Benefit Tracker

User Manual

2022

www.modahealth.com

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Introduction

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 Moda Health and Delta Dental Plans.

Benefit Tracker is a free online service providing 24/7 access to benefit and claims information.

Benefit Tracker Overview

To begin using Benefit Tracker, you will need:

- **Stable internet connection –** slow or disrupted connections may cause errors.
- **Internet browser with 128-bit encryption** – To comply with the current requirements for transmission over the Internet, the browser you use must be capable of supporting encryption and de-encryption. Browsers with 128-bit encryption provide the best protection when transmitting confidential data over the Internet. You must update your browser to 128-bit encryption, or you will not be able to use some areas of the Moda Health website.
- **User ID and password.** Create your own user id and password when registering for Benefit Tracker.

Since computer configurations, operating systems and browser versions may be different for each user, please call Customer Technical Support between the hours of 7:30 am to 5:30 pm PT, Monday – Friday for assistance.

Dental Benefit Tracker: 877-337-0651
Medical Benefit Tracker: 877-277-7270

Security and Password Protection

Security Information

Security and confidentiality of member information is very important to Moda. We 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 are:

1. Use your own username and password – do not share your username or password with anyone.
2. Use and maintain your own password protection and confidentiality.
3. Ensure that the workstation monitor is not in view of unauthorized personnel.
4. Ensure that you have signed off the application when not in use or away from your desk.

Password Management Guidelines

Passwords are an integral part of your responsibility in maintaining security and privacy. It is important that the passwords not be obvious to anyone else or easily guessed. When creating or changing your password, please follow the guidelines below.

Medical Benefit Tracker Password Requirements:

- Between six and fifteen characters in length
- Must include both letters and numbers
- No special characters are allowed (i.e. %, @, +)
- May include upper- and lower-case letters but upper-case letters are not required.
- Password is case-sensitive
- Cannot use a previously used password
- The password must be changed every 90 days to prevent the account from being disabled. Contact your company assigned admin or the Moda Health customer technical support team for help.
- After you log onto the system, you will get a reminder notification 7-days before the 90-day period is completed as a helpful reminder.

Dental Benefit Tracker Password Requirements:

- Password must be at least 8 characters long
- Must include one uppercase letter
- Must include one lowercase
- Must include one number
- Password is case sensitive
- Must change password only if there is a security breach

Getting Started with Benefit Tracker

Medical Benefit Tracker Account Registration

Links and instructions to register for a Medical Benefit Tracker account can be found on the Moda Health website under Provider's Benefits & eligibility:

New Site Administrator Accounts

The primary account will be designated as the site administrator and will require a completed Electronic Services Agreement (ESA) under step 1 as well as an online registration which will take you through creating a username and password under step 2.

The Electronic Service Agreement form can be completed and submitted online with an electronic signature. An email will be sent to you confirming successful submission.

Thank you for submitting your Electronic Service Agreement!

Please complete STEP 2 to finish the sign-up process: Online Registration

Go to www.modahealth.com/EBTWeb/ebt/security/registerNewUser.jsp to create username and password. We will send you an email within 3-5 business days when your application and online registration have been processed.

If you have any questions, please contact us at 877-277-7270 or by email at ebt@modahealth.com.

Sincerely,
Moda Health Customer Service Team

Need your own documents signed? Adobe Acrobat Sign can help save you time. Learn more.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Once the request has been processed, a confirmation e-mail will be sent letting you know when the account has been activated. When the primary account has been created, each additional user needs to complete step 2 only, and an automatic e-mail will be forwarded to the site administrator to activate. You can have multiple site administrators if needed. We will need a separate ESA filled out and signed for each user that needs this access.

Registering a New User Accounts using the Benefit Tracker Registration Form

The first account to be set up under the tax ID will be the designated site administrator account. The site administrator oversees the monitoring of all user accounts associated with the tax ID of the office. To set up a new user account; each additional user needs to only complete step 2. Once the online registration has been submitted, an automatic e-mail will be sent to the contact person for the facility. They will then log into their own benefit tracker to activate the new users account and set permission levels.

Managing User Accounts

Only the designated site administrator will have access to manage accounts using the account maintenance area. Account maintenance area allows user accounts to be enabled, disabled, and set account permissions. Optional permissions include: view claims, view current referral inquiries, and enter new referrals.

Example: View of Site Administrator's Account Maintenance Access

As the site administrator, to cancel your own account, you can access the link to the medical account access removal request form at https://www.modahealth.com/medical/mbt/shtml. Once the form is submitted online, it will take 3-5 business days for processing. An email confirmation will be sent to you, as soon as your request has been completed.

Dental Product Registration

Registration for a Dental Benefit Tracker account takes place at the [Delta Dental website](#).

- [deltadentalor.com/provider](#)
- [deltadentalak.com/provider](#)

From the provider home page, click the "Log In" link in the upper right corner.

- *Note: If needed, you can change the State from the link at the top of the page in the upper left corner. When you click on the State, a window will open:*

The main log in for the Dental Benefit Tracker takes place on the Delta Dental "Have We Met?" page:

DELTA DENTAL ®

Have we met?

Username

Password

Forgot Username or Password ?

Sign in

Don't have an account ?
Create an account

1. To register for a new account, Select the "Create an account" link.

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

3. When your registration at Delta Dental is complete, open a new browser window and return to the Delta Dental of Oregon or Alaska website to login to Dental Benefit Tracker and begin your patient search.

Helpful Delta Dental Registration Tips:

- *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.*

- *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 Customer Technical Support 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 completing your form.*

Signing In

Medical Product Sign In

Once both steps have been completed and you receive an email confirmation that your account has been activated, you can log in at modahealth.com/medical with the username and password you created during the registration process.

Click on "Log in to Benefit Tracker" button

The system has self-help tools available to assist you with your login if needed.

Forgot username?

Click the "Forgot username?" link under the Login button to begin.

Enter your information in the required fields and click "Submit" to verify the information. The system will auto generate an email and send to the address listed on the user profile.

Forgot your username?

If you've forgotten your username, please fill in your name and office tax ID number below.

Your username will be emailed to you within the next business day.

First name

The first name is required.

Last name

The last name is required.

Office Tax ID# (TIN)

(No dashes)

The Tax ID is required and must be numeric only.

Submit

Benefit Tracker

Forgot your password?

If you've forgotten your password please fill in the fields below.

Username

The username is required.

Mother's maiden name:

The mother's maiden name is required.

Office Tax ID# (TIN)

(No dashes)

The Tax ID is required and must be numeric only.

Submit

Forgot Password?

Enter your information in the required fields and click "Submit" to verify the information. The system will take you to a page that will require you to enter your username and allow you to change your password.

Benefit Tracker

Forgot your password?

Fill in form below and click the "Change" button to change your password.

Username

The username is required.
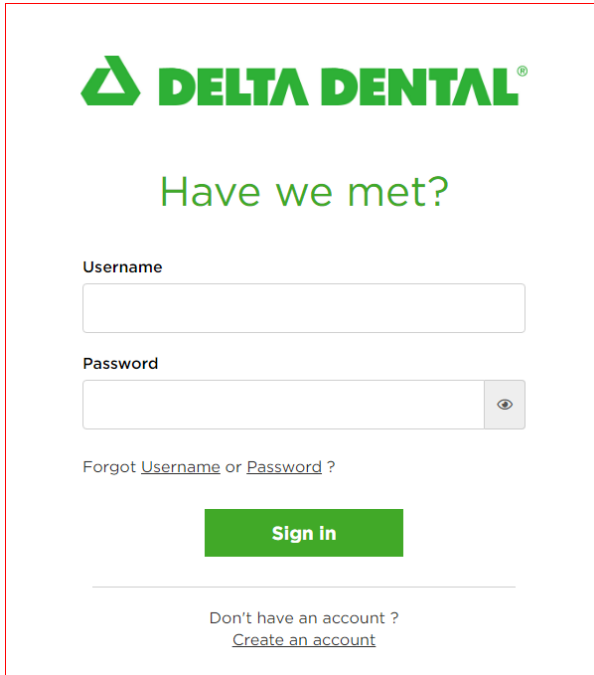
New password

Password requirements ^

Verify new password

- Case-sensitive
- 6 to 15 characters in length
- Includes numbers and letters
- No special characters
- Not a previous password

Change

Dental Product Sign In

The main log in for the Dental Benefit Tracker takes place on the Delta Dental "Have We Met?" page. All Delta Dental companies support single sign on so the same username and password will allow the dentist to gain access to all Delta Dental company sites as well as the national portal. For navigation to the Delta Dental log in page, see the Dental Product Registration section.

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

The system has self-help tools available to assist you with your login if needed. Please note that some Delta Dental companies require a redirect to the local company site for registration, forgot password, forgot username, or edit profile type of account management functions. Below are the states that will redirect you to their website for password management.

- DDMI and affiliated Companies: MI, IN, OH, AR, TN, KY, NM, MN, NE, ND and Federal Services (FS) program
- DDWA and DDNJ/CT

Forgot your Delta Dental Username?

To retrieve your Username, click the "Forgot **Username**" link and follow the 5 steps.

1. Step 1 – select the option "I am either a dentist or associated with a dentist". Click "Proceed to step 2" to continue.

2. Step 2 – verify your user information.

- See the *Helpful Registration Tips* for help filling out the form.

3. Step 3 – Once the above information is verified, you will be required to answer the security questions on file.

Forgot username - step 3 of 5

Your user information has been verified.

Below is the challenge question you need to answer to proceed to step 4.

Challenge question : City of birthplace?
Challenge answer [   ]
Cancel Proceed to step 4

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

Forgot username - step 4 of 5

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 username process.

Your email address:
[   ]

Cancel Continue

5. Once the e-mail address has been verified, click the "Continue" button to have your username emailed to you.

Forgot username - step 5 of 5

Your email address has been verified.

To proceed with having your username emailed to ebt@modahealth.com simply click continue. If you would like to specify a different email click here.

Cancel Continue

Forgot your Delta Dental Password

When 'Forgot your password?' link is selected, you will be requested to verify your profile type. Select the first option:

Forgot password - step 1 of 4

⦿ I am either a dentist or associated with a dentist

○ I am a member or adult dependent and have coverage with Delta Dental

○ I am a DeltaCare® facility

Proceed to step 2

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Click "Proceed to step 2" link and fill out the form on the next page

Forgot password - step 2 of 4

If you have misplaced your password, it can be requested. Enter your user information below to get started.

Username*   Business tax ID*

_____   _____

Dentist first name*   Dentist last name*

_____   _____

License ID*

_____

[Cancel]   [Proceed to step 3]

Enter the information in each required field to continue to step 3.

> ***PLEASE NOTE:***
> - License ID numbers may only include the numbers of the license. Do not add any letters.
> - If the account was created at DDMI, DDWA or DDNJ/CT then you will be directed to their website to update your password.
> - See the *Helpful Registration Tips* section for help filling out the form.

Forgot password - step 3 of 4

Your username has been verified. Below is the challenge question you need to answer to proceed to step 4.

Challenge question: Challenge answer
City of birthplace?

_____

[Cancel]   [Proceed to step 4]

Once the above information is verified, you will be required to answer the security question on file.

Forgot password - step 4 of 4

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

New password

Confirm new password

Password must be at least 8 characters
including one uppercase, one lowercase and one numeric character. Example: *thePass3*

Cancel   Submit new password

Once the account has been validated, a new password can be created.

Changing your Delta Dental Password

To maintain security for a provider profile, users must use the Delta Dental web site for password changes. This can be done by selecting "Change your password" link at the top of the main profile screen at deltadental.com in the upper right-hand corner after logging in to your account.

Patient Search Home Page

Once logged into Benefit Tracker, you will land on the Patient Search Home page. Some features are the same for both the medical and dental product and some features are product specific.

Both the medical and dental tools have the following features available on the Home Page:

- Patient Search
    - This is used to look up patient benefits and claims

- EOPs (Explanation of Payments)
    - This feature is only for paper check payments.
    - EFT payments are delivered differently and are not available on Benefit Tracker. You must go through your claim's clearinghouse service for payment details.
    - EOPs for check payments dated 6/17/2020 or later. EOPs dated before 6/17/2020 are not available online.

- Find Care – a drop down will give you the option between the Find Care for Moda Health and Summit Health.

Medical Benefit Tracker Home Overview:

In addition to the home page features, medical providers have access to:
- The eviCore Provider Portal – a direct link to the eviCore login page
- Manual's link
- Help link
- Accounts – This link is only available on assigned administrator accounts.

Dental Benefit Tracker Home Overview:

In addition to the home page features, dental providers have access to:
- Documents link giving access to:
  - Benefit Tracker manual
  - Delta Dental processing policies
  - OHP covered / non-covered services
  - ADA claim form
- Filed Fee link giving access to the Delta Dental of Oregon Electronic Filed Fee System

Patient Search

Four distinct fields will be used to identify and display member information:

- Subscriber ID or social security number
- Last Name
- First Name
- Birth date

You must enter at least 3 of the 4 fields to search
Use the "Reset" link, located next to the Search button, to clear the current search and begin another.

Helpful Hints about the Patient Search

Patient name should be entered as it appears on their ID card. If the ID card is not available and no results are displaying, please contact the appropriate customer service department to verify eligibility.

In addition, some groups require members to have derived generic ID numbers that do not cross reference with social security numbers. For these instances, the social security number will not pull up any results.

If Patient Search locates multiple matches for the search criteria entered, the system will require additional validation.

Example 1: There is a father and son with the same name under the same ID number. You will be prompted for the birth date of the patient.

Example 2: Searching by last name, ID number and birth date, and the plan has twins, the system will ask you to enter the patient's first name.

Example 3: Same member has active coverage under more than one group number but under the same ID number. You will be asked to enter the group number too.

Plan Eligibility Display

The Eligibility and Benefits page of each product provides the patient's name and plan information including insurance type, group number and group name.

Medical Patient Home Page

Dental Patient Home Page

Definition of Features

ID Number: 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: Listed in the upper right-hand corner of the patient information. Knowing the plan type will assist the provider in determining whether 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 or Preferred Provider Option plan.

Network: Appears in a light green color below the subscriber's 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 MODA HEALTH is aware of other primary insurance these fields will display the effective and end dates of other coverage. The dates will be blank if MODA HEALTH is primary.

Check Eligibility for another date: As a default, eligibility and benefits will always display the current 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 24 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 MODA HEALTH 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 Overview

Medical Benefits Display

Just below the Patient Information Bar the patient plan maximum and deductible information will appear. You may select the appropriate level of care (i.e. in-network, out-of-network, PCP 360, Non-PCP 360) by clicking on the appropriate link. Depending on the type of plan, there will different selections available.

Plan Maximums and Deductibles: There may be various deductible or out-of-pocket notes listed below these totals. Use the "Network", "Level" or "Tier" links to go to the correct level of coverage.

Examples of the different Network links you will see listed under the Plan maximums and deductibles area:

Each plan will accumulate deductible and out-of-pocket maximum differently so use the network links and the notes to find the correct benefit.

Office Visit/Office copay: Reflects the copayment or coinsurance percent for office visits only. Additional co-payment information may apply. If separate benefits apply for different types of visits such as incentive care visits or PCP visits, it will be listed here as well.

Deductible (Individual): Determines what your patient's deductible limit is. The individual remaining amount shows how much 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 needs to meet before they are no longer responsible for co-payments or coinsurance amounts for the remainder of the current benefit year.

Lifetime Limit: This is an old field that is no longer used. In the past this marker will provide the lifetime limit maximum available for the policy in question.

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Footnotes: There may be footnotes that apply for 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.

Just below these fields additional benefit information is displayed. Phone numbers are also available in case you need to contact Moda Health Plans directly.

Benefit period:	Calendar
Pre-existing months[4]:	0
Dependent stop age[5]:	26
Student stop age[5]:	26
Domestic partner:	Benefits are available for registered partners of the same gender through The Oregon Family Fairness Act.
Referrals:	Referral is not required.
Authorizations:	• Phone: 503-243-4496 • Toll Free: 1-800-258-2037 • Fax: 503-243-5105 Plan has eviCore for the following services: Advanced Imaging, Cardiology, Spine/Joint, Pain Management, PT/OT/SPT. Evicore - Authorizations • Phone Number: (844) 303-8451 • Website: www.evicore.com
Customer service:	PEBB Customer Service phone numbers: • Medical: 844-776-1593 • Dental: 888-217-2365 • Pharmacy: 844-776-1594 Vision is thru VSP, their Toll Free number is 800-877-7195
Mental health and chemical dependency:	Please contact Moda Behavioral Health (ModaBH) for all Mental Health and/or Chemical Dependency treatment services. • Toll Free: 1-800-799-9391

Benefit period: This will be listed as Calendar or Contract

- Calendar means the plan year goes from 1/1 to 12/31 each year

- Contract means the plan year goes from mid-year start date to mid-year end date. (i.e. OEBB's plan year is 10/1 to 9/30 each year)

Pre-existing Conditions: Some plans might have a waiting period for certain pre-existing conditions set forth in the policy. See Footnote for details.

Departmental Phone Numbers: There are dedicated provider phone/fax numbers for the appropriate MODA HEALTH internal departments that apply to the plan displayed. These numbers can change in accordance with 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, "Referral is not required."

- **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 uses eviCore for certain services, the services and the eviCore phone number and web address will be listed. If the plan does not require authorizations, the

numbers will be replaced with "No Authorizations Required."

- **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.

Medical Benefit Details

In the Benefit Information section, use the radio buttons to select the level of coverage to view, default is always the highest level of coverage. Use the dropdown box to "Select a category" to view the benefit details.

On the Benefit Details screen, at the top will be any "Notes" pertaining to the benefit category. Next will be the benefit information showing what Insurance (INS) will pay and what the patient (PT) pays for each type of service. You can change the network level by using the network links.

Notes

The member is responsible to pay emergency room facility and urgent care visit co-payments.

- Emergency room co-payments will be waived when a covered hospital admission immediately follows an emergency room visit.
- Emergency room co-payments apply only to services billed by the facility. **Please note:** Imaging copays apply in addition to the ER facility copay.
- Health Care Reform requires ER professional services to be paid at the in-network benefit level. All ER out-of-network services (facility and professional) are subject to MPA.

Benefit information   PCP 360 category: Emergency & Urgent Care ▼

PCP 360 | Non-PCP 360 | In-Network | Out of Network

TYPE OF SERVICE DESCRIPTION	INS PAYS	PT PAYS
Emergency Room	100%	$150.00
Emergency Room for Mental Health/Chemical Dependency	100%	$150.00
Urgent Care Visit	100%	$25.00
Urgent Care Visit for Mental Health/Chemical Dependency	100%	$25.00

Dental Benefits Display

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

Common preventive services

SERVICE TYPE	BENEFIT CURRENTLY AVAILABLE?	BENEFIT NEXT AVAILABLE
Cleaning	No	09/17/2021
Exam	No	09/17/2021
Bitewing x-rays	No	03/17/2022
FMX or panoramic x-ray	Yes	--/--/----

Plan maximums and deductibles

In-Plan Network

	INDIVIDUAL	INDIVIDUAL REMAINING	FAMILY	FAMILY REMAINING
Deductible (D1)	$50.00	$50.00	$0.00	$0.00
Annual Limit (A1)	$2,200.00	$1,924.80	$0.00	$0.00
Lifetime Limit (L1)	$1,800.00	$1,800.00	$0.00	$0.00

Benefit information

In-Plan Network

Service from/to date: 10/01/2020 - 09/30/2021

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Distal Shoe Space Maintainers under age 9	80%	Yes		$2,200.00 A1	
Blood Pressure Check	100%	No			
Bitewing X-ray - single	80%	Yes		$2,200.00 A1	

- **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, incentive indicator and/or deductible will apply, and to which maximum the services apply.

Dental Benefits Details

Dental PPO Plans

A PPO Plan will provide the option of viewing in-network or out-of-network benefit percentage levels. Please confirm your provider status prior to quoting benefits to a patient for a Dental Preferred Provider Option plan.

Dental Preferred PPO

Plan maximums and deductibles

In-Plan Network | Out-Plan Network

	INDIVIDUAL	INDIVIDUAL REMAINING	FAMILY	FAMILY REMAINING
Annual Limit (A1)	$1,000.00	$604.00	$0.00	$0.00
Out-of-Pocket Maximum (A2)	$350.00	$350.00	$700.00	$700.00

Benefit information

In-Plan Network | Out-Plan Network

Delta Dental Premier

Plan maximums and deductibles

In-Plan Network

	INDIVIDUAL	INDIVIDUAL REMAINING	FAMILY	FAMILY REMAINING
Annual Deductible (D1)	$25.00	$25.00	$75.00	$75.00
Annual Limit (A1)	$1,500.00	$1,500.00	$0.00	$0.00

Benefit information

Incentive Level Plans

Benefit information

In-Plan Network | Out-Plan Network

Service from/to date: 01/01/2021 - 12/31/2021

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Distal Shoe Space Maintainers under age 9	100%	No		$1,750.00 A1	
Bitewing X-ray - single	100%	No			
Emergency Care	80%*	Yes	$50.00 D1	$1,750.00 A1	

If the patient is on an incentive plan, there will be a "Yes" under the Incentive Indicator column and the percent level of coverage will be listed. If Incentive levels are not listed or a message appears advising '*Contact Customer* Service', please contact the Dental Customer Service to confirm current incentive levels.

Stop Ages: *Dependent, student, sealant and fluoride* age 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:	19
Orthodontia eligibility:	99+

Common Preventive Services Box

Benefit Tracker has provided a list of common preventive services with an indicator of "Yes" the benefit is available or "No" the benefit is not currently available. If "No", the 'Benefit Next Available' date will appear on the right.

Common preventive services

SERVICE TYPE	BENEFIT CURRENTLY AVAILABLE?	BENEFIT NEXT AVAILABLE
Cleaning	No	09/17/2021
Exam	No	09/17/2021
Bitewing x-rays	No	03/17/2022
FMX or panoramic x-ray	Yes	--/--/----

Procedure Utilization

Benefit Tracker can also check certain procedure codes against member's history.

Procedure utilization

Proc code	Beginning tooth	Ending tooth	
D2790	08	08	Check utilization

Minimum age:	0
Maximum age:	99+
Description:	Crown:Gold ; Crown - full cast high noble metal
Service type:	Crown
Benefit currently available:	Yes
Benefit next available:	--/--/----

Group Limitations

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

Limits

Eligibility and Benefits | Procedure utilization | **Group limitations** | Claims | Member handbook

IMPORTANT - *The limitations shown on the Group Limitations page are exceptions to the Delta Dental of Oregon & Alaska Standard Contract as specified by the group.*

BENEFITS:

Preventive services: Exams, bitewings, prophylaxis, periodontal maintenance, fluoride, sealants, space maintainers, full mouth x-rays, panoramic x-rays and periapical x-rays do not apply to the annual maximum.

HEALTH THROUGH ORAL WELLNESS PROGRAM:

Delta Dental's Health through Oral Wellness program offers enhances benefits to members who are at greater risk of oral disease or medical complications related to oral health. Qualification for the program requires members take a clinical risk assessmen t from a registered dentist every 6 to 14 months.

A registered dentist is a licensed dentist who has registered with the Health through Oral Wellness program and

Claims Display Overview

The claims display page allows the user to view patient's claim history, as billed by their office. Information available, 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.

*Note: **Benefit Tracker will only display claims processed with your tax id number. The system displays 24 months of claims history. We provide this information for the convenience of your office as well as the privacy of the patient. If you need assistance with claims earlier than this, please contact Customer Service.***

Claims list

CLAIM NUMBER	CHECK	PROVIDER	STATUS	DATE OF SERVICE	CATEGORY	TOOTH	CDT CODE	TOTAL CHARGE	DEDUCTIBLE	COPAY/ COINS	MODA PAID
-00 EOB 🗎	13162519	David	Paid 3/20/21 F1-65	3/17/21	Bitewing X-rays		D0274	$75.00	$0.00	$14.60	$58.40
	13162519	David	Paid 3/20/21 F1-65	3/17/21	Periodontal Maintenance		D4910	$211.00	$0.00	$41.00	$164.00
	13162519	David	Paid 3/20/21 F1-65	3/17/21	Evaluation Services		D0120	$69.00	$0.00	$13.20	$52.80
-00 EOB 🗎	13101498	David	Paid 12/19/20 F1-65	2/19/20	Periodontal Maintenance		D4910	$211.00	$0.00	$61.50	$143.50
-00 EOB 🗎	13037320	David	Paid 9/12/20 F1-65	9/3/20	Periodontal Maintenance		D4910	$211.00	$0.00	$61.50	$143.50
	13037320	David	Paid 9/12/20 F1-65	9/3/20	Evaluation Services		D0120	$69.00	$0.00	$19.80	$46.20
Total for all results	--	--	-- --			--	--	$846.00	$0.00	$211.60	$608.40

Claims Definitions

Claim Number: This field will display claim numbers assigned by Moda. Any claim that has a paid status will provide a link to the EOB under the claim number. If you click any line item of the claim, it opens the claim detail report showing how the claim was processed.

Status of Claims:
- **Paid**: The claim has been processed and payment or denial notification has been sent.
- **In Process:** The claim is in process.
- **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: 08/16/21 To: 08/26/21)

Patient Account *(Medical Claims Display Only)***:** This number is provided from Box 26 of the 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 of a paper check issued from Moda Health/ODS and a link to the EOP.

CHECK / CLAIM #	CHECK PAYEE	AMOUNT	DATE	COMBINED CHECK	EOP
13162519	Dr Dav██████	$7,098.20	03/20/2021	Yes	EOP 📄

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 EOP 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 Moda Health for payment on the highlighted claim.

Frequently Asked Questions

Q: Why does it say either my user ID or password is incorrect when I am 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: Ensure you are following the correct password requirements for the product. Refer to the Password Management for the password requirements for each product.

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

A: When you login for the first time after changing your password, clear any asterisks that autofill in the password field, then 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 to your new entry, choose "yes."

Q: What if I do not know the ID number?

A: Due to HIPAA requirements and federal mandates that regulate the privacy of insurance information, you must have at least 3 out of the four validation fields to access patient information online.

1. *First name*
2. *Last name*
3. *Date of Birth*
4. *ID number or Social Security Number*

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.

Q: My account is suspended by my contact person, who is that and how do I fix this?

A: This error message is only valid for the medical tracker tool and is not valid for the dental tracker. For security purposes, passwords must be changed every 90 days, or your access will be suspended. When you go over 90 days without changing your password, the account will lock until you ask your contact person to reactivate the account. If you are the contact person for your tax ID and your account is suspended, please contact benefit tracker technical support at 877-277-7270 or email ebt@modahealth.com.

How to Reach Moda Health Benefit Tracker Customer Service

Benefit Tracker Customer Service
Monday - Friday 7:30 am - 5:30 pm PT

Medical Benefit Tracker
877-277-7270

Dental Benefit Tracker
877-337-0651

Email: ebt@modahealth.com