

This form allows plan sponsors to authorize Delta Dental of Colorado to open an account on the secure broker portal for authorized individuals/agencies for purposes of submitting enrollment information and obtaining access to group activity reports, eligibility reports, and bills on their behalf. A plan sponsor can also request to have access removed for previously authorized individuals by selecting the appropriate box below.

Access to certain reports may be contingent upon the type of Protected Health Information (PHI) disclosed and whether the group is experience-rated. Signing this form permits your broker to access the aforementioned PHI.

***Additional forms required for each authorized individual.**

Plan Sponsor Requesting Authorization

Group Name:
Group Number:
*If specific sub and sub-sub account access is needed, please specify the numbers. If only the top account number is provided, access to all sub and sub-sub accounts will be granted

Fill out one form for each broker requiring access. Provide full name, email, and phone number for the individual and identify the authorized access for that individual by checking the box next to the service.

Add User Terminate User: Existing Email/Username:

Broker's Full Name:
Broker Agency TIN/Tax ID:
Broker's Telephone:
Broker's Email:

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access the web roles listed below and perform the functions associated with each option on the group's behalf and hereby authorizes DDCO to open a broker portal account for the individual set forth above. Only one box should be selected from each of the three sections below.

Role
Eligibility and Reporting <small>(not available for Small Group Pool)</small>
Eligibility, Bills, and Reporting <small>(not available for Small Group Pool)</small>
Reports Only <small>(not available for Small Group Pool)</small>
Eligibility and Bills <small>(only available for Small Group Pool)</small>
Eligibility Only <small>(only available for Small Group Pool)</small>

View/Modify
View
Modify <small>(Modify access is not available for electronically filed groups. If modify access is needed for members not submitted on the file, select modify above, but note that electronically filed members will still default to view only)</small>

Account Type
Fully Insured
Self-Funded
Small Group Pool <small>(Flex Choice, Delta Dental Patient Direct*, Kaiser Small Group, & COPIC)</small>

Employee Statuses and Departments*: *Please specify any specific employee statuses (active, COBRA, LOA, etc) that you need access to manage/view, as well as any group specific departments. If access to all employees and all departments are needed, this field can be left empty.

Reports include:

- Management Reports: Current reports available include summary level data about the performance of your dental plan, such as number of claims paid, premiums paid, enrollment by month, network utilization, and cost containment savings.
- Eligibility Error Report The Eligibility Error Report provides details and descriptions of enrollment errors that need to be corrected on the eligibility file. (only for electronically filed groups)
- Eligibility Recap Report (self-funded groups only): The Eligibility Recap Report provides a monthly recap of subscribers and dependents that are eligible for insurance under the group dental plan.
- Group Activity Reports (self-funded groups only): Provides a monthly summary of claims history that includes detailed subscriber level information.

Claims-Level Access to Facilitate Client-Managed Customer Service (self-funded groups only): Provides individual member benefits and claims information to employee or other designee of self-funded group for use in group-administered customer service functions.

AUTHORIZATION AND CONDITIONS FOR PRIVILEGES GRANTED.

In consideration for the privileges set forth in this Portal Authorization form, the group and user, acting through it, hereby agrees to the following conditions:

1. DDCO may rely on electronically submitted enrollment data to the same extent as if submitted by non-electronic means.
2. Group shall be solely responsible for authorizing only appropriate individuals, groups, and Business Associates.
3. User will undertake reasonable measures to safeguard account information, including protecting and not sharing username and password, and to prevent unauthorized access to the portal by someone acting or purporting to act on the group's behalf;
4. All requests (adds, changes, terms) need to be submitted via email to DeltaDentalHub@ddpco.com. DDCO shall have three business days (excluding holidays) to process such requests;
5. The group is solely responsible for submitting timely requests for termination of user access that is no longer needed (three business days).
6. Group shall be solely responsible for any liability arising from the use of the portal account and shall indemnify, hold harmless, and defend DDCO against any claim arising from the authorized user's use of the portal account or the group's failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; and
7. The individual signing this application form has the authority to permit the requested access and bind the group to the terms and conditions set forth above.

Authorized Representative Signature:

Name:

Date:

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Please return this completed form as part of the New Group Application and Enrollment Packet to salesteam@ddpco.com.

If this is in reference to an existing group, please email the form to DeltaDentalHub@ddpco.com.

Delta Dental of Colorado
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