888) 853-7570 (8 a.m. – 4:30 p.m. CST)
CLAIM SUBMISSION	
	Address: Medica Dental Claims P.O. Box 1519 Minneapolis, MN 55440-1519
ENROLLMENT DEPARTMENT	
<ul style="list-style-type: none"> • New Enrollments • Terminations • Changes 	Address: Medica Dental - Enrollment P.O. Box 330 Minneapolis, MN 55440-0330
	Phone: (800) 928-6459 (8 a.m. – 4:30 p.m. CST)
	Fax: (800) 821-5946
	E-mail: menroll@deltadentalmn.org
ACCOUNTS RECEIVABLE/BILLING	
<ul style="list-style-type: none"> • Billing Questions • Requests for Copies of Bills 	Phone: (800) 906-4702 or (651) 406-5902 (8 a.m. – 5 p.m. CST)
	E-mail: billing@deltadentalmn.org
<ul style="list-style-type: none"> • Groups Paying by Check 	Remittance Address: Delta Dental of Minnesota N.W. 5772 P.O. Box 1450 Minneapolis, MN 55485-5772
APPEALS	
	Address: Medica Dental Attention: Appeals Unit P.O. Box 551 Minneapolis, MN 55440-0551
SALES & MARKETING - MEDICACONNECTSM (COMMUNITY RATED BUSINESS)	
<ul style="list-style-type: none"> • Rates • Proposals • New Business Implementation • Renewals/Amendments • Contract Questions/Changes • Product Information 	Address: Medica Dental Attention: MedicaConnect 730 South Broadway Gilbert, MN 55741
	Phone: (800) 641-0631 or (651) 994-5221 (8 a.m. – 5 p.m. CST)
	Fax: (866) 933-7628 or (651) 994-5417
	E-mail: mconnect@deltadentalmn.org

DENTAL BILLING AND ENROLLMENT WEB SITE

The primary focus of our Web site is to meet the needs of our subscribers, benefit administrators and dentists. We've developed creative, interactive components that address critical customer service needs. These components will begin to immediately save time and money for you.

Online Enrollment: Benefit administrators have the ability to enter and view daily additions, changes, and terminations to your dental membership file for groups and subgroups, as well as to create system-generated summary reports of daily activity. Online enrollment is an excellent choice for groups that do not currently send enrollment electronically. For more information, contact your MedicaConnect representative at 1-800-641-0631 or 651-994-5221.

Online Billing: Our Billing Reports Online tool gives groups the ability to view and print applicable billing documents (invoices, statements, subscriber listing reports and claims detail reports) securely online as soon as they are generated. For more information, contact the Billing Department 1-800-906-4702 or 651-406-5902.*

To start using either or both of these online tools, complete and return the User Requests Form(s)** found in the group administrator's packet or on our Web site at www.medica.com>Employers>Medica Products>Dental Insurance. You will be issued a username and password. Then to access the tools, if viewing the administrator's guide electronically, click on: [Dental Billing and Enrollment Web site](#). If you have a printed copy of this guide, please go to our Web site at www.medica.com>Employers>Medica Products>Dental Insurance.

* Community-rated groups call 1-800-641-0631 or 651-994-5221.

** The Online Enrollment tool and the Online Billing tool each have their own User Request Form. Please complete the appropriate form. If you want to use both tools, both forms must be completed.

MEDICACONNECT

The MedicaConnect team serves as a core resource for our group administrators. We go above and beyond to provide a superior level of support and assistance, making it easier for you to understand and use your dental plan benefits.

When you have questions about your dental insurance programs, you want prompt, reliable answers. That's what you'll get with MedicaConnect. With MedicaConnect you have the convenience of having one number to call when you need information for groups enrolled in a community rated (pooled) program. MedicaConnect is staffed with experienced sales professionals who are ready to help with:

- Rate and Product Information
- Proposals
- New Business Implementation
- Renewals/Amendments
- Contract Questions/Changes

We want to make sure that all of your questions get answered. We're here to help in any way we can. Let's connect today. Call MedicaConnect, 1-800-641-0631 or 651-994-5221 (8 a.m. – 5 p.m. CST).

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 Medica Dental in writing.

If Medica 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. Medica Dental will notify the group and Agent of Record by letter.

Contracts Terminated for Non-Payment

When a payment is overdue, Medica 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.

Medica 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, Medica 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 reinstatement. Should the reinstatement be approved, the group will be required to make future payments via Automated Clearinghouse (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. Medica 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. These reporting methods are:

ONLINE ENROLLMENT

Online Enrollment is recommended for groups that do not currently send information electronically. Online Enrollment allows you to view and apply daily additions, changes and terminations to the Medica Dental membership file. For more information, please contact your MedicaConnect representative at 1-800-641-0631 or 651-994-5221.

To start using Online Enrollment, complete the Online Enrollment User Request Form found in the group administrator's packet or print one from the Medica Web site (see page 3). Once you have received a username and password, if viewing this document electronically, click on [Dental Billing and Enrollment Web site](#). If you have a printed copy of this guide, please go to our Web Site at www.medica.com>Employers>Medica Products>Dental Insurance.

ELECTRONIC ENROLLMENT

The Electronic Enrollment process is recommended for employee groups of 500 or more. Electronic Enrollment facilitates the transfer of enrollment information in a standard data format that increases data accuracy and decreases turnaround time. This requires HIPAA 834 file format sent via FTP. Please contact your Medica Account Representative if you would like information on our implementation process and file format requirements.

PAPER ENROLLMENT

If Online or Electronic Enrollment is not an option, we also accept enrollment and changes using enrollment forms. We provide dental *Membership Enrollment forms* (E31) to be used for new hires and employees who have not previously been covered under the group's dental plan through Medica Dental. We also provide dental *Membership Maintenance forms* (E32) to be used to report changes to or termination of existing subscribers/dependents. Use of our dental standard forms assists with quality and efficiency during the data entry process. You can request copies of the dental forms by contacting your Marketing Representative or print forms from the Medica Web site www.medica.com>Employers>Medica Products>Dental Insurance.

If you would like to e-mail or use a spreadsheet to report eligibility information, contact the Enrollment Department for more details. Enrollment requests sent through the mail, faxed or e-mailed are generally completed within five business days of receipt.

How to Avoid Delays in Enrollment Processing

When submitting enrollment requests it is important to provide complete and accurate information. Requests that are illegible or have missing information may be returned without being processed. Use a dental enrollment form for reporting dental eligibility information. If a medical form is used, your request may not be processed. If you need assistance in completing a form, contact the Enrollment Department at 1-800-928-6459. Listed below are some tips to ensure enrollment requests are not delayed:

- Before submitting a request, please review the form to be sure all appropriate fields are completed.
- Include Group Representative Name, Telephone Number, Group Name, Group and Subgroup Numbers on all requests.
- Only terminations may be reported on the monthly billing Subscriber List. All other changes require the use of a Membership Maintenance form.
- Do not submit enrollment changes with your payment, as the requests go to different locations and will not be received by the Enrollment Department.
- Send all requests to the attention of the Enrollment Department.

Timely Notification and Retroactive Policy

New enrollments, changes, and terminations should be submitted within 30 days of the occurrence (i.e., new hire, marriage, divorce, termination, etc.) regardless of a benefit plan probationary period or waiting period. A request received more than 30 days after the effective date of the add/change/termination is considered a retroactive change.

Because it is not always possible to submit changes within 30 days, Medica Dental provides a 90-day grace period. Requests received within 90 days of the effective date of the change will be honored. Requests received after the 90-day grace period may not be honored or may result in adjusted coverage dates. The retroactive policy is a no fault policy which applies to a clerical error by Medica Dental or the group. On a timely basis, please review the monthly Subscriber List provided with your bill and report any errors or omissions as soon as possible.

IDENTIFICATION CARDS

Program enrollees are provided two identification cards that are printed with the group name, group number, and subscriber system-generated ID number. The dental subscriber ID number is different from the medical ID number. The group administrator will receive the identification cards and is responsible for distribution to employees.

Additional or Replaced ID Cards

To request additional cards, the subscriber may contact Medica Dental Customer Service at 1-800-981-8125 or 651-406-5914. The group administrator will receive the requested identification cards and is responsible for distribution to employee(s).

CERTIFICATE BOOKLETS

Medica Dental will send standardized subscriber benefit booklets (Dental Benefit Plan Summary) and a Summary of Benefits for the product purchased by the group. Upon your group's initial enrollment, one and a half times as many booklets will be sent to accommodate employee requests. The group administrator is responsible for distribution of booklets to employees. You are encouraged to keep an adequate supply on hand. Additional copies of the booklets may be requested from Medica Dental Customer Service at 1-800-981-8125 or 651-406-5914.

GROUP BILLING

Delta Dental sends all groups a statement for premiums 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 to the bill 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. If you need a copy of the billing schedule, contact the billing department at 1-800-906-4702 or 651-406-5902.

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
- Subscriber Listing
- Invoice

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. 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.

*See sample Statement on the following page.

DELTA DENTAL OF MINNESOTA
 PO BOX 9304
 MINNEAPOLIS, MN 55440-9304

ACCOUNT NAME **ABC CORPORATION**
 ACCOUNT # **1234567890**
 BILLING DATE **00/00/00**
 BILL/PYMT 651-406-5902
 800-906-4702
 ENROLLMENT 800-928-6459

ABC CORPORATION
 ATTN:
 ADDRESS
 CITY, STATE. ZIP

Remit to:

DELTA DENTAL OF MINNESOTA
 NW 5772
 PO BOX 1450
 MINNEAPOLIS MN 55485-5772

INVOICE NUMBER	TRANSACTION DATE	TRANSACTION	DUE DATE	REFERENCE	TRANSACTION AMOUNT	AMOUNT DUE
1111111	07/14/2001	INVOICE	08/01/2001	01/AUG/01-31/AUG/01PREMIU	780.40	
1111111	08/06/2001	PAYMENT		CHECK-DDPM LOCKBX-1ST: 1234	780.40-	
5555555	08/18/2001	INVOICE	09/01/2001	01/SEP/01-30/SEP/01PREMIU	567.05	567.05
CURRENT DUE		PAST DUE			TOTAL AMOUNT DUE	
567.05	1 - 30 DAYS 0.00	31 - 60 DAYS 0.00	61 - 90 DAYS 0.00	OVER 90 DAYS 0.00	567.05	
						AMOUNT REMITTED
						\$

YOUR STATEMENT BALANCE IS DUE BY THE FIRST OF THE MONTH.
 PLEASE INCLUDE A STATEMENT COPY WITH YOUR PAYMENT.

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 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. **Note:** If you currently have a five-digit group number, a zero may be used as the first digit.
- **Last Name:** Subscriber’s (employee) last name.
- **First Name:** Subscriber’s first name.
- **REF#:** Subscriber’s ID number provided to Medica Dental by the customer.
- **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 shown by total employee counts for each coverage type and any retroactive charges or credits.

*See sample Subscriber Listing on the following page.

DELTA DENTAL OF MINNESOTA
 PO BOX 9304
 MINNEAPOLIS, MN 55440-9304

ACCOUNT NAME **ABC CORPORATION**
 ACCOUNT **1234567890**
 BILLING DATE **00/00/0000**
 INQUIRIES **800-928-6459**

INVOICE **1234567**
 SUBSCRIBER PERIOD MM/DD/YYYY - MM/DD/YYYY

ABC CORPORATION
 ATTN:
 ADDRESS
 CITY, STATE, ZIP

REMIT ENROLLMENT CHANGES TO:
 DELTA DENTAL OF MINNESOTA
 PO BOX 330
 MINNEAPOLIS MN 55440-0330
 A TTN: ENROLLMENT DEPARTMENT

CUSTOMER REPORTING NUMBER

LAST NAME	FIRST NAME	REF #	SUBSCRIBER ID	EFFECTIVE DATE	COVERAGE TYPE	CURRENT AMOUNT	RETRO AMOUNT	TOTAL AMOUNT
COBRA :				04/01/2001	EMPLOYEE + SPOUSE	37.71	56.27-	
				06/01/2001	INDIVIDUAL	2154		
				07/01/2001	INDIVIDUAL	2154		
				04/01/2001	INDIVIDUAL	2154		
				06/01/2001	EMPLOYEE + CHILD	37.71		
				04/01/2001	INDIVIDUAL	2154		
				08/31/2001	FAMILY			
				SEP 01				
				04/01/2001	EMPLOYEE + CHILD	37.71		
				04/01/2001	INDIVIDUAL	2154		
				06/01/2001	INDIVIDUAL	2154		
				04/01/2001	EMPLOYEE + SPOUSE	37.71		
				04/01/2001	FAMILY	56.27		
				07/01/2001	FAMILY	56.27		
				04/01/2001	EMPLOYEE + SPOUSE	37.71		
				04/01/2001	FAMILY	56.27		
				04/01/2001	INDIVIDUAL	2154		
				06/01/2001	INDIVIDUAL	2154		
				04/01/2001	EMPLOYEE + SPOUSE	37.71		
				04/01/2001	FAMILY	56.27		
				07/01/2000	INDIVIDUAL	2154		
				07/01/2000	FAMILY	56.27		
				05/01/2001	INDIVIDUAL	2154		
				xx	INDIVIDUAL	xxx.xx		
				xx	EMPLOYEE + CHILD	xxx.xx		
				xx	EMPLOYEE + SPOUSE	xxx.xx		
GRAND TOTAL FOR ALL THE CUSTOMER REPORTING NUMBERS				XX		XXXX.XX	XXX.XX-	XXX.XX

ENROLLMENT CHANGES MUST BE RECEIVED AT LEAST 5 BUSINESS DAYS
 PRIOR TO YOUR SCHEDULED BILL RUN DATE.

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 following information is included.

- **Customer Reporting Number:** Six-digit group number, a four-digit sub-group number, and a four-digit reporting number. **Note:** If you currently have a five-digit group number, a zero may be used as the first digit.
- **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.

*See sample Invoice on the following page.

INVOICE

ADMINISTERED AND UNDERWRITTEN BY DELTA DENTAL OF MINNESOTA

DELTA DENTAL OF MINNESOTA
 PO BOX 9304
 MINNEAPOLIS, MN 55440-9304

ACCOUNT NAME **ABC CORPORATION**
 ACCOUNT **1234567890**
 BILLING DATE **00/00/0000**
 INQUIRES 800-906-4702
 651-406-5902

INVOICE **1234567**
 SUBSCRIBER PERIOD **00/00/00 - 00/00/00**
 CLAIMS PERIOD

ABC CORPORATION
 ATTN:
 ADDRESS
 CITY, STATE, ZIP

REMIT TO: DELTA DENTAL OF MINNESOTA
 NW 5772
 PO BOX 1450
 MINNEAPOLIS MN 55485-5772

CUSTOMER REPORTING NUMBER	NUMBER OF CURRENT EMPLOYEES	NUMBER OF CLAIMS	CLAIM AMOUNT	ADJUSTMENT AMOUNT	RATE AMOUNT	TOTAL AMOUNT
	2093				xxx.xx 16.30/EE/MO	
					xxx.xx 44.70/EE/MO	
					xxx.xx/RETRO	xxxxx.xx
	258				xxx.xx 13.80/EE/MO	
					xxx.xx 37.85/EE/MO	
					xxx.xx/RETRO	xxxxx.xx
	352				xxx.xx 17.11/EE/MO	
					xxx.xx 46.92/EE/MO	
					xxx.xx/RETRO	xxxxx.xx
	119				xxx.xx 16.30/EE/MO	
					xxx.xx 44.70/EE/MO	
					xxx.xx/RETRO	xxxxx.xx
INVOICE TOTAL	xxx	xxx	xxxx.xx	xxxx.xx	xxx.xx	xxxx.xx

YOUR STATEMENT BALANCE IS DUE BY THE FIRST OF THE MONTH
 PLEASE INCLUDE A STATEMENT COPY WITH YOUR PAYMENT.

PAYMENT METHODS

AUTOMATED CLEARINGHOUSE (ACH)

We recommend you pay your Medica dental premiums 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 Group Billing at 1-800-906-4702 or 651-406-5902.

To sign up for ACH, you must complete an Automated Clearinghouse Authorization Agreement (see form at end of manual) and fax to 1-877-201-7345 or 651-406-5934 or mail to the following address:

Delta Dental of Minnesota
Attn: Billing and Accounts Receivable
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
NW 5772
P.O. Box 1450
Minneapolis, MN 55485-5772

HIPAA INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) mandates nationwide standards to protect the privacy of individually identifiable health information. The HIPAA Privacy Regulation applies directly to “covered entities,” including health plans, health care clearinghouses and certain health care providers. For Medica Dental’s fully insured business, we are considered a health plan (and a covered entity) and therefore must comply with all requirements.


FULLY INSURED PLANS

Fully insured group health plans are exempt from many of the HIPAA Privacy Rule requirements. Delta Dental, however, in its role as insurer, is a covered entity and must comply. HIPAA requires us to provide a Privacy Notice to all subscribers. This is sent out directly by Medica Dental to the subscriber or is included in the Benefit Booklet.

The group’s sponsor (typically the employer) is restricted in the types of PHI it can receive. Medica Dental will disclose to the group sponsor only summary (de-identified) data, and enrollment and dis-enrollment information about particular individuals. If you need additional information about a member, please contact us. An authorization form must be completed by the member and returned to Medica Dental prior to releasing that member’s PHI to you.

Automated Clearinghouse Authorization Agreement Fully Insured Groups

Company Name _____ authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the <i>Total Amount Due</i> 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 <input type="checkbox"/> Checking <input type="checkbox"/> 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