Benefit Tracker

User Manual

2017

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 Plans.

The Moda 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:

- **Internet Service Provider or ISP** - There are many Internet service providers to choose from. Please check with service providers for available options.
- **Internet browser** - Moda Benefit Tracker is best viewed using Microsoft Internet Explorer 6.0 or higher. Refer to your ISP for more information on downloading or installing a new browser.
- **User ID and Password.** Create 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 Benefit Tracker technical support between the hours of 7:30 am to 5:30 pm PST, Monday – Friday.

Dental Benefit Tracker: (503) 417-3197   or toll-free 1-877-337-0651
Medical Benefit Tracker: (503) 265-5616   or toll-free 1-877-277-7270

Security and Password Protection

Security
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 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 between six and fifteen characters in length
• Passwords must include a minimum of one number
• No special characters are allowed (i.e. %, @, +)
• May include upper and lower case letters
• Should not be an ascending or descending series of numbers of 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)
• Simple words or phrases like "password1"

Requirements for changing a password

Passwords **must** be changed:
- If a staff member with known access to the password/system leaves employment with the office.
- In office security breach or violation
- For the medical product, if the password has not been changed within 90 days you will need to contact the Moda Customer Service Technical Support 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 Moda 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 designated site administrator account is set up for your office, they will be in charge of monitoring the other user accounts attached to the tax ID of the office. To set up a new user account; 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

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

Helpful 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 us at our phone
    number at the end of this 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 completing your form.*

When your registration at Delta Dental is complete 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 Moda
website to login to Dental Benefit Tracker to begin your search.

Signing In

Medical Product Sign In

Once your registration has been completed, use your 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.

Benefit Tracker

The below login screen will appear.

Note: If you try to log in more than three times with an incorrect User ID or password, your account will automatically lock. Please contact the Benefit Tracker Administrator 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

Once the contact information has been provided, select the submit button. The system will auto generate an email and send to the address listed on the user profile.

Forgot Password

Forgot your password?

If you've forgotten your password please fill in the fields below. You can change your password on the next page provided all information is entered correctly.

Username

Mother's maiden name:

Office Tax ID# (TIN)

(No dashes)

Submit

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

Dental Product Sign In

Once your registration has been completed, use your assigned user name and password to begin your patient search. Log in 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.

Benefit Tracker

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.

△ DELTA DENTAL

Fri. Oct. 20, 2017

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.

User Name:

Password:
(case sensitive)

Forgot your User Name? Request it here.

Forgot your Password? Request it here.

New users register here.

Sign In

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

Forgot User Name

To retrieve a forgotten your username, select 'Request it here' on the sign in page and verify the information listed below.

Forgot User Name - Step 2 of 5

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:	
*User First Name:	
*User Last Name:	
*Provider First Name:	
*Provider Last Name:	
*License ID:	
*License State:	▼

Proceed to Step 3   Cancel

Helpful Registration:

- *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 us at our phone number at the end of this 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 completing your form.*

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

Forgot User Name - 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 :	Mother's maiden name?
Challenge Answer:	

Proceed to Step 4   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 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 User Name process.

Your Email Address: [ ]

Continue   Cancel

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

Forgot User Name - Step 5 of 5

Your email address has been verified.

To proceed with having your User Name emailed to **email@verifiedaddress.com**   simply click Continue. If you would like to specify a different email click here.

Continue   Cancel

Forgot Password

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

Forgot Password - Step 2 of 4

If you have misplaced your password it can be requested. Enter your user information below to initiate the process.

*User Name: [ ]

*Business Tax ID: [ ]

*Provider First Name: [ ]

*Provider Last Name: [ ]

*License ID: [ ]

Proceed to Step 3   Cancel

Verify the information as requested to continue.

Note: The provider first name and last name will need to match what is loaded in Moda Health 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 3 of 4

Your User name has been verified. Below is the Challenge Question you need to answer to proceed to Step 4.

Challenge Question :   Mothers maiden name?

Challenge Answer:

Proceed to Step 4   Cancel

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

Submit New Password   Cancel

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

Change 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 "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: HIPAA requires a user to request information on each specific individual. Three distinct fields will be used to identify and display member information: First Name, Last Name Subscriber ID

Patient search

Please enter the patient's name and ID number.

Last name

First name

ID number

(No dashes)

Search

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 Moda Health Benefit Administrator (contact info pg 29). In addition, some groups require members to have derived generic id numbers that do not cross reference with social security numbers.

If Patient Search locates multiple matches with the same name (i.e. father and son) validation of the date of birth is required before continuing.

Patient search

> ⓘ Multiple matches were found for Robert Brown.
> Please enter the birth date for Robert Brown.

Last name

Brown

First name

Robert

Birth date

(mm/dd/yyyy)

Search

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 provide the name and effective date of each plan.

Make selection from following list:

	GROUP NAME	MEMBER NAME	MEMBER TYPE	FROM DATE	TO DATE	GROUP ID
○	Individual Products	Robert Brown	Subscriber	03/01/2014	08/31/2014	10005153
○	Columbia River Estuary Study Task Force	Robert Brown	Subscriber	09/01/2014	--/--/----	10011789

Continue

Plan Eligibility Display

The Eligibility and Benefits page provides the patient's name and plan information including insurance type, group number and group name. Additional information appears as shown below:

Benefit Tracker

Medical search   Manuals ⌄   Find Care ⧉   Help ⧉   View tour

OR

Dental search   Documents ⌄   Find Care ⧉   PreViser ⧉   View tour

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Medical search   Manuals ⌄   Accounts   eviCore Provider Portal ⧉   Find Care ⧉   Help ⧉   View tour

Roberta Brown
Medical benefits

Medical benefits | Vision benefits | Pharmacy benefits | Claims | PCP history | Member handbook

ID number:	ID0000000	Insurance type:	Preferred Provider Organization
Subscriber name:	Roberta Brown	Group number:	10015522
Network:	Summit	Group name:	Symmetry Care

Check eligibility for another date*

[10/23/2017] [Check]

Patient name: Roberta Brown

GENDER	RELATIONSHIP	BIRTH DATE	PLAN BEGIN	PLAN END	STATUS	COB BEGIN	COB END
Female	Subscriber	01/01/1971	01/01/2017	--/--/----	Active		

Navigation Links will appear at the top of the page under the **Benefit Tracker** logo (as pictured above) to will help provide search tools and program features. A few examples include:

- **Medical/Dental Search:** Allows you to begin searching benefits under a new individual.

- **Find Care**: Transports the user to an online provider directory where they can search for providers or facilities that are in-network for the displayed member

- **View Tour:** We've refreshed our design and are excited to share the changes with you. Click this link to take a tour of our fresh new design.

Definition of Features

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 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 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 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

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 Primary Care, Not my Moda Medical Home) by clicking on the appropriate link. Depending on the type of plan, there may be different selections available.

Plan maximums and deductibles				
Moda Medical Home | Not My Moda Medical Home | In-Network | Out of Network				
Office Visit[1]				
• Moda Medical Home: $25				
	INDIVIDUAL	INDIVIDUAL REMAINING	FAMILY	FAMILY REMAINING
Deductible[2]	$1,000.00	$1,000.00	$2,000.00	$2,000.00
Out-of-pocket[3]	$3,000.00	$2,369.47	$6,000.00	$5,361.68
Lifetime Limit	- - -	- - -	- - -	- - -

[1] Office copay note -

- Medical Home office visits are subject to a $25 co-payment.
- Specialist or non-selected Medical Home visits are subject to a $50 co-payment.
- If a member does not select a medical home provider, claims will be paid at the out-of-network benefit level.

[2] Deductible note - Please note; expenses applied toward the deductible *do accrue* towards the out-of-pocket maximum.

The deductible is waived on the following when performed by an in-network provider:

- Services subject to fixed dollar co-payments,
- Routine nursery ,
- Preventive care, and
- Outpatient lab and x-ray services.

The following *do not accrue* toward the deductible:

- Fixed dollar co-payments;
- Prescription drug out-of-pocket expenses;
- Service authorization cost containment penalties;
- Out-of-pocket expenses for transplants performed at out-of-network transplant facilities; and
- Disallowed charges.

The In Network and Out of Network deductible amounts are separate and do not commingle.

[3] Out-of-Pocket note - After the out-of-pocket maximum has been met, the Plan will pay 100% of covered services for the remainder of the year.

The following *do not accrue* toward the out-of-pocket maximum:

- Service authorization cost containment penalties, and
- Disallowed charges.

In-Network and Out-of-Network expenses are subject to separate out-of-pocket maximums.

Plan Maximums and Deductibles

There may be various deductible or out-of-pocket notes listed below these totals. Each plan will accumulate deductible and out-of-pocket maximum differently so these notes will give the detail needed.

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 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.

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.

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.

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

Additional Plan Information

Benefit period:	Calendar
Pre-existing months[4]:	0
Dependent stop age:	26
Student stop age:	26
Domestic partner:	Coverage for Domestic Partners may or may not apply. Please check with the Participating Employer to see if this coverage is available.
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, Ultrasounds. Evicore - Authorizations • Phone Number: (844) 303-8451 • Website: www.evicore.com
Customer service:	• Toll Free: 1-888-217-2363 • Fax: 1-855-522-9808 • Pharmacy: 1-888-361-1610
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
Rx:	

[4] Pre-existing months note - There are no pre-existing condition exclusions under this plan, except for Transplants. Transplants are subject to a 24-month exclusion period. Please contact Customer Service for more information.
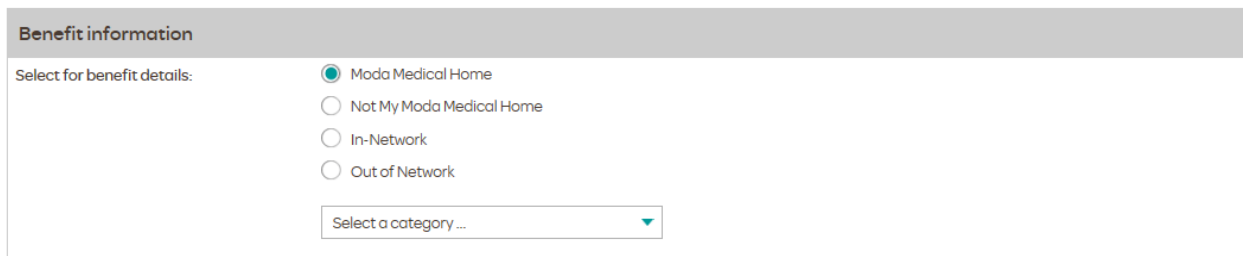
Manuscript note - .

Pre-existing Conditions: Some plans have might have a waiting period for certain 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 MODA HEALTH 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, "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 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.

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 selecting the benefit category.

There are many categories to choose from.

Benefit information

Select for benefit details:	◉ Moda Medical Home
	○ Not My Moda Medical Home
	○ In-Network
	○ Out of Network

Select a category ...
Acupuncture, Chiropractic & Naturopath
Ambulance
Diagnostic & Imaging Services (Lab & X-ray)
Emergency & Urgent Care
Family Planning
Home Health, Hospice, Nursing
Hospital
Infertility
Maternity
Mental Health & Chemical Dependency
Preventive Care
Professional Services, DME, & Supplies
Rehabilitation (Outpatient)
Surgery
TMJ
Transplant & Donor

Benefit period:	
Pre-existing months[4]:	
Dependent stop age:	
Student stop age:	
Domestic partner:	apply. Please check with the Participating Employer to see if this coverage is
Referrals:	
Authorizations:	

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

Notes

All inpatient and certain outpatient surgeries require prior authorization, and some surgical procedures are covered only when performed as outpatient surgery.

Failure to obtain a prior authorization will result in the following:

- If the claim does not meet medical necessity criteria, the claim will be denied.
- If prior authorization is not obtained when required, the charge will be denied. A penalty will not apply in the case of an emergency admission.

- **Second Surgical Opinions**: Moda may require an independent consultation to confirm non-emergency surgery is medically necessary. Should Moda require a second opinion, the Plan will pay the cost of the second opinion and any applicable deductible will be waived.

Please refer to the Focus List, administrative guidelines apply

Benefit information

Moda Medical Home category: Surgery ▼

Moda Medical Home | Not My Moda Medical Home | In-Network | Out of Network

TYPE OF SERVICE DESCRIPTION	INS PAYS	PT PAYS
Anesthesia	80%	20%
Anesthesia Facility	80%	20%
Refractive Surgery	N/A	N/A
Surgeon	80%	20%
Surgery Outpatient, Ophthalmologist	80%	20%
Second Opinion Office	100%	$25.00
Surgical Supplies Outpatient	80%	20%

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

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.

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

In-Plan Network

Service from/to date: 01/01/2017 - 12/31/2017

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Distal Shoe Space Maintainers under age 9	100%	No		$1,500.00 A1	
Bitewing X-ray - single	100%	No		$1,500.00 A1	
Consultation w/medical health care professional	0%				
Dental case management	0%				
Counseling/Instruction	0%				
Emergency Exam	100%	No		$1,500.00 A1	
Evaluation for anesthesia	0%				
Anesthesia Services	0%				
Indirect Pulp Cap	0%				
Restorative Foundation	0%				
Adjunctive Miscellaneous Service	80%	No	$25.00 D1	$1,500.00 A1	
Cone Beam	0%				
Evaluation Services	100%	No		$1,500.00 A1	
Complete X-ray Series	100%	No		$1,500.00 A1	
Bitewing X-rays	100%	No		$1,500.00 A1	
Fluoride Services	100%	No		$1,500.00 A1	
Periapical X-rays	100%	No		$1,500.00 A1	
Periodontal Maintenance	100%	No		$1,500.00 A1	
Prophylaxis Services	100%	No		$1,500.00 A1	
Sealants	100%	No		$1,500.00 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, whether or not an incentive and/or deductible will apply, and to which maximum the services apply.

Dental Benefits Display

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

Service from/to date: 01/01/2017 - 12/31/2017

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Analgesia under age 19	0%				
Bitewing X-rays under age 19	75%	No		$350.00 A2	
Crown Miscellaneous Services under age 19	50%	No		$350.00 A2	
Diagnostic Miscellaneous Services under age 19	75%	No		$350.00 A2	
Emergency Exam under age 19	75%	No		$350.00 A2	
Fluoride Services under age 19	75%	No		$350.00 A2	
General Anesthesia under age 19	50%	No		$350.00 A2	
Implant Services under age 19	0%				

Dental Preferred PPO (out of-network)

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

Benefit information

In-Plan Network | Out-Plan Network

Service from/to date: 01/01/2017 - 12/31/2017

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Analgesia under age 19	0%				
Bitewing X-rays under age 19	50%	No			
Crown Miscellaneous Services under age 19	50%	No			
Diagnostic Miscellaneous Services under age 19	50%	No			
Emergency Exam under age 19	50%	No			
Fluoride Services under age 19	50%	No			
General Anesthesia under age 19	50%	No			
Implant Services under age 19	0%				

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

In-Plan Network

Service from/to date: 01/01/2017 - 12/31/2017

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Distal Shoe Space Maintainers under age 9	100%	No		$1,500.00 A1	
Bitewing X-ray - single	100%	No		$1,500.00 A1	
Consultation w/medical health care professional	0%				
Dental case management	0%				
Counseling/Instruction	0%				
Emergency Exam	100%	No		$1,500.00 A1	
Evaluation for anesthesia	0%				
Anesthesia Services	0%				
Indirect Pulp Cap	0%				
Restorative Foundation	0%				
Adjunctive Miscellaneous Service	80%	No	$25.00 D1	$1,500.00 A1	

Incentive Level Plans

If the patient is on an incentive plan the different incentive tiers will be listed.

Benefit information

In-Plan Network

Service from/to date: 10/01/2017 - 09/30/2018

SERVICE TYPE	BENEFIT PERCENT	INCENTIVE INDICATOR	DEDUCTIBLE	ANNUAL LIMIT	LIFETIME LIMIT
Bitewing X-ray - single	70%	Yes		$2,200.00 A1	
Counseling/Instruction	0%				
Emergency Exam	70%	Yes		$2,200.00 A1	
Evaluation for anesthesia	0%				
Anesthesia Services	0%				
Indirect Pulp Cap	0%				
Restorative Foundation	0%				
Adjunctive Miscellaneous Service	70%	Yes	$50.00 D1	$2,200.00 A1	
Cone Beam	0%				
Evaluation Services	70%	Yes		$2,200.00 A1	
Complete X-ray Series	70%	Yes		$2,200.00 A1	
Bitewing X-rays	70%	Yes		$2,200.00 A1	
Fluoride Services	70%	Yes		$2,200.00 A1	
Periapical X-rays	70%	Yes		$2,200.00 A1	
Periodontal Maintenance	70%	Yes		$2,200.00 A1	

If Incentive levels are not listed or a message appears advising '*Contact Customer* Service', please contact Moda Dental Customer Service to confirm current Incentive levels.

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:	19
Orthodontia eligibility:	None

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 the benefit is not currently available the 'Benefit Next Available' date will appear to the right.

Common preventive services		
SERVICE TYPE	**BENEFIT CURRENTLY AVAILABLE?**	**BENEFIT NEXT AVAILABLE**
Cleaning	No	03/06/2018
Exam	No	03/06/2018
Bitewing x-rays	No	03/02/2018
FMX or panoramic x-ray	Yes	--/--/----

Procedure Utilization

Benefit Tracker has the ability to check certain procedures against member's history.

Procedure utilization

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

ID number:	ID0000000	Insurance type:	Dental Preferred
Subscriber name:	Roberta Brown	Group number:	10015363
		Group name:	Individual Products

Procedure utilization			
Proc code	Beginning tooth	Ending tooth	
D2790	08	08	Check utilization

Minimum age:	19
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.

Eligibility and Benefits

Eligibility and Benefits | Procedure utilization | <mark>Group limitations</mark> | Member handbook

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 Documents link located on the top navigation buttons below the Benefit Tracker Logo.

Benefit Tracker

Dental search   Documents ^   Find Care ⬈   PreVise

Benefit Tracker manual 📄

Constan   Standard processing policies 📄

Limits   Delta Dental processing policies 📄

Eligibility and Benefits | Procedure utilization | Group |

Claims Display

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 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.

Claims list

CLAIM NUMBER	PROVIDER	STATUS	SERVICE DATES	TYPE OF SERVICE	SERVICE CODE	CHARGE AMOUNT	DEDUCTIBLE	COPAY/ COINS	MODA PAID	REVENUE CODE
1700000001-00	Doctor Who	Paid	5/17/17 6/2/17	Preventive - Breast Cancer Screening	G0202TC	$344.00	$0.00	$0.00	$326.80	0403
1700000002-00	Doctor Who	Paid	2/21/17 3/24/17	Lab	80053	$37.00	$0.00	$0.00	$0.00	0301
	Doctor Who	Paid	2/21/17 3/24/17	Preventive - Lipid Disorders Screening	80061	$51.00	$0.00	$0.00	$115.20	0301
	Doctor Who	Paid	2/21/17 3/24/17	Lab	83036	$40.00	$0.00	$0.00	$0.00	0301
1700000003-00	Doctor Who	Paid	2/21/17 3/24/17	Preventive Lab, Adult	36415	$20.00	$0.00	$0.00	$2.86	
	Doctor Who	Paid	2/21/17 3/24/17	Preventive - Adult Exam	99396	$311.00	$0.00	$0.00	$220.46	
Total for all results		--	--	6	--	$803.00	$0.00	$0.00	$665.32	-- --

15 ▼   1-6 of 6 claims   < 1 of 1 >

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 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: 08/16/17 To: 08/26/17)

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

Selected Claims Detail

Patient account:	▮▮▮▮▮▮	Processed by:	fredris
Provider:	Meyer, Avishai P00001082559	Claim paid under group	10006725
Claim number:	▮▮▮▮▮▮ (show all segments)	number:	

Claim detail

DATES	TOTAL CHARGES	NON-COVERED CHARGES	DEDUCT	PROVIDER DISC/ DISALLOW *	WITHHOLD *	REMAINING COVERED CHARGES *	COPAY/ COINS *	PT RESP *	TOTAL BENEFIT	BENEFIT PD TO PROV	CODES
6/28/17	Office Visit Code: 99204										
	$597.22	$0.00	$0.00	$308.03	$0.00	$289.19	$0.00	$0.00	$289.19	$289.19	L60 PDC PDC
Totals:	$597.22	$0.00	$0.00	$308.03	$0.00	$289.19	$0.00	$0.00	$289.19	$289.19	---

CHECK / CLAIM #	CHECK PAYEE	AMOUNT	DATE	COMBINED CHECK
10595614	Oregon Weight Loss Surgery LLC	$7,377.66	10/13/2017	Yes

Reason code:	L60 - Individual out of pocket maximum has been met.
	PDC - Provider discount has been applied.

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 that was issued from Moda Health.

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 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: 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. .

<u>How to Reach Moda Health Benefit Tracker Customer Service</u>

Moda Health 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