



Enterprise Benefit Tracker

User Manual

2014



www.modahealth.com

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Introduction

Enterprise Benefit Tracker is an online tool designed specifically for providers to look up patient eligibility, benefit and claims information. This service gives doctors the most up-to-date information directly from ODS Health Plans.

The ODS Benefit Tracker application is available 7 days a week from 6:00am to 10:30pm PST

Benefit Tracker Overview

To begin using Benefit Tracker, you will need:

- **An Internet Service Provider or ISP** - There are many Internet service providers to choose from, such as Comcast, MSN or Proaxis. You can check your local newspaper or phone book for ISPs in your area as well.
- **An Internet browser** - ODS Benefit Tracker is best viewed using Microsoft Internet Explorer 6.0 or higher. When signing up with an ISP, they often set up and install a browser for you. Refer to your ISP for more information on downloading and installing a browser.
- **Your User ID and Password.** You will choose your own user id and password when registering at the Delta Dental website for Benefit Tracker.

Since computer configurations, operating systems and browser versions may be different for each user, it is difficult to give consistent step by step directions for this process. If you run into problems, please call Enterprise Benefit Tracker technical services at (503) 417-3197 or toll-free 1-877-277-7270 for medical and 1-877-337-0651 for dental.

Security and Password Protection

Security

Security and confidentiality of member information is very important to Moda. We have used advanced technology to provide a secure system for making information available to you. We are also very sensitive to only allow access to information that is necessary and relevant to your office. Just as we take great care to safeguard our member information in its delivery to you, it is equally important that your office take steps to safeguard that information.

Your responsibilities include the following:

1. Using your own User ID and password
2. Using and maintaining your own password protection and confidentiality
3. Ensuring that the workstation monitor is not in view of unauthorized personnel
4. Ensuring that you have signed off of the application when it is not in use

Each of these is explained in more detail in this manual.

Passwords

Establishing a Password

Passwords are an integral part of your responsibility in maintaining security and privacy. The following guidelines are to be used in selecting a password:

- Passwords must be at least six characters in length
- Passwords must include a minimum of 2 numbers
- No special characters are allowed (i.e. %, @, +)
- May include upper and lower case letters
- Should not be an ascending or descending series of numbers or letters (i.e. 654321, abcdef)

It is important that the passwords not be obvious to anyone else or easily guessed. For instance, the passwords should not be:

- Your first name or the name of a family member
- Your birth date
- Repeating letters or numbers (i.e. 111aaa, abc123)

Requirements for changing a password

Passwords **must** be changed:

1. If a staff member with known access to the password/system leaves employment with the office.
2. For the medical product, if the password has not been changed within 90 days you will need to contact the ODS web administrator to have the account restored and a temporary password assigned. A reminder notification will automatically appear if you log in 7 days before the 90 day period is completed as a helpful reminder.

What if you forget or lose the password?

If you forget or lose your password, simply click on the “forgot password” link on the Sign on screen. You will be prompted to answer the challenge question you selected when registering.

Workstation Location

The workstation screen through which the ODS Benefit Tracker is viewed should be located in an area where the information cannot be seen by unauthorized individuals.

Logging off of Benefit Tracker when it is not in use

Since personal information is to be kept as secure as possible, we ask that you log off of Benefit Tracker when it is not in use. To log off, simply hit the log off link located at the top of each screen. If Benefit Tracker has not been queried for a period of 15 minutes, the application will automatically log you out. You will need to login to the application to begin using it again.

Getting Started with Benefit Tracker

Medical Product Registration

To begin using Benefit Tracker for medical, vision, and pharmacy plans, you will need to:

1. Open your web browser by double clicking on the icon
2. Type in the address or location of the Moda Health medical web page. The URL or web address is <https://www.modahealth.com/medical/>
3. On the Moda Health Welcome Medical Providers page, select the Request an account link Located on the lower right hand side of the page.

<https://www.modahealth.com/medical/mbt.shtml>

4. On the screen that appears you will see two steps available for registration.

Site Administrator Accounts

The initial or primary account will be designated as the site administrator and will require a completed electronic services agreement under step 1 as well as a user name registration under step 2. Once the signature page on the service agreement is faxed back to Moda, we will process the request within 72 business hours and send a confirmation e-mail letting you know when the account has been allowed as well as some administrator features of your profile. The fax number to return the service agreement is located at the very bottom of the link provided. When the primary account has been created, each additional user need only complete step 2, and an automatic e-mail will be forwarded to the site administrator to activate.

User Accounts and the Benefit Tracker Registration Form

Once a site administrator account is set up for your office with a designated individual in charge of monitoring users at the site, each additional user need only complete step 2. Please note that the system will not recognize special characters in the user name and should not be used. Once the registration form has been submitted an automatic e-mail will be sent to your site administrator. They will then set your permission levels and activate your account.

Dental Product Registration

To begin using Benefit Tracker for dental plans, you will need to:

1. Open your web browser by double clicking on the icon.
2. Type in the address or location of the Moda Health dental web page. The URL or web address is <https://www.modahealth.com/dental/>

3. On the Moda Health Welcome Dental Providers page, click on the Create an Account link located on the lower right hand corner of the page.

https://www.modahealth.com/dental/benefittracker_registration_info.shtml

You will then be guided in completing your online registration with Delta.

Helpful Registration Tips

- a. The system recognizes the tax id number only as a full series of numbers and will not recognize hyphens or dashes in the tax id. At this time NPI numbers are not being utilized for registration.*
- b. The provider first name and last name fields must match the way the name is indicated in our records. If the system does not recognize the name configuration you provide, please contact us at our phone number at the end of this manual for assistance.*
- c. License ID numbers may only include the numbers of the license. The system does not recognize alphabetical prefixes, such as the letter D, when completing your form.*

When your registration at Delta Dental is complete simply select the log off link located in the upper right hand corner. To continue close your browser window, open a new browser window and return to the ODS website to login to Dental Benefit Tracker to begin your search:

Signing In

Medical Product Sign In

Once your registration has been completed, simply use your newly assigned user name and password to begin your patient search. Simply login at:

www.modahealth.com/medical

You will see the Benefit Tracker logo on the left hand side. Double-Click this to enter the login screen.



The below login screen will appear

Welcome to the ODS Enterprise Benefit Tracker!

You can find up-to-the-minute medical eligibility, benefits, claims and referral information online 7 days a week from 6 A.M. to 10:30 P.M. PST.

Please contact the [Benefit Tracker Administrator](#) if you're having trouble logging in or would like information about Benefit Tracker. Please be sure to include your **tax id number** and **user name** if already registered.

User ID:	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Login"/>

Forgot your [User ID](#) or [password](#)?

Note: If you try to log in more than three times with an incorrect User ID or password, your account will automatically lock you out and the Benefit Tracker Administrator will need to be contacted in order to restore your profile.

The system has several self-help tools available to assist you with your login should they be needed.

Forgot User ID

Forgot your User ID?

If you've forgotten your User ID, please fill in your name and office tax ID# below. Your User ID will be e-mailed to you within the next business day.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Office Tax ID# (TIN):	<input type="text"/>

Once the contact information has been provided, select the submit button and the system will send you an e-mail to the e-mail address on your profile with the user information.

Forgot Password

Forgot your Password?

If you've forgotten your password please fill in the fields below. Your password will be displayed on the next page provided all information is entered correctly.

User ID:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>
Office Tax ID# (TIN): (no dash)	<input type="text"/>

Once the requested information has been provided, select the login button and the system will automatically generate a temporary password for use.

Dental Product Sign In

Once your registration has been completed, simply use your newly assigned user name and password to begin your patient search. Simply login at:

www.modahealth.com/dental

You will see the Benefit Tracker logo on the left hand side. Double-Click this to enter the login screen.



Note: If you try to log in more than three times with an incorrect User ID or password, your account will automatically lock you out.



Fri. Sept. 18, 2009

Dentist Sign In

If you are a dentist, you now have the ability to sign-on to our secure on-line system and check patient benefits, eligibility and claims information. To do so, please enter your User Name and Password to access our system. If you have not been issued a User Name and Password, please [register here](#).

If you currently use Internet Explorer 6.0 and experience problems while using this website, you may need to download a software update from Microsoft®. [Learn more.](#)

User Name:

Password:
(case sensitive)

Forgot your User Name? [Request it here.](#)
Forgot your Password? [Request it here.](#)
New users [register here.](#)

The system has several self-help tools available to assist you with your login should they be needed.

Forgot User Name

To provide your user name to you, simply verify the information on the account as it appears below.

Forgot User Name - Step 1 of 4

If you have forgotten your User Name it can be requested and emailed to you.

Enter your user information below to initiate the process.

*Business Tax ID:	<input type="text"/>
*User First Name:	<input type="text"/>
*User Last Name:	<input type="text"/>
*Provider First Name:	<input type="text"/>
*Provider Last Name:	<input type="text"/>
*License ID:	<input type="text"/>
*License State:	<input type="text"/> ▼
<input type="button" value="Proceed to Step 2"/> <input type="button" value="Cancel"/>	

If you are having difficulty recovering your User Name [click here](#) for customer service contact information.

Note:

- a. *The system recognizes the tax id number only as a full series of numbers and will not recognize hyphens or dashes in the tax id.*
- b. *The provider first name and last name fields must match the way the name is indicated in our records. If the system does not recognize the name configuration you provide, please contact us at our phone number at the end of this manual for assistance.*
- c. *License ID numbers may only include the numbers of the license. The system does not recognize alphabetical prefixes, such as the letter D, when completing your form.*

Once the above information is verified the system will request that you answer the security question created when the profile was originated.

Forgot User Name - Step 2 of 4

Your user information has been verified.

Below is the Challenge Question you need to answer to proceed to Step 3.

Challenge Question :	Name of favorite pet?
Challenge Answer:	<input type="text"/>
<input type="button" value="Proceed to Step 3"/> <input type="button" value="Cancel"/>	

Once the provider information has been verified, the system will request confirmation of the e-mail address connected to the profile.

Forgot User Name - Step 3 of 4

Your account information has been verified.

An email address was provided to us when you registered. Please verify the email address below to proceed to the next step in the Forgot User Name process.

Your Email Address:

Continue

Cancel

Finally, once the e-mail address has been confirmed the user name will be e-mailed to the authorized individual.

Forgot User Name - Step 4 of 4

Your email address has been verified.

To proceed with having your User Name emailed to dental@odscompanies.com simply click Continue. If you would like to specify a different ema

Continue

Cancel

Forgot Password

Tell Us More

- I am either a Dentist or am associated with a Dentist.
- I am a Subscriber and have coverage with Delta Dental.
- I am a DeltaCare Facility.

Go

When you select the forgot password link the system will request that you verify the profile type loaded in the system. Select the first option.

*User Name:

*Business Tax ID:

*Provider First Name:

*Provider Last Name:

*License ID:

Proceed to Step 2

Cancel

Simply verify the information on the profile to continue.

Note: The provider first name and last name will need to match what is loaded in ODS records. If the system is not recognizing the provider, please contact us at the phone number at the end of the manual for assistance. License ID numbers may only include the numbers of the license. The system does not recognize alphabetical prefixes, such as the letter D, when verifying your information.

Forgot Password - Step 2 of 3

Your User name has been verified. Below is the Challenge Question you need to answer to proceed to Step 3.

Challenge Question :	City of birthplace?
Challenge Answer:	<input type="text"/>
	<input type="button" value="Proceed to Step 3"/> <input type="button" value="Cancel"/>

Once the above information is verified the system will request that you answer the security question created when the profile was originated.

Forgot Password - Step 3 of 3

Your challenge question has been validated. Please enter your new password.

New Password:	<input type="password"/>
Confirm New Password:	<input type="password"/>
	Password must be at least 6 characters including two numeric characters. Example: <i>mypass23</i>
	<input type="button" value="Submit New Password"/> <input type="button" value="Cancel"/>

Finally the system will allow you to change the password to a new designated password that follows the appropriate password guidelines.

Change Password

There may be occasions where an office may like to change their existing password, like in cases where staffing has changed and an office wishes to maintain security for a provider profile. In these cases a user may use the change password function on the main Delta Dental site to have this done.

To change the password simply select the “click here to change your password” link at the top of the main profile screen at www.deltadental.com in the upper left hand corner after logging in to your account.

Patient Search

Once the user ID and password have been verified, a Subscriber/Patient Search screen will appear. Please note that HIPAA requires a user to request information on each specific individual. As such three distinct fields will be used in order for member policy information to display

- 1) First Name
- 2) Last Name
- 3) Subscriber Id

The screenshot shows the ODS Benefit Tracker website interface. At the top right, there are links for [EBT Home](#), [Change Password](#), and [LogOff](#). Below these is a yellow navigation bar with links for [Patient Search](#), [Physician Search](#), [Help](#), [MBT Manual](#), and [Provider Manual](#). The main content area is titled "Subscriber/Patient Search" and contains the instruction "Please fill in required fields to find a patient." Below this are three input fields: "Patient Last Name:", "First Name:", and "Subscriber ID: (no dashes)". A "Go" button is located to the right of the Subscriber ID field. A red asterisk and the text "* Required field." are positioned at the bottom left of the form. Below the form, a note states "Items displayed in green are not part of the HIPAA standard." At the bottom of the page, there is another yellow navigation bar with links for [Physicians Home](#), [Contact Us](#), [Privacy Statement](#), and [Terms and Conditions](#). Below these links, a message says "We welcome your [comments](#) on how to improve our site."

Note: Information will need to be entered as it appears on the card. If the card is not available and no results are displaying, please contact the Moda Health Benefit Administrator phone number at the end of this manual. In addition, several of our groups require the derived generic id number and will not cross reference with social security numbers. If at all possible please obtain this from your patient for the best results.

You may come across patients whose name and subscriber id number match (i.e. father and son) with the same name. If this occurs, you will be prompted to enter a date of birth.

The screenshot shows a dialog box titled "Enter Birth Date". It contains the text "Multiple matches were found for this input. Enter the Birth Date (mm/dd/yyyy format) for the person you want." Below this text, the patient's name is displayed: "Patient Last Name: MUDD" and "First Name: HARRY". At the bottom, there is a "Birth Date:" label followed by an empty input field and a "Go" button.

Patient Search/Plan List

If the patient has more than one active plan with Moda you will be given an option of choosing which plan benefits to view. This screen will also show the name and effective date of each plan, so you can determine which to bill as primary if applicable.

[Patient Search](#) | [Standard Contract](#) | [Change Password](#) | [Help](#) | [Log Off](#)

Patient Search/Plan Lists

Patient Search/Plan Lists			
Make selection from following list:			
Select	Group Name	From Date	To Date
<input checked="" type="radio"/>	PUBLIC EMPLOYEES' BENEFIT BRD	01/01/2002	12/31/2050
<input type="radio"/>	CLACKAMAS COUNTY	03/01/2001	12/31/2050

Items displayed in green are not a part of the HIPAA standard.

BENEFIT TRACKER [Patient Search](#) | [Denist Search](#) | [Contact Us](#) | [Help](#) | [Log Off](#)

Plan Eligibility Display

At the top of the Eligibility and Benefits page you will see the patient's name and plan information including insurance type, group number and group name. Additional information appears as follows:



[Patient Search](#) | [Physician Search](#)

Mary Dodson - Medical Benefits

[Medical Benefits](#) | [Vision Benefits](#) | [Rx Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) | [Member Handbook](#)

Subscriber ID: Z00000000
Subscriber Name: Matt Dodson

Insurance Type: HMO/POS
Group Number: 99999999
Group Name: Mars Landing

Network: ODS Plus Network with ODS Behavioral Health

Check eligibility for another date:
(use mm/dd/yyyy)

Patient Name: Karen D Trotter							
Gender	Relationship	Birth Date	Plan Begin	Plan End	Status	COB Begin	COB End
Female	Spouse	04/01/1969	06/01/2006	--/--	Active		

Navigation Links: Appear at the very top right hand side of the benefit tracker and provide functions helpful to your use of the program. A few examples include:

- **Patient Search:** Allows you to begin searching benefits under a new individual.
- **Physician Search:** Transports the user to an online provider directory where they can search for providers or facilities that are in-network for the displayed member.
- **Log off:** Gives you the ability to log off of the program manually when stepping away from your station to maintain patient information security.
- **Contact Us:** Located at the bottom of the eligibility and benefits screen and provides valuable contact information to different ODS departments should they be needed.

Check Eligibility for Another Date: As a default, eligibility and benefits will always display the current date. If for some reason you need to see benefit levels for an earlier date, simply change the date parameters and select the Go button to do so.

Subscriber ID: Shows in the upper left hand corner of the results screen

Subscriber Name: Displays the name of the subscriber on the results.

Group Number and Group Name: Group information will display in the upper right hand corner of the results screen

Insurance Type: Clarifies the nature of the plan and is located in the upper right hand corner of the patient information. Knowing the plan type will assist the provider in determining whether or not referrals are needed or if the patient is able to see a provider of their choice (medical only) or for dental whether it is a Premier Traditional or Preferred Provider Option plan.

Network: Appears in a light green color below the subscriber name on the near left hand side. It clarifies the network of physicians, facilities, and hospitals that are associated with the patient's plan.

Patient Information Bar: Provides information such as the gender, relationship to the subscriber, birth date, and active status.

Plan Begin /Plan end: This marker will clarify the plan effective date, and if terminated the estimated or confirmed end date of coverage. Plan end date information will appear in red if populated.

COB Begin/COB end: If ODS is aware of other primary insurance these fields will display the effective and end dates of other coverage. The dates will be blank if ODS is primary.

Check Eligibility for another date: This feature allows you to check your patient's eligibility and benefits for a date other than the current day. You will be able to see if the patient in question had active coverage on a specific date within the previous 18 months.

Member Handbook: From any screen in Benefit Tracker, you will be able to link to your patient’s member handbook if it is available. Some plans may print their own handbooks which ODS will not have access to. Simply click on the “Member Handbook” link, located at the top of your screen to see if the member handbook is available.

Benefits Display

Medical Benefits Display

Just below the Patient Information Bar the patient plan maximum and deductible information will appear. You may select an in-network or out-of network status simply by clicking on the appropriate link.

Plan Maximums and Deductibles

Plan Maximums and Deductibles				
	In Network Out of Network			
	Individual	Individual Remaining	Family	Family Remaining
Office Copay	\$10.00			
Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Out-of-pocket ¹	\$1,000.00	\$921.20	---	---
Lifetime Limit ²	\$2,000,000.00	---	---	---
¹ Out-of-Pocket note - After the member has met the annual per person out-of-pocket maximum the plan will pay 100% of covered services. The following do not accrue toward the out-of-pocket maximum: Incurred charges that exceed amounts allowed under this plan, charges of an alternative care provider and disallowed charges.				
² Lifetime limit note - Restoration Benefit: When a member receives benefit from this plan during the year, the amount paid, up to \$50,000 will automatically be restored the following January 1st to the available lifetime maximum benefit				

Office Co-pay: Reflects the copayment figure for office visits only. Additional co-payment information may apply.

Deductible (Individual): Determines what your patient’s deductible limit is. The individual remaining amount shows how much in costs the patient needs to meet before services would be covered at the contracted rate.

Deductible (Family): Reflects the patient’s family deductible limit is. The remaining amount shows how much the family needs to meet before the family’s services would be covered at the contracted rate.

Out of Pocket (Individual): Displays the out of pocket maximum for the member’s current benefit year. The individual remaining amount shows the amount the member needs to meet before they are no longer responsible for co-payments or coinsurance amounts for the remainder of their current benefit year.

Out of Pocket (Family): Displays the out of pocket family maximum for the subscriber plan’s current benefit year. The family remaining amount displays how much the family as a whole needs

to meet before they are no longer responsible for co-payments or coinsurance amounts for the remainder of the current benefit year.

Just below this field additional benefit information is displayed. Phone numbers are also available in case you need to contact ODS Health Plans directly.

Lifetime Limit: This marker will provide the lifetime limit maximum available for the policy in question. Remaining amounts are not displayed in EBT.

Footnotes: There may be footnotes that apply for particular groups covering specific contractual obligations such as out-of-pocket maximums, plan deductibles, or specific benefit limitations. If applicable, match the corresponding number to get more information regarding the subject in question.

Additional Plan Information

Benefit Period: Calendar Pre-existing Months³: 0
Dependent Stop Age: 19 Student Stop Age: 23
Domestic Partner: Domestic partner benefits are not available.
Referrals: Phone: 503-243-4496 or 1-800-258-2037; Fax: 503-243-5105
Authorizations: Phone: 503-243-4496 or 1-800-258-2037; Fax: 503-243-5105
Customer Service: Phone: 503-265-2966 or 1-888-873-1383; Fax: 503-948-5577
Mental Health and Chemical Dependency: ODS Behavioral Health (ODSBH) is the ODS Mental Health and Chemical Dependency Program Coordinator; Phone: 1-800-799-9391
RX: No coverage available on this plan for outpatient prescription drugs. Members receive a free pharmacy discount card included with the medical plan upon request from the member.
³ Pre-existing months note - No pre-existing exclusions, except a 12- month waiting period for transplants. Please contact customer service for more details concerning transplants.
Manuscript note - One vision exam for ages 18 and younger is allowed every 24 months under the Medical Plan. For members enrolled on the Vision Plan one vision exam is allowed every 12 months for all ages.
Vision exams for children 18 and younger are processed under the Medical Plan first. The vision exam copay matches the office visit copay, which is shown above.

Pre-existing Conditions: Some plans have pre-existing conditions set forth in the policy. This field will advise you what those conditions are and what the waiting period is if applicable.

Departmental Phone Numbers: There are dedicated provider phone/fax numbers for the appropriate ODS internal departments that apply to the plan displayed. These numbers can change in accordance to the plan benefits. For example:

- **Referrals:** If the plan requires referrals, the phone number will be listed in this field. If the plan does not require referrals, the numbers will be replaced with a message that states “Referrals Not Required On This Plan.”

- **Authorizations:** These are handled in the same way as referrals are. If the plan requires authorizations, the phone number will be listed. If the plan does not require authorizations, the numbers will be replaced with “No Authorizations Required On This Plan.”
- **Mental Health/Chemical Dependency:** This field will indicate the appropriate phone number to call in case any mental health services are needed. Please check this field if you need to know if an authorization is requested for these services.

Benefit Details

Under the Benefit Information section, there is a select category drop down box that will assist you in determining details of benefits covered your patient’s plan. The default search will be noted at the In-Network level. To change this simply select the out-of-network radio button before hitting Go.

Benefit Information

Select for benefit details: PCP Service
 In Network - With Referral
 In Network - No Referral
 Out of Network

Select a category ...

There are many categories to choose from.

Select for benefit details: PCP Service
 In Network - With Referral
 In Network - No Referral
 Out of Network

Select a category ...

Benefit Period:	Acupuncture, Chiropractic & Naturopath	
Pre-existing Months³:	Ambulance	
	Home Health, Hospice, Nursing	
Dependent Stop Age:	Hospital	
Student Stop Age:	Infertility	
	Family Planning	
Domestic Partner:	Maternity	
	Mental Health & Chemical Dependency	
Referrals:	Surgery	243-5105
Authorizations:	Professional Services, DME, & Supplies	243-5105
Customer Service:	Rehabilitation (Outpatient)	948-5577
Mental Health and Chemical Dependency:	Preventive Care	Health and Chemical
	TMJ	9-9391
RX:	Diagnostic & Imaging Services (Lab & X-ray)	cription drugs.
	Emergency & Urgent Care	ded with the medical plan
	Transplant & Donor	

³ Pre-existing months note - No pre-existing exclusions, except a 12- month waiting period for transplants. Please

Highlight and select the specific benefit category you wish to focus on. As an example, let’s select the surgery option.

Notes:

Some outpatient surgeries require service authorization and certain surgical procedures are covered only when performed as outpatient surgery. Please contact customer service for more information and complete details.

PCP Service	In Network - With Referral	In Network - No Referral	Out of Network
PCP Service Category: Surgery <input type="button" value="Go"/>			
Type of Service Description	Ins Pays	Pt Pays	
Anesthesia	100%	N/A	
Anesthesia Facility	100%	N/A	
Refractive Surgery	N/A	N/A	
Surgeon	100%	N/A	
Surgery Outpatient, Ophthalmologist	100%	N/A	
Second Opinion Office	100%	\$10.00	
Surgical Supplies Outpatient	100%	N/A	

In this example you will now see the detailed benefit listings for surgery. At the top will be displayed any specific plan notes that will need to be followed regarding coverage.

Some plans will display a limit category that will advise how many visits a member is allowed and how many are remaining within the benefit period.

In the Type of Service Description is displayed:

- The description of the services in question
- The percentage Moda will cover for services rendered
- The patient responsibility percentage if applicable

The network tabs located at the top will allow you to navigate between the different levels of coverage based on participation and plan type.

PCP Service	In Network - With Referral	In Network - No Referral	Out of Network
In Network - With Referral Category: Surgery <input type="button" value="Go"/>			
Type of Service Description	Ins Pays	Pt Pays	
Anesthesia	100%	N/A	
Anesthesia Facility	100%	N/A	
Refractive Surgery	N/A	N/A	
Surgeon	100%	N/A	
Surgery Outpatient, Ophthalmologist	100%	N/A	
Second Opinion Office	100%	\$10.00	
Surgical Supplies Outpatient	100%	N/A	

There may be additional footnotes that apply on benefits displayed. These footnotes, if they appear, will provide detailed instructions that will be useful in inquiring on specific coverage allowances and possible unique plan limitations.

Dental Benefits Display

Below the eligibility portion of the member information, dental benefit information will display.

JANE E SMITH - Eligibility and Benefits

[Eligibility and Benefits](#) | [Group Limitations](#) | [Claims](#) | [Member Handbook](#)

Subscriber ID: 123456789
Subscriber Name: JOHN SMITH

Insurance Type: Commercial Delta Premier
Plan Number: 1234-56
Plan Name: COMPANY ABC

Check eligibility for another date:

(use mm/dd/yyyy)

Patient Name: JANE E SMITH

Gender	Relationship	Birth Date	Plan Begin	Plan End Status	COB Begin	COB End
Female	Spouse	12/04/1954	01/01/1986	--/---/----	Active	07/01/2002 12/31/2050

Plan Maximums and Deductibles

	In-Plan Network			
	Individual	Remaining	Family	Family Remaining
Annual Limit (A1)	\$1,500.00	\$1,500.00	N/A	N/A
Lifetime Limit (L1)	\$1,000.00	\$1,000.00	N/A	N/A

Benefit Information

Service From/To Dates: 10/01/2003 - 09/30/2004

Service Type	In-Plan Network				
	Benefit Percent	Incentive Indicator	Deductible	Annual Limit	Lifetime Limit
Diagnostic Services	70 %	Yes		\$1,500.00 A1	
Preventive Services	70 %	Yes		\$1,500.00 A1	
Restorative Services	70 %	Yes		\$1,500.00 A1	
Endodontic Services	70 %	Yes		\$1,500.00 A1	
Periodontic Services	70 %	Yes		\$1,500.00 A1	
Analgesia	0 %			\$1,500.00 A1	
Oral Surgery	70 %	Yes		\$1,500.00 A1	
Crowns	70 %	Yes		\$1,500.00 A1	
Fixed Prosthetics	50 %	No		\$1,500.00 A1	
Removable Prosthetics	50 %	No		\$1,500.00 A1	
Repairs To Dentures	50 %	No		\$1,500.00 A1	
Orthodontic Services	80 %	No			\$1,000.00 L1

All incentive plans will display beginning incentive only. Please call for current incentive.

Dependent Stop Age: 19
Student Stop Age: 23
Sealant Stop Age: 99+
Fluoride Stop Age: 99+
Orthodontia Eligibility: Family
Incentive Tiers: 70 80 90 100

All eligibility/benefits/claims status information is confidential.
 This is not an approval of treatment or guarantee of payment.

- **Plan Maximum and Deductibles** information can be found in the middle of the screen. This category will display the deductible and maximums are for the benefit year in question, if the deductible has been satisfied, and how much of the maximum is remaining for the time period in question.
- **Benefit Information** will display the date range in which benefits are available, and when the benefit renewal date is in the following plan year. The plan benefits are listed below this and include service type, benefit percentages, whether or not an incentive and/or deductible will apply, and to which maximum the services apply.

Dental PPO Plans

For a member on a PPO Plan you will have the option of viewing the in-network or out-of-network benefit percentage levels. Please make sure you are certain of your provider status prior to quoting benefits to a patient for a Dental Preferred Provider Option plan.

PPO

Plan Maximums and Deductibles				
	In-Plan Network		Out-of-Plan benefits	
	Individual	Remaining	Family	Family Remaining
Deductible (D1)	\$50.00	\$50.00	\$150.00	\$150.00
Annual Limit (A1)	\$1,500.00	\$1,500.00	N/A	N/A
Lifetime Limit (L1)	\$1,000.00	\$1,000.00	N/A	N/A

Benefit Information					
Service Period: Calendar					
Service Type	In-Plan Network				
	Benefit Percent	Incentive Indicator	Deductible	Annual Limit	Lifetime Limit
Diagnostic Services	100 %	No		\$1,500.00 A1	
Preventive Services	100 %	No		\$1,500.00 A1	
Restorative Services	80 %	Yes	\$50.00 D1	\$1,500.00 A1	
Endodontic Services	80 %	Yes	\$50.00 D1	\$1,500.00 A1	
Periodontal Services	80 %	Yes	\$50.00 D1	\$1,500.00 A1	
Analgesia	0 %			\$1,500.00 A1	
Oral Surgery	80 %	Yes	\$50.00 D1	\$1,500.00 A1	
Crowns	50 %	No	\$50.00 D1	\$1,500.00 A1	
Fixed Prosthetics	50 %	No	\$50.00 D1	\$1,500.00 A1	
Removable Prosthetics	50 %	No	\$50.00 D1	\$1,500.00 A1	
Repairs To Dentures	50 %	No	\$50.00 D1	\$1,500.00 A1	
Orthodontic Services	50 %	No		\$0.00 null	\$1,000.00 L1

PPO (out of-network)

Plan Maximums and Deductibles				
	In-Plan Network		Out-of-Plan benefits	
	Individual	Remaining	Family	Family Remaining
Deductible (D1)	\$50.00	\$50.00	\$150.00	\$150.00
Annual Limit (A1)	\$1,500.00	\$1,500.00	N/A	N/A
Lifetime Limit (L1)	\$1,000.00	\$1,000.00	N/A	N/A

Benefit Information					
Service Period: Calendar					
Service Type	Out-of-Plan benefits				
	Benefit Percent	Incentive Indicator	Deductible	Annual Limit	Lifetime Limit
Diagnostic Misc Services	90 %	No		\$1,500.00 A1	
Complete Xray Series	90 %	No		\$1,500.00 A1	
Exam Services	90 %	No		\$1,500.00 A1	
Bitewing	90 %	No		\$1,500.00 A1	
Fluoride Services	90 %	No		\$1,500.00 A1	

Incentive Level Plans

Service Type	In-Plan Network				
	Benefit Percent	Incentive Indicator	Deductible	Annual Limit	Lifetime Limit
Indirect Pulp Cap	0%				
Evaluation Services	100%	Yes		\$1,500.00 A1	
Complete X-ray Series	100%	Yes		\$1,500.00 A1	
Bitewing X-rays	100%	Yes		\$1,500.00 A1	
Fluoride Services	100%	Yes		\$1,500.00 A1	
Periapical X-rays	100%	Yes		\$1,500.00 A1	
Periodontal Maintenance	100%	Yes		\$1,500.00 A1	
Prophylaxis Services	100%	Yes		\$1,500.00 A1	
Sealants	100%	Yes		\$1,500.00 A1	
Space Maintainers	100%	Yes		\$1,500.00 A1	
Emergency Care	100%	Yes		\$1,500.00 A1	
General Anesthesia	100%	Yes		\$1,500.00 A1	
Restorative Services	100%	Yes		\$1,500.00 A1	
Endodontic Services	100%	Yes		\$1,500.00 A1	
Occlusal Guard	0%				
Minor Adjustment To Occlusion	0%				
Periodontic Surgery	100%	Yes		\$1,500.00 A1	
Periodontic Treatment	100%	Yes		\$1,500.00 A1	
Analgesia	0%				
Oral Surgery	100%	Yes		\$1,500.00 A1	
Simple Extractions	100%	Yes		\$1,500.00 A1	
TMJ Services	0%				
Crown	50%	No		\$1,500.00 A1	
Fixed Prosthetics	50%	No		\$1,500.00 A1	
Implant Services	50%	No		\$1,500.00 A1	
Denture Reline	50%	No		\$1,500.00 A1	
Removable Prosthetics	50%	No		\$1,500.00 A1	
Repairs To Dentures	50%	No		\$1,500.00 A1	
Orthodontic Services	50%	No			\$1,500.00 L1

Dependent Stop Age: 23
 Student Stop Age: 23
 Sealant Stop Age: 17
 Fluoride Stop Age: N/A
 Orthodontia Eligibility: N/A
Incentive Tiers: 70 80 90 100

Procedure Utilization:
 Proc Code:
 Beginning Tooth:
 Ending Tooth:

EBT now displays the current incentive level for each member. If your patient is on an incentive plan the different incentive tiers will be listed. See above example.

There are some plans where you will need to contact customer service to determine the correct incentive levels. In this instance the following message will display:

General Anesthesia	70%	Yes	\$1,500.00 A1
Restorative Services	70%	Yes	\$1,500.00 A1
Endodontic Services	70%	Yes	\$1,500.00 A1
Occlusal Guard	50%	No	\$1,500.00 A1
Minor Adjustment To Occlusion	0%		
Periodontic Surgery	70%	Yes	\$1,500.00 A1
Periodontic Treatment	70%	Yes	\$1,500.00 A1
Analgesia	0%		
Oral Surgery	70%	Yes	\$1,500.00 A1
Simple Extractions	70%	Yes	\$1,500.00 A1
TMJ Services	0%		
Crown	50%	No	\$1,500.00 A1
Fixed Prosthetics	50%	No	\$1,500.00 A1
Implant Services	50%	No	\$1,500.00 A1
Denture Reline	70%	Yes	\$1,500.00 A1
Removable Prosthetics	50%	No	\$1,500.00 A1
Repairs To Dentures	70%	Yes	\$1,500.00 A1
Orthodontic Services	0%		

The member's beginning incentive level is displayed. Please call Customer Service for current incentive.

Stop Ages: *Dependents, students, sealants and fluoride* information can be found at the bottom of the Eligibility and Benefits page. You will also see Orthodontic Eligibility and Incentive Tiers. If your patient is on an incentive plan the different incentive tiers will be listed. A constant plan will show N/A.

- Dependent Stop Age:** 26
- Student Stop Age:** 26
- Sealant Stop Age:** 99+
- Fluoride Stop Age:** 99+
- Orthodontia Eligibility:** 99+

Common Preventive Services Box

Effective 11/20/2011 EBT has added a box that indicates whether a member is eligible for common preventive services. If the member is eligible the service will indicate Yes. If not eligible the box will indicate No but will display the date that the member is eligible.

Common Preventive Services		
Service Type	Benefit currently available?	Benefit next available
Cleaning	No	01/01/2012
Exam	No	01/01/2012
Bitewing x-rays	Yes	--/--/----
FMX or panoramic x-ray	Yes	--/--/----

Procedure Utilization

EBT now offers the ability to check certain procedures against member's history. Here are a few common examples:

Example 1: Services are currently available:


EBT Home | Change Password

[Patient Search](#) | [Dentist Search](#) | [Standard Processing Policies](#) | [Delta Dental Processing Policies](#)

- Procedure utilization

[Eligibility and Benefits](#) | [Procedure Utilization](#) | [Group Limitations](#) | [Claims](#) | [EOBs](#) | [Member Handbook](#) | [Family](#)

Subscriber ID: D167
Subscriber Name:

Insurance Type: Dental Preferred
Group Number: 10001767

Group Name: US Bank

Procedure utilization:

Minimum Age: 0 Description: Amal:3 Surfaces; Amalgam - three surfaces, primary or permanent
Maximum Age: N/A Service Type: Restorative Services

Benefit currently available?: Yes
Benefit next available: --/--/----

Procedure Utilization:

Proc Code:

Beginning Tooth:

Ending Tooth:

Check Utilization

Example 2: Service is not available due to frequency limit:

Procedure utilization:	
Minimum Age: 0	Description: Crown:Gold ; Crown - full cast high noble metal
Maximum Age: N/A	Service Type: Crown
Denial Reason: Limited to Once Each 7 Years	Benefit currently available?: No
	Benefit next available: 06/30/2018
Procedure Utilization:	
	Proc Code: D2790
	Beginning Tooth: 2
	Ending Tooth: 2

Example 3: Please call customer service

<ul style="list-style-type: none"> Information for this CDT code for this member is not currently available online. Please contact Dental Customer Service at 1-888-217-2365 with questions. 	
Procedure utilization:	
Minimum Age: 0	Description:
Maximum Age: N/A	Service Type:
Denial Reason:	Benefit currently available?:
	Benefit next available: --/------
Procedure Utilization:	
	Proc Code: D9940

Group Limitations

To locate benefit information specific to the member's plan you can click on the Group Limitations link located at the top of each page.

IMPORTANT - The limitations shown on the Group Limitations page are exceptions to the Moda Health Standard Contract as specified by the group. Please remember to always use this screen in conjunction with the Moda Health Standard Contract. To view the Dental Standard Contract click on the Standard Contract link located on the top right hand side of the group limits screen.



- Limits

[Eligibility and Benefits](#) | [Group Limitations](#) | [Claims](#)

[Member Handbook](#) | [Family](#)

Subscriber ID:
Subscriber Name:

Insurance Type: Dental Premier
Group Number: 10006629
Group Name: OEGB - Eugene SD 4J

Group Limitations: (note: for limitations not listed on this page, please refer to ODS [Standard Processing Policies](#))

1117A: Note #1117A

Parent Group # 100000016

Oregon Education Benefit Board OEGB

Claims Display

The claims page allows you to view your patient's claim history from your office. Available information will include your office or provider's name, the claim and check numbers, claim status, status date (when the claim was last touched), date of service, category, procedure code(s), amounts charged, deductibles and amount paid information. Simply select the claims link at the top of the page to view. **Note:** *Benefit Tracker will only display claims processed with your tax id number in the previous 18 to 21 months. We provide this information for the convenience of your office as well as the privacy of the patient.*

Claim Number/ Provider	Status	Service Dates	Type of Service	Service Code	Charge Amount	Deductible	Copay/ Coins	Paid	R
0832226894-00									
Who, Doctor	Paid 12/13/08	11/6/08	Preventive Exam, GYN	9939525	\$295.00	\$0.00	\$20.00	\$84.12	
Who, Doctor	Paid 12/13/08	11/6/08	Preventive Lab, Pap Test	88150	\$45.00	\$0.00	\$0.00	\$14.05	
Who, Doctor	Paid 12/13/08	11/6/08	Preventive Lab, Pap Test	9900090	\$15.00	\$0.00	\$0.00	\$0.00	

Claim Number: This field will display claim numbers assigned by Moda. Any claim that has a paid status will provide a link from the claim number to a detailed report of how the claim was processed. To see the Claim Detail, click on the linkable number.

Status of Claims:

- **Paid:** The claim has been processed and payment or denial notification has been sent.
- **In Process:** The claim is on hold. It might need review or more information from the provider or patient.
- **Pay Next Disbursement:** Moda Health pays claims within 1 week of being released (except holidays). It will remain in this status until the payment check is cut. It will then change to a paid status.
- **Service Dates:** In most cases the date of services will encompass one business day. Claims billed with more than one service date will display as a range of dates (i.e. From: 08/16/09 To: 08/26/09)

Once a highlighted claim number has been selected you may then view the detail of how the claim was processed.

Selected Claims Detail

Claim Detail										
Dates	Total Charges	Non-Covered Charges	Deduct	Provider Disc/ Disallow	Remaining Covered Charges	Copay/ Coins	Pt Resp	Total Benefit	Benefit Pd To Prov	Comments
10/3/08	Other Procedure ; Code: 93224									
	\$270.34	\$0.00	\$100.00	\$7.09	\$163.25	\$32.65	--	\$44.30	\$44.30	PDC
10/8/08	Office Visit ; Code: 99214									
	\$168.88	\$0.00	\$0.00	\$5.08	\$163.80	\$15.00	--	\$27.57	\$27.57	PDC
Totals:	\$439.22	\$0.00	\$100.00	\$12.17	\$327.05	\$47.65	\$0.00	\$71.87	\$71.87	--

Check / Claim #	Check Payee	Amount	Date	Combined Check
1701001	Doctor Who	\$503.28	11/21/2008	Yes

Claim Memo:	
Reason Code:	PDC - Provider discount has been applied.

Patient Account: (*Medical Claims Display Only*) This number is provided from Box 26 of your billed HCFA form or Box 3 from a billed UB-92 form and appears in the upper right hand corner of the screen.

Check Number: This field provides the check number that was issued from ODS.

Disallowed Amount: This field will display the difference between the total charges and the allowable amount per treatment code.

Reason Code: This field will provide explanations on benefit reductions or limitations.

Claim Memo: Manual notes from claim adjusters or customer service that explains why a claim paid or did not pay would display here.

Printable: This screen is useful for both your office records and your patient's records. If a copy of your PDR or your patients EOB is lost, simply print this screen and keep in their file. You can also provide your patient a copy if needed.

Date: This field displays when a check was issued from ODS for payment on the highlighted claim.

Frequently Asked Questions

Q: Why does it say either my user ID or password is incorrect if I know I'm entering it correctly?

A: Make sure you are not typing in all capitals when attempting to log in. Benefit Tracker is case-sensitive and will not recognize your user ID or password if the case is not correct.

Q: Why won't it accept the new password I've chosen?

A: Passwords must be a combination of both numbers and letters, no special symbols. For example, troy56 or 401khelp. Benefit Tracker also requires your password be at least six digits long and no more than 12 digits long. The system will not allow you to reuse a previous password.

Q: I changed my password successfully, but the next time I logged in it said my new password was incorrect. Why?

A: You may have a Windows preference that automatically stores your passwords for you. When you login for the first time after changing your password, clear the asterisks that are in the password field, type in your new password and click "Login". If you get a pop-up box that asks if you want to change the password stored in Windows to your new entry, choose "yes."

Q: What if I don't know the subscriber's ID number?

A: Due to HIPAA requirements and federal mandates that regulate the privacy of insurance information, you must have the subscriber's ID number to be able to access any patient information

Q: Why do I get an error message about JavaScript when I try to access Benefit Tracker?

A: You may not have JavaScript enabled. Check your Internet preferences, which are found under **Internet Options: Security** in Microsoft Explorer.

Q: Why am I only able to see one person at a time, as opposed to the entire family?

A: *Due to HIPAA (The Health Insurance Portability and Accountability Act), we have limited the information shown on Benefit Tracker to be patient specific. Without the patient's name and subscriber id number you will not be able to access any information. .*



How to Reach Moda Health Enterprise Benefit Tracker Customer Service

Moda Health Enterprise Benefit Tracker Customer Service can be reached
Monday - Friday between the hours of 8:00 a.m. and 4:30 p.m.

Medical Benefit Tracker
(503) 265 – 5616 or toll free at (877) 277-7270

Dental Benefit Tracker
(503) 417-3197 Option 1 or toll free at (877) 337-0651

Email: ebt@modahealth.com