



New Group Name

Effective Date

01/01/20

Conference #:

Meeting ID:

Zoom meeting link:

Project Health: ●

Group Number

[Client Feedback Survey](#)

Timeline

Task Name	Status	Assigned To	Start Date	End Date
Announcement of Sale	Complete	Client		
Hold Kickoff Call	Not Started	Onboarding Project Manager		
Recurring Meeting Date/Time	Not Started	Onboarding Project Manager		
Contractual				
Group Application sent for Signature	Not Started	Onboarding Project Manager		
Signed Group Application Returned	Not Started	Client		
BAA Sent for Signature	Not Started	Onboarding Project Manager		
Signed BAA returned	Not Started	Client		
DeltaCare Forms Sent for Signature	Not Started	Onboarding Project Manager		
Signed DeltaCare Forms returned	Not Started	Client		
Contract/EOC	Not Started	Account Manager		
Enrollment				
Open Enrollment Date	Not Started			
Cut-off date to guarantee members are on the provider listings	Not Started			
Send file layouts (SFL, 834, OTL) as necessary	Not Started			
Schedule EDI Call	Not Started	Onboarding Project Manager		
Enrollment Test File Target	Not Started	Client		
Test File Sent	Not Started	Client		
Provide Test Results (provide member email address count if Group Default)	Not Started			
Approve Test Results	Not Started	Delta & Client		
Initial Enrollment Load to Production Target Date	Not Started	Client		
Enrollment Production File Sent	Not Started	Client		

Requirements Document

Task	Comments	Status
Group Name	New Group	Not Started
Situs State		Not Started
Group Number(s)		Not Started
DeltaCare States		Requirement Pending
Effective Date	01/01/20	Requirement Pending
Contractual		
Are there members who reside in the European Union and will they have Delta Dental benefits?		Requirement Pending
Enrollment		
Identify Materials Needed		Requirement Pending
How will initial active enrollment be sent		Requirement Pending
How will ongoing enrollment be sent		Requirement Pending
Eligibility Management Application (EMA)		Requirement Pending
User (contact info in Comments)		Requirement Pending
ACTIVE Primary Enrollment Contact		Requirement Pending
Who will be sending the COBRA enrollment?		Requirement Pending
How will initial COBRA enrollment be sent		Requirement Pending
How will ongoing COBRA enrollment be sent		Requirement Pending
Will the file feed include PCD info?		Requirement Pending
If online portal, is Delta Dental provider zip code file needed?		Requirement Pending
Employee Alternate Identification Number		Requirement Pending
System Setup		
Contract Type	ASC	Requirement Pending
Plan Type		Requirement Pending

Action Items & Minutes

Action Items & Minutes

References

Online Enrollment and Billing Zoom Training

Enrollment Management Application

9:30 PT/ 12:30 PM ET (1 hour session every Wednesday)

Online Billing and Reconciliation

10 PT/ 1 PM ET (1 hour session every Friday)

Guided tour of our Online Billing and Reconciliation application. If you are interested in joining one of these training sessions, please send an email to Get Online getonline@delta.org listing the participants and the email address for each. An invite will be sent on Monday prior to the training classes which will include the zoom meeting instructions.

NOTE: Full roster will display in EMA 24 hours after the first registrar completes registration.

Account Contacts

Title: **Onboarding Project Manager**

Contact: **Onboarding Project Manager**

Email/Phone:

Title: **Account Executive**

Contact: **Account Executive**

Email/Phone:

Title: **Account Manager**

Contact: **Account Manager**

Email/Phone:

Title: **EDI analyst**

Contact:

Email/Phone:

[Click Here](#) to direct you to the following attachments:

Training Documents:

Online Billing and Reconciliation Brochure

Eligibility Maintenance Application Guide

Member Flyers:

Benefit Highlight Sheet

Mobile App

Where's My ID Card

Stay Connected

Elevate Your Smile

Delta Dental PPO Ortho Flyer

Web ID Card Sample


Enrollee Name: JOE SMITH Enrollee ID: 9999999999999999 SAMPLE GROUP Group Number: 99999-99999 Delta Dental PPO SM
<small>This card is for informational purposes and is not a guarantee of coverage. Please contact Delta Dental Insurance Company to confirm eligibility at the time of your appointment.</small>
Submit claims to: Delta Dental Insurance Company PO Box 1809 Alpharetta, GA - 30023-1809
Web Site: http://www.deltadentalins.com