



COALITION ADMINISTRATION PROCEDURES GUIDE
For KCARES California Schools Dental Coalition Program

North Bay Schools Insurance Authority

*For questions and assistance regarding the administration
of this plan not answered herein, please contact:*

Keenan & Associates
Corporate Office:
2355 Crenshaw Blvd, Suite 200
Torrance, CA 90501

(800) 444-9995 | Phone
(310) 212-0355 | Fax

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California Schools Dental Coalition Delta Dental Self-Funded Plans KCARES Eligibility Procedures

ELIGIBILITY SERVICES OVERVIEW

Keenan & Associates provides valuable eligibility services in addition to facilitating the reporting of eligibility data helping our Clients improve the administration of their plan. Following is an overview of the services provided:

1. KCARES Overview

KCARES is Keenan's proprietary Web-based employee benefits administrative services system which allows Benefit Administrators to easily enter and manage employee benefits. Keenan provides a dedicated Eligibility Coordinator as a key contact for KCARES system support.

2. Electronic Transmission to Carriers

Eligibility updates are electronically transmitted to the Clients' carriers four times a month. (Refer to Transmittal Schedule Example on page 2).

3. Reporting of Over Age Dependent Children

On the **2nd** of each month, the Client will receive a courtesy Over Age Dependent Report, which captures all dependents who will be reaching the plan's Over Age limit in the upcoming month (see sample Over Age Dependent Report on page 3). This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keenan.com.

Note: *It is the Client's responsibility to:*

- Notify the Employee of the dependent's termination of Coverage
- Send notice of COBRA eligibility

4. Carrier Notification of Dependent COBRA Benefits

When a dependent is enrolling in COBRA **without** the subscriber, the Client should notify Keenan once the COBRA enrollment has been entered. Keenan will then request the carrier to transfer the history from the previous record to the COBRA record. The Client does not need to contact the carrier.

5. Carrier Billing Report (CBR) Summary

On the **20th** of each month, the Client will receive a Carrier Billing Report (CBR) Summary which captures the following month's eligibility. The CBR is intended to assist the Client in reconciling monthly enrollment totals. This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keenan.com (refer to sample CBR on page 4).

6. Eligibility List

On the **23rd** of each month, the Client will receive an Eligibility List reflecting the following month's eligibility. This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keenan.com (refer to sample Eligibility List on page 7).

Special Note: All new enrollments, changes, and terminations must be entered by the Client by the **15th** of each month in order to be included on the following month's Eligibility List .

CARRIER TRANSMITTAL OVERVIEW

The term “**Carrier Transmittal**” refers to the electronic reporting of eligibility information from Keenan’s Eligibility System. Transmittals will occur automatically and clients do not need to take any action.

Understanding the dates of the **data capture** and **data transmittal** to the carrier is important and will help Clients manage benefits effectively and avoid eligibility issues.

Eligibility: Eligibility changes are “captured and transmitted” on **1st, 8th, 15th and 22nd** of each month at approximately 5:00 p.m. PST regardless of whether the date falls on a weekend or holiday.

Billing: Billing data is captured on the 15th of each month at approximately 5:00 p.m. PST. Eligibility changes entered on or before the 15th of the current month and are effective the first of the following month are reflected on the following month’s bill.

Transmittal Schedule Examples

	Entry Date	Effective Date	Data Capture & Storage Date	Transmittal Dates (Data Sent to Carrier)	Billing Month
RULE	As Entered	Eligibility Date	1st, 8th, 15th, 22nd	1st, 8th, 15th, 22nd	* Before 15th = Following Month After 15th = Month After Next
EXAMPLES	Wed - 3/16	4/1	Tue - 3/22	Tue - 3/22	May
	Fri - 3/4	3/1	Tue - 3/8	Tue - 3/8	April
	Wed - 2/23	3/1	Tue - 3/1	Tue - 3/1	April

** **Note:** Next month’s bill reflects eligibility changes “captured” on or before the 15th of the current month.*

REPORTS

1. Over Age Dependent Report

This report lists all dependent children (non-spouses) who have exceeded the age limits for all plans in which they are currently enrolled.

On the **2nd** of each month, the Client will receive a courtesy Over Age Dependent Report which captures all dependents who will be reaching the plan's Over Age limit in the upcoming month. This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keenan.com.

Note: *It is the Client's responsibility to:*

- Notify the Employee of the dependent's termination of coverage
- Send notice of COBRA eligibility

Over Age Dependents - 3/24/2011 4:45:10 PM					
Client: xDemo KCARES COA					
Location: All					
Start Date: 3/24/2011					
End Date: 3/24/2011					
Subscriber SSN Benefit Type	EIN	Relationship Carrier	Dependent Name: Last First MI Group Name/Group Number	Date of Birth	Age
999-99-9999		CHILD	DEMO, CHILDFIRST	1/1/1985	26
Dental		DELTA DENTAL/CSDC	CLASS/MGMT/CONF FULL-TIME/007101-0064	Ineligibility Age:	26
333-33-3333		CHILD	DEMO, DAUGHTER	11/19/1984	26
Dental		DELTA DENTAL/CSDC	CERTIFICATED FULL TIME/007101-0076	Ineligibility Age:	26
111-11-1234		CHILD	EMPLOYEE, SON	2/15/1985	26
Dental		DELTA DENTAL/CSDC	CLASS/MGMT/CONF FULL-TIME/007101-0064	Ineligibility Age:	26
111-11-3333		CHILD	USER, SON	3/1/1985	26
Dental		DELTA DENTAL/CSDC	CLASS/MGMT/CONF FULL-TIME/007101-0064	Ineligibility Age:	26

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2. Carrier Billing Report

The Carrier Billing Report (CBR) produces a complete billing record of premiums for each carrier plan. **It is important to note that CBRs are generated after the Carrier transmission on the 15th of the month and reflect billing for the first of the following month.**

On the **20th** of each month, the Client will receive a Carrier Billing Report (CBR) Summary, which captures the following month's eligibility. The CBR is intended to assist the Client in reconciling monthly enrollment totals. This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keenan.com.

Consolidated Benefits Billing Summary - 3/24/2011 2:51:06 PM					
Client: xDemo KCARES COA					
Location: All					
Classification: All					
Status: All					
Carrier: DELTA DENTAL/CSDC					
Billing Month: 4/1/2011					
xDemo KCARES COA					
DELTA DENTAL/CSDC					
Group ID:	007101-0076	Group Name:	DENTAL-CERTIFICATED FULL TIME	Carrier Code:	DELT01
	FI Description	FI Count	FI Rate	FI Total Amount	Group Total Amount
	Employee	4	\$50.41	\$237.64	
	Employee + Family	5	\$162.80	\$814.00	
	Employee + Spouse	2	\$109.30	\$218.60	
	Current Month Totals:	11			\$1,270.24
Retro Code	Retro Reason		Retro Count	Retro Total Amount	Group Total Amount
101	Debit: New Enrollment		9	\$1,304.70	
	Retro Totals:		9		\$1,304.70
	Group Total:	11	9		\$2,574.94
Group ID:	007101-0064	Group Name:	DENTAL-CLASS/MGMT/CONF FULL-TIME	Carrier Code:	DELT01
	FI Description	FI Count	FI Rate	FI Total Amount	Group Total Amount
	Employee	2	\$50.97	\$101.94	

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Consolidated Benefits Billing Summary - 3/24/2011 2:51:06 PM

Client: xDemo KCARES COA
 Location: All
 Classification: All
 Status: All
 Carrier: DELTA DENTAL/CSDC
 Billing Month: 4/1/2011

Group ID:	007101-0064	Group Name:	DENTAL-CLASS/MGMT/CONF FULL-TIME	Carrier Code:	DELT01
	<u>FI Description</u>	<u>FI Count</u>	<u>FI Rate</u>	<u>FI Total Amount</u>	<u>Group Total Amount</u>
	Employee + Children	1	\$132.68	\$132.68	
	Employee + Family	7	\$132.68	\$928.76	
	Employee + One Child	3	\$92.27	\$276.81	
	Employee + Spouse	4	\$92.27	\$369.08	
	Current Month Totals:	17			\$1,809.27
<u>Retro Code</u>	<u>Retro Reason</u>	<u>Retro Count</u>	<u>Retro Total Amount</u>	<u>Group Total Amount</u>	
101	Debit: New Enrollment	9	\$1,194.12		
	Retro Totals:		9		\$1,194.12
	Group Total:	17		9	\$3,003.39

Group ID:	007101-0217	Group Name:	DENTAL-CLASSIFIED PART TIME	Carrier Code:	DELT01
	<u>FI Description</u>	<u>FI Count</u>	<u>FI Rate</u>	<u>FI Total Amount</u>	<u>Group Total Amount</u>
	Employee	1	\$60.97	\$60.97	
	Employee + Family	1	\$149.01	\$149.01	

Consolidated Benefits Billing Summary - 3/24/2011 2:51:06 PM

Client: xDemo KCARES COA
 Location: All
 Classification: All
 Status: All
 Carrier: DELTA DENTAL/CSDC
 Billing Month: 4/1/2011

Group ID:	007101-0217	Group Name:	DENTAL-CLASSIFIED PART TIME	Carrier Code:	DELT01
	Current Month Totals:	2			\$199.98
	Group Total:	2	No Retros For This Group		\$199.98

CARRIER TOTALS:	30	18		\$5,778.31
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3. Eligibility List

The Eligibility List produces an eligibility list for the following month's eligibility. This report is used to reconcile upcoming eligibility.

On the **23rd** of each month, the Client will receive an Eligibility List reflecting the following month's eligibility. This report will be e-mailed to the Client from the following e-mail address: benefitbridge@keen.com.

The Eligibility List is intended to help the Client verify all changes entered in KCARES from the 16th of the last month to the 15th of the current month are reflected and correct.

The Eligibility List will be produced for each sub-location number and will show the names of all covered employees. Employees appearing on the list will be sorted by sub-location number, employee class and last name. A report that summarizes the sub-location totals will also be included (see samples on next page).

a. Termination Effective Dates:

Terminated enrollees are eligible through the last day of the month in which the termination occurs, unless otherwise specified in the Client's Delta Dental contract (**the termination effective date should always be the 1st of the month**). If an enrollee is terminated retroactively to a prior month and a claim was paid before Delta Dental was notified of the termination, eligibility must continue through the month in which the claim was incurred, and dues will be owed for that enrollee until the end of that month. **A 90 day limitation on retroactive terminations is standard.**

ELIGIBILITY LIST

Keenan & Associates

EMPLOYER: xDemo KCARES COA
 BENEFIT PLAN: DELTA DENTAL/CSDC
 REPORTING PERIOD: 4/1/2011 TO 4/30/2011
 GROUP: 007101-0064 DENTAL-CLASS/MGMT/CONF FULL-TIME

Eligibility Department
 P.O. Box 3248
 Torrance, CA 90510-1431
 1-800-444-9995
 FAX (310)212-0335

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SOCIAL SECURITY #	EMPLOYEE NAME	SEX	EMPLOYEE CLASS	COVERAGE TYPE	EFFECTIVE DATE	RATE	TERMINATION DATE
***-**-4321	ADMIN, DEMO	F		Employee + One Child	09-01-10	\$92.27	
***-**-9999	DEMO, COUNSELOR	M		Employee + Family	01-01-09	\$132.68	
***-**-1111	DEMO, DENTALONLY	M		Employee	11-01-10	\$50.97	
***-**-5454	DEMO, LANDSCAPER	M		Employee	06-01-09	\$50.97	
***-**-9999	DEMO, NURSE	F		Employee + Children	09-01-09	\$132.68	
***-**-4444	DEMO, PRINCIPAL	F		Employee + Spouse	08-01-10	\$92.27	
***-**-8888	DEMO, SECRETARY F	F		Employee + One Child	09-01-09	\$92.27	
***-**-7676	DEMO, SPEECHLANG	F		Employee + One Child	07-01-09	\$92.27	
***-**-8989	DEMO, SUPERINTENDENT	M		Employee + Spouse	01-01-09	\$92.27	
***-**-1234	EMPLOYEE, CHANGE	M		Employee + Family	03-01-11	\$132.68	
***-**-4567	EMPLOYEE, TERMALL	M		Employee + Family	01-01-11	\$132.68	
***-**-2345	EMPLOYEE, TERMDEP	M		Employee + Spouse	04-01-11	\$92.27	
***-**-2222	EXAMPLE, TERMALL	M		Employee + Family	02-01-11	\$132.68	
	***Employee New Enrollment		Effective Date: 02/01/2011				
***-**-4444	EXAMPLE, TERMDEP	M		Employee + Family	03-01-11	\$132.68	
	***Employee New Enrollment		Effective Date: 03/01/2011				
***-**-3333	USER, CHANGE	M		Employee + Family	03-01-11	\$132.68	
	***Employee New Enrollment		Effective Date: 03/01/2011				
***-**-4455	USER, TERMALL	M		Employee + Family	01-01-11	\$132.68	
	***Employee New Enrollment		Effective Date: 01/01/2011				
***-**-3535	USER, TERMDEP	M		Employee + Spouse	04-01-11	\$92.27	
	***Employee New Enrollment		Effective Date: 02/01/2011				

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ELIGIBILITY LIST

Keenan & Associates
 Eligibility Department
 P.O. Box 3248
 Torrance, CA 90510-1431
 1-800-444-9995
 FAX (310)212-0355

EMPLOYER: xDemo KCARES COA
 BENEFIT PLAN: DELTA DENTAL/CSDC
 REPORTING PERIOD: 4/1/2011 TO 4/30/2011
 GROUP: 007101-0064 DENTAL-CLASS/MGMT/CONF FULL-TIME

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<u>Coverage Type</u>	<u>Count</u>	<u>Rate</u>	<u>Amount</u>
Employee	2	\$50.97	\$101.94
Employee + Spouse	4	\$92.27	\$369.08
Employee + Family	7	\$132.68	\$928.76
Employee + One Child	3	\$92.27	\$276.81
Employee + Children	1	\$132.68	\$132.68
<u>Total Employees For This Month</u>			<u>17</u>
			<u>\$1,809.27</u>
<u>Summary of Changes</u>			<u>Count</u>
Employee New Enrollment			5
***Total Changes for this Month			5
GROUP TOTAL:	17	Total Changes:	5
		Amount:	\$1,809.27

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CLIENT ADMINISTRATION DUTIES

1. **COBRA:** It will remain the Client's responsibility, as the employer, to comply with the continuation c requirements under COBRA.

A new record must be created for all dependent COBRA enrollments when the subscriber is not enrolling in COBRA. When a dependent is enrolling in COBRA **without** the subscriber, the Client should notify Keenan after the COBRA enrollment has been entered. Keenan will then request the carrier to transfer the history from the previous record to the COBRA record; the Client does not need to contact the carrier.

2. **AB528:** The Client should communicate directly with Delta Dental for AB528 coverage, provided the AB528 retirees are covered through the Delta Dental statewide pool. **In this case, the AB528 enrollment forms, eligibility statements, and premiums should be sent directly to Delta Dental and not to Keenan & Associates.**

3. **Eligibility Verification:** There will be instances when employees or their dependents seek dental treatment before Delta Dental has been notified of their eligibility. In these cases, the Client can ask the dentist to accept their verification of eligibility. If a dentist will **not** accept the Client's verification, please contact Keenan's Coalition Department to assist in resolving the situation. Please do not direct employees or dentists to call **Keenan & Associates'** Coalition Department to verify eligibility. In order to minimize the number of eligibility issues, prompt entry of all enrollments is recommended.

4. **Benefit Information:** Please contact your Keenan Service Representative.

5. **ID Cards and Claim Forms:** Please provide the employee with Delta Dentals' website: www.deltadentalins.com if they would like to print an ID card or claim form. Instructions on how to fill out the claim form are also posted on the website.

6. **Claims Information and Incentive Levels:** Please instruct the employee to contact the Delta Dental Customer Service Department at 1-866-499-3001.