

Updated 'Submission Options' Screen

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DELTA DENTAL

Everyone deserves a healthy smile

WELCOME ELIGIBILITY SUBMISSIONS

Submission Options

Tuesday, November 11, 2008

Step One: Choose an Option * Currently not available for DeltaCare Subscribers

New Enrollment Reinstatement *

Termination Transfer *

Change * View Profile *

View Benefits *

Step Two: Identify the Member

Last Name: **First Name:**

Member ID: **Date of Birth:**
(mm/dd/yyyy)

Sub Loc:

Required fields are in bold.

SUBMIT

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1. On the first page of Submission Options, we switched the order of Step One and Step Two. Now we will ask you to choose an option first, and then identify the member.

2. We replaced the Social Security # field with a Member ID field. The member ID is used to identify a member within the Delta Dental system. This field can be either the member's Social Security number (SSN) or a unique value assigned by Delta Dental or by the client after a conversion process.

PLEASE NOTE:

- a) All member information, including paid claims history, is currently stored by Delta Dental using SSN. Clients who wish to use an identifier other than SSN **must contact Delta Dental prior to entering any unique identifiers** in order to schedule a conversion. Not doing so will cause claims processing issues. Depending on demand, implementation could take 3-6 months.
- b) For New Enrollment, you will be unable to select the Member ID field when Delta Dental assigns the member ID.

3. We moved the Date of Birth field to Step Two.

Updated 'New Enrollment' Screen

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New Enrollment Tuesday, November 11, 2008

Eligibility Submissions

- Welcome
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Member Information

Member ID: 999999999

Last Name: DENTAL First Name: DELTA

Social Security #: Date of Birth: 01/01/1970
(mm/dd/yyyy)

Street Address: City:

State: NJ Zip:

Home Phone:

Coverage Information

Eff. Date of Coverage: Type of Coverage: Single
(mm/dd/yyyy)

Spouse: No Dependents: 0

Group Information

Name of Employer: Group: 1110

Store-Loc: Sub-Loc: 0001

CONTINUE ▶

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1. If you selected New Enrollment on the Submission Options page, the information you entered in Step Two is displayed here along with additional enrollment information.

2. If you are a client where Delta Dental assigns a unique member ID number, the Member ID field will be populated on this page. You will be required to enter the member's Social Security number (SSN) in the Social Security # field. The SSN will only be used internally for the purpose of linking family members.

PLEASE NOTE:

- All member information, including paid claims history, is currently stored by Delta Dental using SSN. Clients who wish to use an identifier other than SSN **must contact Delta Dental prior to entering any unique identifiers** in order to schedule a conversion. Not doing so will cause claims processing issues. Depending on demand, implementation could take 3-6 months.
- For clients who assign their own unique member IDs that have been converted by Delta Dental, Social Security # is an optional field. HOWEVER, our experience indicates many dentists still use SSNs on information requests and claims submissions. When this occurs, providing the SSN to us during enrollment will enable us to locate the member and expedite claims processing. The SSN will be used for internal purposes only.

A New 'New Enrollment' Screen

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New Enrollment

The following member is already enrolled

Submitted Member Information:	Matched Member Information:
First Name: DELTA	First Name: DELTA
Last Name: MEMBER	Last Name: MEMBER
Date of Birth: 01/01/1950	Date of Birth: 03/31/1962
Group ID: 01110-00002	Group ID: 01110-00002

Please choose one of the following options:

- Cancel**
This option will cancel the transaction and return you to the Submission Options page.
- Transfer Member**
This member currently exists in your group under a different sublocation. If you intend to "Transfer" this member then select this option.
- Proceed with Enrollment**
This member is currently enrolled in your group. If you select this option, the member will also be added to the sublocation you specified and the personal information existing in the system will be overwritten with the submitted data.

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This is a new screen. If you are performing a new enrollment and the Member ID number matches another Member ID in your group, you will see this screen.

1. If the information displayed on the right side of the screen is correct, select Cancel to cancel this transaction because this enrollment already exists in our system.
2. If these are two different employees, select Cancel to return to Step One in Submission Options and enter the correct enrollment information.
3. If the Member ID was entered correctly in Step Two, please Cancel the transaction and contact our Enrollment Department at 800-452-9310.
4. If you want to transfer the same person from one sublocation to another, select Transfer Member. This option will bring you to the Transfer page. This will only work if the first name, last name, and date of birth match exactly as they currently exist in our system.
5. If you are adding this member to another sublocation to create **two enrollments or dual enrollment**, select Proceed with Enrollment. **WARNING:** This will overwrite existing data! Selecting this option will overwrite the data on the right side with the data on the left side (the data you just entered).