



# Medical Benefit Tracker Users Manual

A Complete guide  
on the how, what, why, and where  
to find the information you need  
using the ODS Health Plans  
On-Line system.

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# Signing on

**Welcome to the ODS Medical 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.

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

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

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

BENEFIT TRACKER: [Patient Search](#) | [Physician Search](#) | [Contact Us](#) | [Help](#) | [Change Password](#) | [Log Off](#)

[Physicians Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)  
We welcome your [comments](#) on how to improve our site.

*All eligibility, benefits, and claims information is confidential. If the plan is fully insured as described in the member handbook, eligibility is binding for 5 business days and quoted benefits are binding for 30 business days from the date of authorization. For all plans, services are subject to eligibility and plan provisions, including pre-existing condition limitations in effect at the time services are rendered.*

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The Web address to use Medical Benefit Tracker is located at:

<https://www.odshealthplans.com/mbt/MedicalSearch>

You will need to enter your User ID and Password.

- ❑ If you have not registered with ODS Medical Benefit Tracker, you will need to do so prior to using the system. This is located at

<https://www.odshealthplans.com/mbt/MedicalReg>

- ❑ This consists of creating your own unique User ID and your own Password so it will be easy to remember them both.
- ❑ Your contact with your office will need to authorize your access and assign you the screens that you can use.

When you have entered in your User ID and Password, click “Login”.

If you forget your User ID and/or passwords, there are links that will help you remember.

User ID:	<input type="text"/>
Password:	<input type="password"/>
Login	
Forgot your <a href="#">User ID</a> or <a href="#">password</a> ?	

1. **User ID** - Click on the link User ID, you will be taken to the screen.

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

Fill out the information. The MBT Administrator will email your User ID momentarily.

2. **Password** – Click on this link to be reminded your password. You will be taken a screen that looks like this.

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

Fill out the information requested, if it finds a match your password will be displayed at the next page.

If you are having any other issues and cannot access MBT, you will need to contact the MBT Administrator by either Email at [MBT@odscompanies.com](mailto:MBT@odscompanies.com) or by phone:

- ❑ Local in Portland area      503-265-5616
- ❑ Toll Free                              1-877-277-7270

# Looking up Patients

The screenshot shows the ODS Benefit Tracker website interface. At the top left are the ODS and Benefit Tracker logos. A navigation bar contains links for Patient Search, Physician Search, Contact Us, Help, MBT Manual, Provider Manual, Change Password, and Log Off. Below this is a yellow header for the 'Subscriber/Patient Search' section. The main content area contains a form with three required fields: Patient Last Name, First Name, and Subscriber ID (with a note '(no dashes)'). A 'Go' button is next to the Subscriber ID field. A red asterisk indicates that the Subscriber ID is required to view claims, referrals, and pcp history. Below the form, a note states that items displayed in green are not part of the HIPAA standard. A second navigation bar is identical to the first. Below it is the ODS logo and links for Physicians Home, Contact Us, Privacy Statement, and Terms and Conditions. A welcome message asks for comments. A disclaimer states that eligibility, benefits, and claims information is confidential and binding for 5 business days. The footer contains the copyright notice: Copyright © 2005 Health Services Group, Inc. All Rights Reserved.

When you have entered your User ID and Password correctly, you will come to the Search Page. Because HIPAA requires you to request information on a specific patient; you will need three pieces of information; First and Last Name, and Subscriber ID (or recipient ID in the case of CareOregon).

You will not be asked to provide a date of birth unless there are multiple matching names under the same Subscriber ID. In this case, another box will appear and ask you for the birth date of the patient so that the system will be able to distinguish which patient you are inquiring on.

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, the patient's name is displayed: 'Patient Last Name: MUDD' and 'First Name: HARRY'. There is a text input field for the 'Birth Date:' and a 'Go' button to the right.

When you filled out the appropriate information, press, “Go”

# Eligibility and Benefits

## Eligibility

After you enter the patient's information, and if they are in our system, you will be shown the Eligibility page. Here are your points of interest.

The screenshot shows the ODS Benefit Tracker interface. At the top, there are logos for ODS and Benefit Tracker. Below the logos is a navigation bar with links: Patient Search, Physician Search, Contact Us, Help, Manual. The main heading is "HARVEY MUDD - Eligibility and Benefits". Below this are several sections: "Medical Benefits" with links for Vision Benefits, Claims, Referrals, RCP History, and Member Handbook; "Subscriber ID: 156503088" (callout 1); "Insurance Type: Point of Service (Referral plan-see referral guidelines)" (callout 4); "Subscriber Name: Harvey Mudd" (callout 2); "Group Number: P402-AZ" (callout 2); "Group Name: BUSINESS SOLUTIONS" (callout 2); "Network: ODS Network-includes PPO/PDS & Prov Pref" (callout 5); "Coverage Level: Member & spouse" (callout 6); "Check eligibility for another date:" with a date input field (01/08/2003) and a "Go" button (callout 5); and a "Patient Name: HARVEY MUDD" section above a table (callout 6). The table has columns: Gender, Relationship, Birth Date, Eligibility Begin, Eligibility End, Status, COB Begin, and COB End. The row shows: Male, Self, 03/25/1961, 07/01/2000, ---, Active, 10/01/2000, 10/01/2005. Callout 7 points to the Eligibility Begin and End columns, and callout 8 points to the COB Begin and End columns.

1. **Subscriber ID** – This number will be shown if you had supplied the ID during Patient Search.
2. **Group Number and Group (employer's) Name.**
3. **Navigation Links** – The screens you are able to access are set by the contact in your office in relation to your position.
4. **Insurance Type** – Lets you know if the patient has a plan that requires referrals or if the patient can see a provider of their choice.
5. **Network** – This shows you the network of physicians, facilities, and hospitals that are associated with the patient's plan.
6. **Patient Information Bar** – Will show you information such as the Gender, Relationship to the subscriber, and Birth Date.
7. **Eligibility** - Will also show when eligibility began and if applicable, when it ended. **If there is an end (termination) date listed, the information in the bar will be in red** to inform you that the patient is (or scheduled to be) terminated.
8. **COB Information** - If there is other reported primary insurance, this will let you know when those date were effective. The dates will be blank if ODS is primary.

## Benefits

Just below the Patient Information Bar will be the patient's Plan Maximums and Deductibles. It will automatically default to the patient's In Network benefits. You can switch the benefits by clicking on "Out of Plan."

Plan Maximums and Deductible				
	In-Plan Network   <a href="#">Out-of-Plan</a>			
Office Copay	\$15.00			
	Individual	Individual Remaining	Family	Family Remaining
Deductible (D1)	\$250.00	\$250.00	\$750.00	\$750.00
Out-of-pocket	\$1000.00	\$900.00	\$3000.00	\$2,900.00
Lifetime Limit (1)	\$2,000,000.00	---	---	---
<small>Out of Pocket note - Emergency room visits, copayments, out-of-pocket expenses for prescription drugs, infertility drugs, vision benefits, and out-of-pocket expenses for transplants performed at non-contracting facilities do not accrue toward the annual out-of-pocket maximum.</small>				

1. **Office Copay** – This reflects the copay for office visits only. There might be different copay for services other than office visits. Please see the [Benefit Details section](#) for more information.
2. **Deductible (Individual)** – This amount is what your patient's deductible limit is. The Remaining Amount shows how much the patient needs to meet before services would be covered at the contracted rate.
3. **Plan Change link** - Automatically defaults to the patient's In Network benefits. Click "Out of Plan" to see what the patient would be responsible for services received by non contracted providers.
4. **Deductible (Family)** – This amount is what 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.
5. **Footnotes** – There might be footnotes for some subjects like Out of Pocket maximums, deductibles, or benefits. Match the corresponding number to get more information regarding that subject.
6. **Lifetime Limit** – This would show the lifetime limit for the patient. MBT will not show what is remaining.
7. **Out of Pocket (Individual)** – This amount is what your patient's Out of Pocket Maximum is. The Remaining Amount shows how much the patient needs to meet before they are not responsible for copays or coinsurances for the rest of the benefit year.
8. **Out of Pocket (Family)** - This amount is what your patient's family Out of Pocket Maximum is. The Remaining Amount shows how much

the family needs to meet before they are not responsible for copays or coinsurances for the rest of the benefit year.

Just below this field shows more benefit information and the phone numbers in case you need to contact ODS Health Plans.

Benefit Information	
<b>Benefit Period:</b>	Calendar
<b>Pre-existing Months <sup>2</sup>:</b>	6
<b>Dependent Stop Age:</b>	23
<b>Student Stop Age:</b>	23
<b>Domestic Partner:</b>	No Domestic Partner Benefits Available.
<b>Referrals:</b>	503-243-4496 or 1-800-258-2037, Fax 503-243-5105
<b>Authorizations:</b>	503-243-4496 or 1-800-258-2037, Fax 503-243-5105
<b>Customer Service:</b>	503-243-3968 or 1-877-337-0650, Fax 503-948-5577
<b>Mental Health and Chemical Dependency:</b>	ODS Mental Health/Chemical Dependency Program 1-800-799-9391. For benefit information call Customer Service.
<sup>2</sup> 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.	

1. **Pre-existing Conditions** – Some plans have pre-existing conditions set forth. This section will let you know what those conditions are and what the waiting period.
2. **Departmental Phone Numbers** – These are the dedicated provider phone/fax numbers for the relative departments. These numbers can change in accordance to the plan. For example;
  - a. **Referrals**: If the plan requires referrals, the phone number will be listed here. If the plan does not require referrals, the numbers will be replaced with “Referrals Not Required On This Plan.”
  - b. **Authorizations**: Done the same way as Referrals. 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.”
  - c. **Mental Health/Chemical Dependency**: This area would show what phone number to call in case any of these services were needed. Check this field if you need to know if an authorization is required for this kind of service.



## Benefit Details

Under the Benefit Summary Page, find this section that will allow you to see the details of benefits covered by this member's plan. You will default to the In-Network level. You can change that by selecting the desired network.

**Benefit Information**

Select for benefit details:

In Network  
 Out of Network

Select a category ...

Click on the scroll down button to see and select categories.

**Benefit Information**

Select for benefit details:

In Network  
 Out of Network

Select a category ...

- Select a category ...
- Acupuncture
- Alternative Care
- Ambulance
- Chiropractic
- Family Planning
- Home Health/Hospice/Nursing
- Hospital
- Infertility
- Maternity
- Mental Health/Chem Dependency

Highlight and click the Benefit category you want. In this example we will select Surgery.

**Surgery 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. Cochlear implants are covered when medically necessary and authorized.

**In Network** **Out of Network**

**In Network Category:** Surgery

Type of Service Description	Ins Pays	Pt Pays
Refractive Surgery	N/A	N/A
Assistant Surgeon	90 %	10 %
Surgeon	90 %	10 %
Transplant Surgeon*	90 %	10 %

\*All transplant procedures require service authorization for type of transplant, medical necessity and appropriateness according to criteria established by DDS. To receive maximum benefits transplants must be performed at a participating transplant facility.

You are now shown the Surgery benefits for this member. At the top you will be able to see any notes that you need to be aware of regarding the benefits or if they have benefits at all.

Some benefits will have a Limit Category that shows how many visits they are allowed and how many are remaining within the benefit period.

**Surgery 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. Cochlear implants are covered when medically necessary and authorized.

**In Network**   **Out of Network**   **2**   **3**

**In Network Category:** Surgery   **Go**

Type of Service Description	Ins Pays	Pt Pays
Refractive Surgery	N/A	N/A
Assistant Surgeon <b>1</b>	90 %	10 %
Surgeon	90 %	10 %
Transplant Surgeon*	90 %	10 %

\*All transplant procedures require service authorization for type of transplant, medical necessity and appropriateness according to criteria established by ODS. To receive maximum benefits transplants must be performed at a participating transplant facility.

In the Type of Service Description, you can see:

1. The description of that service.
2. What ODS will pay for the service.
3. What the patient is responsible for.

By clicking on the Network tabs (4), you'll be able to go back and forth from the different level of benefits

**Surgery 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. Cochlear implants are covered when medically necessary and authorized.

**In Network**   **Out of Network**   **4**

**Out of Network Category:** Surgery   **Go**

Type of Service Description	Ins Pays	Pt Pays
Refractive Surgery	N/A	N/A
Assistant Surgeon	70 %	30 %
Surgeon	70 %	30 %
Transplant Surgeon*	70 %	30 %

\*All transplant procedures require service authorization for type of transplant, medical necessity and appropriateness according to criteria established by ODS. To receive maximum benefits transplants must be performed at a participating transplant facility.   **5**

There may be additional information, called footnotes, regarding a particular benefit. These footnotes will give special instructions that will be useful for you when you are inquiring on certain benefits.

# Claims

**HARVEY MUDD - Eligibility and Benefits**

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 [PCP History](#) | 
 [Member Handbook](#)

**Subscriber ID:** 156503088      **Insurance Type:**

Click on the link “Claims” to view claims for your office. MBT will only look up those claims processed with your Tax ID number. This is done for the convenience of your office and for the privacy of the patient.

Claims List										
Claim Number	Provider	Status	Service Dates	Type of Service	Service Code	Charge Amount	Deductible	Paid	Revenue Code	
<a href="#">011922431-00</a>	VICKI SELLER MD	Paid 5/01/02	3/27/02	Office Visits	90862	\$86.00	\$0.00	\$54.58		
<b>011973696-00</b>	MARY JONES MD	In Process	4/19/02 4/28/02	Physical Therapy	97110	\$338.00	\$0.00	\$0.00		
<b>011993537-10</b>	VICKI SELLER MD	Pay Next Disbursement	5/15/02	Office Visits	99213	\$72.00	\$0.00	\$43.92		
	VICKI SELLER MD	Pay Next Disbursement	5/15/02	Procedures Other	92567	\$39.00	\$0.00	\$30.74		
	VICKI SELLER MD	Pay Next Disbursement	5/15/02	Procedures Other	92552	\$29.00	\$0.00	\$25.97		

1. **Claim Number** – Assigned by ODS. 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.
2. **Status of Claim** – Indicates if the claim is processed or not. The following list is the current statuses on MBT.
  - a. Paid – Means the claim has been processed and has been sent payment or notification of why a claim may be denied. To see the detail of the payment, click on the Claim Number.
  - b. In Process – This status means that the claim is on hold. It might need review or need more information from the provider or patient.
  - c. Pay Next Disbursement – ODS pays every two weeks. It will remain in this status until the payment check is cut. Then it will change to a Paid status.
3. **Service Dates** – Most office visits will show one day. Claims billed with more than one date will have them listed as a From date to a To date.

## How to use the Optional Claims Search Filter

The Search Filter will allow you to filter out all claims listed on the Summary page except for the criteria you request. The information listed will only show the services processed for the patient and will be broken down into search categories.

**Optional Claims Search**  
Use one or more of the fields below to narrow your display.  
*Hold the Ctrl key to multi-select within a field.*

1. Select CPT Code (3 max)...  
90862

2. Select Provider (3 max)...  
VICKI SELLER MD

3. Service Date (use mm/dd/yyyy)  
From  To

The search categories are separated by:

1. CPT Code (up to 3 different codes),
2. Provider of Service (up to 3 providers), and
3. Service Dates

To use the filter, simply use the up and down arrows in each category until you find the code or provider you want. Click on the entry to select and then press Go. For service dates fill in the “From” and “To” dates. Leave the “To” field blank if you are looking for claims from a particular date to present.

For multiple selections in the same category, do the following:

- Highlight the code or provider.
- Scroll up or down to the next code or provider.
- Press and HOLD the “CTRL” key on your keyboard and click on the desired code or provider.
- Complete your selection and press go.

**It is important to note that the search function will not keep your original search values if you need to do another detailed search after the initial search. Values will reset and you will need to enter in the desired entries again along with your new entry.**

Once you find the claim you are interested in and if it has a paid status, simply click on the claim number to access the claim detail.

<b>011922431-00</b>	
VICKI SELLER MD	Paid
	5/01/02

## Claims Detail

The claim detail will break down the claim and show how it was paid and to whom.

<b>1</b> <b>Patient Account:</b> 0100100567	
<b>Provider:</b> SELLER 930843759	
<b>Claim Number:</b> 011922431-00	

Claim Detail									
Dates	CPT/TOS	Total Charges	Disallowed/ Reason	Deduct	Provider Discount	Allowed	Provider Withhold	Pt Resp	Paid
5/1/01	90862 OFFICE VISITS	\$86.00	\$13.08 E8	\$0.00	\$3.34	\$69.58	---	\$15.00	\$54.58
<b>Totals:</b>		\$86.00	\$13.08	\$0.00	\$3.34	\$69.58	\$0.00	\$15.00	\$54.58

Check / Claim #	Check Payee	Amount	Date
034590092	VICKI SELLER, MD	\$54.58	05/01/2001

<b>Claim Memo:</b>	
<b>Reason Code:</b>	E8 - PROVIDER DISCOUNT HAS BEEN APPLIED.

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Click here for Printable display

**Printable**

- Patient Account** – This number comes from Box 26 from your billed HCFA form or Box 3 from a billed UB-92 form.
- Check Number** – Tells you the number of the check this claim was paid under.
- Disallowed Amount** – Charges that had been adjusted due to contracted rates would show that amount here.
- Reason Code** – For any charged amount that was adjusted, the reason code would be translated here to tell you why it was adjusted.
- Claim Memo** – Manual notes from claim adjusters or customer service that explain why this claim paid or did not pay would show here.
- Printable** - Allows you to make a printable version of this claim. You can send these to secondary insurance or keep for your records before you receive the check from ODS.
- Paid Date** - Shows when the check was cut and paid. This is not the processed date.

# Referrals

**HARVEY MUDD - Eligibility and Benefits**

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Subscriber ID: 156503088 Insurance Type:

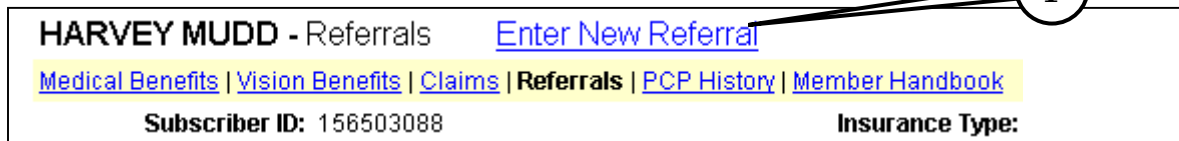
Click on the link “Referrals”. You will be able to see all referrals processed with your Tax ID number. If you are a PCP’s office, you will be able to track all outgoing referrals made for your patient. As a specialist, you will be able to see if a referral has been done for the patient you are seeing.

Referral History (ODS Referral Guidelines)						
Reference #	Status	Date Span	Referred to	Services	Auth. Visits/LOS	Dx Code
01L505016 00	Authorized	01/10/2001 01/12/2002	BOB SMITH MD	OFFICE VISITS	2	388.31
<b>Notes:</b>						
A8348058	In Process	01/05/2001 01/11/2001	BILL GREEN MD WILLAMETTE FALLS HOSPITAL		5	428.0
<b>Notes:</b>						
009523874 00	Authorized	12/22/2000 06/15/2001	H WILLIAM JONES MD	OFFICE VISITS Yes - OP Diagnostics Yes - Office Proc.	6	309.
<b>Notes:</b>						
003411077 00	Authorized	12/17/2000 05/22/2001	GREENBURG PHYSICAL THERAPY	PHYSICAL THERAPY	6	723.1
<b>Notes:</b>						
B06588374 00	Not Authorized	12/11/2000 05/31/2001	NOT-SELECTED	Call ODS for Details OFFICE VISITS		388.31
<b>Notes:</b> SCHLUENING						

- 1. Referral Authorization Number** - This number is automatically assigned by ODS for the referral. Use this in reference for your billing of the specialist.
- 2. Status of Referral** - Lets you know where the referral is
  - Authorized - Referral has been approved.
  - In Process – Referral is waiting for further details from the provider’s office before approval.
  - Not Authorized – Referral was not approved and visit will not be covered. Any non-authorized referral will be highlighted in red so that it alerts you to the problem. You will also be prompted to call ODS Intake Unit for details.
- 3. Date Span** – When the referral begins and when it ends.
- 4. Services Covered** – Describes the service that the referral is for and what procedures during that visit are allowed.

## Referral Entry

The On Line Referral system is designed so that you can only do referrals to specialists and/or facilities contracted with the member's network of providers. **If you are not the patient's listed PCP, you will not have the option to enter a referral.**



HARVEY MUDD - Referrals [Enter New Referral](#)

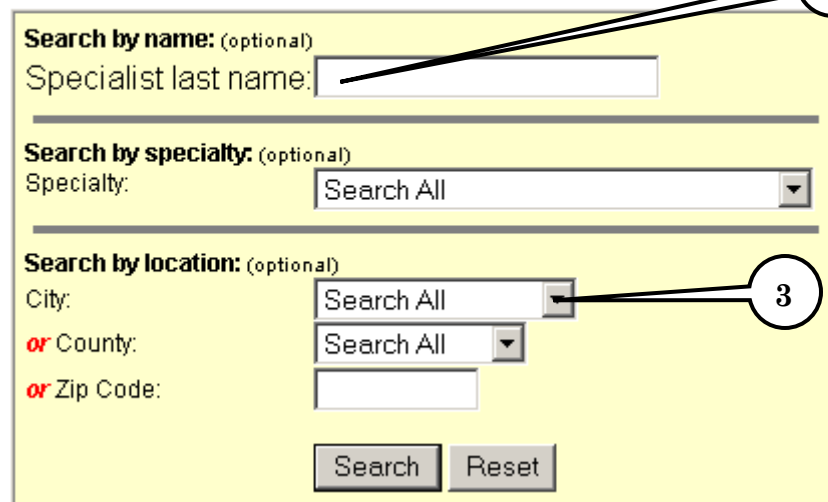
[Medical Benefits](#) | [Vision Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) | [Member Handbook](#)

Subscriber ID: 156503088 Insurance Type:

1. To begin a new referral, click [Enter New Referral](#).

### Step 1 of 4 -- Search for a Specialist

Enter **at least one** of the following to search for the specialist being referred.



**Search by name:** (optional)  
Specialist last name:

**Search by specialty:** (optional)  
Specialty:

**Search by location:** (optional)  
City:   
or County:   
or Zip Code:

2. Enter **specialists last name** in the box to search for contracted physicians with that name.

If you do not know the name of the specialist but you do know what kind of specialist you are looking for, click the scroll button to select from a wide category of specialties.

3. Use the **City, County, or Zip Code filters** in case you need to narrow that search.

Once you have selected either the specialist by name or by specialty, click Search.

## Step 2 of 4 -- Select a Specialist

Choose a specialist from the search results below and click their name to continue to Step 3 or [Search Again](#).

Search for Name: **smith**  
**8 found.**

Click name to select specialist	Address	Specialty
<input type="button" value="Smith, David MD"/>	210 SE 136th Ave Vancouver, WA 98684 360-944-9889	Hematology/Oncology
<input type="button" value="Smith, James MD"/>	9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384	Rheumatology
<input type="button" value="Smith, Joan PNP"/>	750 Murphy Rd Medford, OR 97504 541-608-4096	Pediatrics
<input type="button" value="Smith, Kirk NP"/>	19 Myrtle St Medford, OR 97504 541-773-3863	Internal Medicine

1. Your search will bring up those specialists by name or by specialty. The list will show the name of the provider, the address and phone number, and their specialty. If the specialist you're looking for is not present, try **Search Again**.
2. Once you have found your specialist, **simply click on the gray box** that contains the name. You will be automatically taken to Step 3 of Referral Entry.



### Step 3 of 4 -- Start a Referral

Fill in all the fields and click the Continue button.

<b>Referred-to specialist</b>	Smith, James MD 9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384	<input type="button" value="Change Specialist"/>
<b>Date referral first valid</b>	<input type="text"/> (use mm/dd/yyyy for dates)	
<b>Time span</b>	Select Span... ▾	
<b>Diagnosis code</b>	<input type="text"/> (no decimal needed)	
<b>Allow surgical option</b>	Yes ▾ ( <a href="#">What is a surgical option?</a> )	
<b>Number of visits requested</b>	Select Number... ▾	
<input type="button" value="Continue"/>		

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1. Your specialist is now entered in the Referred to Specialist field. If you chose the wrong one by mistake, click **Change Specialist** to be taken back to your previous search results.

### Step 3 of 4 -- Start a Referral

Fill in all the fields and click the Continue button.

<b>Referred-to specialist</b>	Smith, James MD 9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384	<input type="button" value="Change Specialist"/>
<b>Date referral first valid</b>	<input type="text"/> (use mm/dd/yyyy for dates)	
<b>Time span</b>	Select Span... ▾	
<b>Diagnosis code</b>	<input type="text"/> (no decimal needed)	
<b>Allow surgical option</b>	Yes ▾ ( <a href="#">What is a surgical option?</a> )	
<b>Number of visits requested</b>	Select Number... ▾	
<input type="button" value="Continue"/>		

[Back to top](#)

Select Span...

- 1 day
- 1 month
- 3 months
- 6 months
- 12 months

2. Date Referral First Valid - Enter in the date the

referral is first valid. You can go back 90 days for a retro referral or enter a future date.

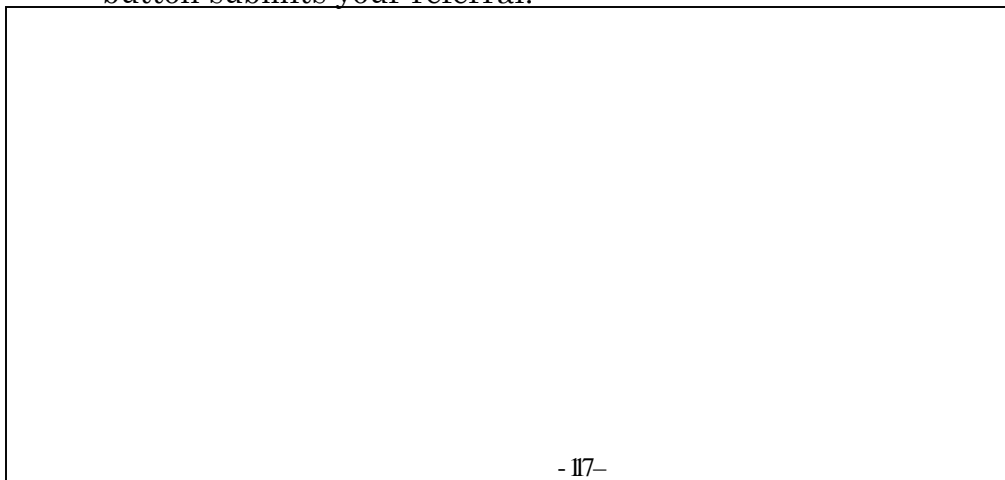
3. **Time Span** - Click the scroll down button to select from the following choices.
4. **Diagnosis Code** - You do not need a decimal point but you will need the complete code for the diagnosis to be correct.
5. **Allow Surgical Option** - Will default to “Yes” but if you want to change that, click the scroll button to select “No”

### Step 3 of 4 -- Start a Referral

Fill in all the fields and click the Continue button.

The screenshot shows a web form for starting a referral. At the top, it displays the specialist's information: Smith, James MD, 9155 SW Barnes Rd #314, Portland, OR 97225, 503-297-3384, with a 'Change Specialist' button. Below this are several input fields: 'Date referral first valid' (text input), 'Time span' (dropdown menu), 'Diagnosis code' (text input), 'Allow surgical option' (dropdown menu), and 'Number of visits requested' (dropdown menu). A 'Continue' button is at the bottom. Callout 1 points to the 'Number of visits requested' dropdown, and callout 2 points to the 'Continue' button. A separate window shows the dropdown menu for 'Number of visits requested' with options '1' and '99 No Visit Limit'. A 'Back to top' link is at the bottom left.

1. **Number of Visits** - Click on the scroll down button to view your choices. Highlight that selection and click.
2. **Continue** – Review your information carefully before clicking this button submits your referral.



**Referred-to specialist** Smith, James MD  
9155 SW Barnes Rd #314  
Portland, OR 97225  
503-297-3384

**Date referral first valid** 01/06/2003

**Time span** 12 months

**Diagnosis code** 250. Diabetes Mellitus

**Allow surgical option** Yes

**Number of visits requested** 2

### Step 4 of 4 -- Confirm & Submit Referral

Please confirm your referral and click the Submit Referral button.

**Referred-to specialist** Smith, James MD  
9155 SW Barnes Rd #314  
Portland, OR 97225  
503-297-3384

**Date referral first valid** 01/06/2003

**Time span** 12 months

**Diagnosis code** 250. Diabetes Mellitus

**Allow surgical option** Yes

**Number of visits requested** 2

[Back to top](#)

- You will need to confirm you referral before submitting.
- Confirm Date Referral First Valid and Time Span.
- Confirm the Diagnosis Code. Notice that it has been translated to what the diagnosis is.
- Verify Surgical Option and Number of Visits Requested.

If for any reason you need to change the referral, click on Change Referral to make those changes.

Click Submit Referral to send.

<b>Status: Authorized</b> <b>Reference Number: 02228001000</b> A confirmation letter will be sent to all parties.	
<b>Referred-to specialist</b>	Smith, James MD 9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384
<b>Date referral first valid</b>	07/12/2002
<b>Time span</b>	6 months
<b>Diagnosis code</b>	250. Diabetes Mellitus
<b>Allow surgical option</b>	yes
<b>Number of visits approved</b>	2
<b>Services authorized</b>	Office Visit(s) Yes - OP Diagnostics Yes - Office Proc.

Your referral will check the member's benefits and exclusions as well as the Referral Guidelines to approve a referral.

<b>Status: Authorized</b> <b>Reference Number: 02228001000</b> A confirmation letter will be sent to all parties.	
<b>Referred-to specialist</b>	Smith, James MD 9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384
<b>Date referral first valid</b>	07/12/2002
<b>Time span</b>	6 months
<b>Diagnosis code</b>	250. Diabetes Mellitus
<b>Allow surgical option</b>	yes
<b>Number of visits approved</b>	2
<b>Services authorized</b>	Office Visit(s) Yes - OP Diagnostics Yes - Office Proc.

1. **Referral Status** - Your new referral will show the Status (if authorized),
2. **Referral Authorization number**, and
3. A message stating the confirmation letters will be sent to all parties.
  - o All parties mean; member, specialist, and PCP. These letters are generated here at ODS and mailed out.

As the On Line Referral system is done in REALTIME. You and the referred to provider(s) will see the new referral in the Referral Summary page right after the referral was submitted and authorized.

Referral History (ODS Referral Guidelines)						
Reference #	Status	Date Span	Referred to	Services	Auth. Visits/LOS	Dx Code
<a href="#">030100001-00</a>	Authorized	01/01/2003 02/01/2003	DONALD C JONES MD 93060321213	OFFICE VISITS Yes - OP Diagnostics Yes - Office Proc.	2	719.46
<b>Notes:</b> <b>CI:</b> OD <b>HOK:</b> NOASC						

Next are some examples of when a referral is not authorized due to benefits and/or exclusions and limitations.

Some referrals that are attempted are denied due to specific **exclusions**. In this example, a referral is made for an obesity issue. You would see an error message come up like this:

EX - This request is not authorized due to plan exclusions.  
Please [contact ODS Customer Service Unit](#).

**Referred-to specialist** Acker, Robert MD  
2800 N Vancouver Ave #118  
Portland, OR 97227

Another example would be for **limitations**. Some services are limited to consultations only so visits requested would automatically be reduced to only one. In this case, a dermatological referral was tried:

**Referred-to specialist** Allison, Dawn MD  
62968 OB Riley Rd #D-1  
Bend, OR 97701  
541-322-9000  
**TIN# 931308112**

**Date referral first valid** 01/10/2003

**Time span** 1 day

**Diagnosis code** 702.0 Other Dermatitis-Actinic Keratosis

**Allow surgical option** No

**Number of visits requested** 1

The number of visits have been limited due to potential plan limitations and/or exclusions. Please refer to the referral guidelines section of the Medical Benefit Tracker for plan requirements, or [contact ODS Referral Unit](#)

Four visits were attempted but since the limitation is for one visit only, OLR automatically reduced it one with a message to call the ODS referral Unit for more information.

These Limitations could exist for other services as well such as Visual Disturbances, Cosmetic and dermatological, and other reasons. When the referral is edited, please be sure to check the information provided by the OLR before continuing.

Some services **do not require referrals**. Be sure to check your Referral Guidelines for more information. If you enter a referral that does not require referrals, you will be given this message:

**Status: No referral required.**  
Please refer to the benefits section of Medical Benefit Tracker for plan limitations and exclusions, or [contact ODS Customer Service Unit](#)

Lastly, Mental Health or Chemical Dependency services do not require referrals. They may, however, require an authorization. If a specific service requires an authorization and a referral is attempted, you will see this error message:

MN - Referrals for this condition are not available on Medical Benefit Tracker.  
Authorization should be obtained from another source. Please refer to the Benefits section of Medical Benefit Tracker for the appropriate phone number, or [contact ODS Customer Service Unit](#) for plan provisions.

# PCP History

HARVEY MUDD - Referrals [Enter New Referral](#)  
[Medical Benefits](#) | [Vision Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) | [Member Handbook](#)  
Subscriber ID: 156503088 Insurance Type:

Click on the link “PCP History” to view this screen.

This page will show you 18 months of past history of all PCP’s assigned to this patient.

HARVEY MUDD - PCP History  
[Medical Benefits](#) | [Vision Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) | [Member Handbook](#)  
Subscriber ID: 156503088 Insurance Type: Point of Service (Referral plan-see [referral guidelines](#))  
Subscriber Name: Harvey Mudd Group Number: P402-AZ  
Group Name: BUSINESS SOLUTIONS  
Network: ODS Network-includes PPO/POS & Prov Pref  
Coverage Level: Member & spouse

**PCP Search** - Use one or both of the fields below to narrow your display  
From Date:  (optional, use mm/dd/yyyy)  
To Date:  (optional, use mm/dd/yyyy)

**PCP History**

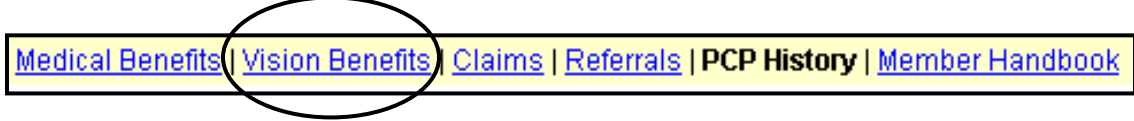
Name: <b>VICKI SELLER MD</b>	Effective Date: 07/01/2000
Phone: 503-555-1212	Term Date: --
Name: <b>ROBERT W GREEN MD</b>	Effective Date: 03/01/2000
Phone: 503-555-7474	Term Date: 06/30/2000

1. **PCP Name** – Shows the PCP name as we have on file.
2. **PCP Contact Number** – PCP’s phone number as we have on file.
3. **Effective Dates** – Shows the effective dates when assigned to the PCP. An open date means that they are still assigned to that PCP.

PCP History page is also done in REALTIME so that when a member calls ODS to change a provider, that change will be reflected immediately after it is updated in the patient’s file.

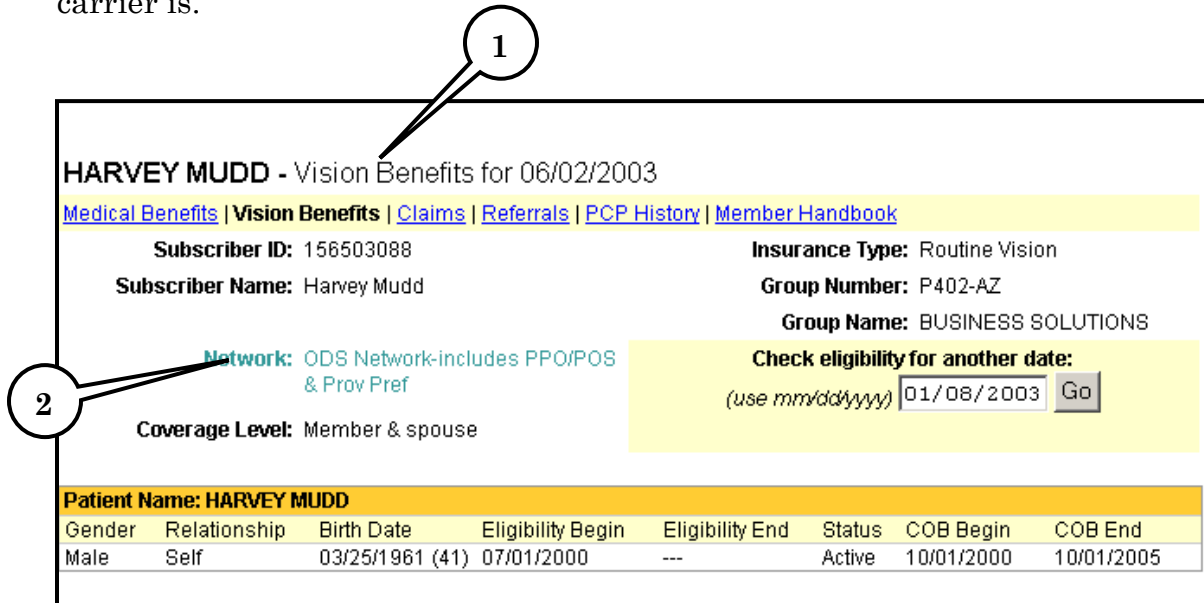
## Vision Page

MBT has a separate section for Vision Eligibility and Benefits. This will look up all plans that have medical/vision and vision only. If the patient has vision benefits through ODS, you will find this link under the patient's name.



*This link will only show if the patient has vision benefits through ODS.*

If you do not see this link for Vision Benefits, then the patient does not utilize ODS as their vision carrier. Check with the patient to find out who that carrier is.



**HARVEY MUDD - Vision Benefits for 06/02/2003**

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

**Subscriber ID:** 156503088      **Insurance Type:** Routine Vision  
**Subscriber Name:** Harvey Mudd      **Group Number:** P402-AZ  
**Group Name:** BUSINESS SOLUTIONS

**Network:** ODS Network-includes PPO/POS & Prov Pref

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

**Coverage Level:** Member & spouse

**Patient Name: HARVEY MUDD**

Gender	Relationship	Birth Date	Eligibility Begin	Eligibility End	Status	COB Begin	COB End
Male	Self	03/25/1961 (41)	07/01/2000	---	Active	10/01/2000	10/01/2005

Callout 1 points to the 'Vision Benefits' link in the navigation bar. Callout 2 points to the 'Network' field.

There are some additions to this page that are not found in the rest of Benefit Tracker.

1. **Benefit Indicator** – This lets you know that you have accessed the Vision page.
2. **Network** – For plans that utilize MESO or OSO as their network of providers, you will see that network listed here.



The Plan Maximums and Deductibles are set up only to read the patient's vision benefits and are not associated with copays, limits, or deductibles under their medical benefits.

Plan Maximums and Deductibles				
Vision Copay	\$10	Out-of-Plan		
		Individual	Individual Remaining	Family Remaining
Deductible (D)		N/A	N/A	N/A
Benefit Limit		\$200	\$79	N/A
Benefit Information				
Pre-existing Months <sup>2</sup> :	6			
Dependent Stop Age:	23			
Student Stop Age:	23			
Domestic Partner:	No Domestic Partner Benefits Available.			
Customer Service:	503-243-3968 or 1-877-337-0650, Fax 503-948-5577			
<sup>2</sup> 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.				

1. **Vision Copay** – If the patient has a copay for exams, it is listed here.
2. **Deductible** – Some plans' vision benefits do have a deductible. This indicates what the limit and what the remaining amount is.
3. **Benefit Limit** – For those plans that have a dollar limit on vision services, it is listed here and shows how much they have left in the benefit period. *This is especially helpful when determining if there is any benefit left for disposable contacts.*

## Utilization Table

The Utilization Table that was created for the Vision Page is very unique as that it will help eliminate most of the research in finding when services were used.

Vision Benefits	
Category	Last Date of Service*
Frames	---
Routine Exam	10/10/2001
Lenses	---
*If you need additional details about specific services that were provided at last date of service, please contact Customer Service.	

1. **Category** - There are three HIPAA standardized categories for vision services. They are Examinations, Frames, and Lenses (contact lenses also fall under this category and are not separated in their own category).
2. **Last Date of Service** – The column examines the total claims history to see when a service was last paid. **\*\*Please note that for disposable contacts this will not show you the first date of service. In this instance, you may need to call Customer Service to determine when that benefit will renew.**

## Vision Notes (Benefits)

This section breaks down the different services into the dollar amounts the patient has available. Also included with this section are the age limitations in which these services can be rendered.

**Vision Notes:**

This Plan pays for vision exams, corrective lenses and frames when prescribed by a licensed ophthalmologist or optometrist. The Plan allows the member to choose any licensed ophthalmologist, optician or optometrist.

There is **no deductible** for covered vision services or supplies. Benefits are paid at 100% of the allowed charge. Allowed charge means the maximum plan allowance.

<b>Vision Care Benefits-Maximum Plan Allowance</b>	
<b>Benefits provided once every 12 months, regardless of age</b>	
Eye Examination, includes refraction	\$45
Single Vision Lenses (per pair)	\$50
Bifocal Lenses (per pair)	\$75
Trifocal Lenses (per pair)	\$95
Contact Lenses (per pair)	\$110
Frames	\$85

• **Limitations:** These vision care benefits are provided every 12 months regardless of age. The time period begins with the date of the examination for the exam allowance and from the date of purchase for lenses and frames or contacts. Whether covered under the vision care benefit or the medical portion of the Plan, only one pair of contact lenses or one pair of glasses will be covered per insured individual up to the allowable amount. The Plan will not pay for both contacts and glasses within the same 12 month period.

To return to the Medical Section of MBT click on the “Medical Benefits” link.

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

# Quick Map of Functions

The screenshot shows the ODS Benefit Tracker Login page for Harvey Mudd. Callout 1 points to the navigation links at the top. Callout 2 points to the Patient Search link. Callout 3 points to the Physician Search link. Callout 4 points to the Contact Us link. Callout 5 points to the Log Off link. Callout 6 points to the 'Check eligibility for another date' section.

**Navigation Links:** Patient Search | Physician Search | Contact Us | Help | Manual | Log Off

**Subscriber Information:**  
 HARVEY MUDD - Eligibility and Benefits  
 Medical Benefits | Vision Benefits | Claims | Referrals | PCP | Member Book  
 Subscriber ID: 156503088  
 Subscriber Name: Harvey Mudd  
 Network: ODS Network-includes PPO/POS & Prov Pref  
 Coverage Level: Member & spouse

**Check eligibility for another date:**  
 (use mm/dd/yyyy) 01/08/2003 Go

Patient Name: HARVEY MUDD							
Gender	Relationship	Birth Date	Eligibility Begin	Eligibility End	Status	COB Begin	COB End
Male	Self	03/25/1961	07/01/2000	---	Active	10/01/2000	10/01/2005

Plan Maximums and Deductibles				
	In-Plan Network   Out-of-Plan			
Office Copay	\$15.00			
	Individual	Individual Remaining	Family	Family Remaining
Deductible (D1)	\$250.00	\$250.00	\$750.00	\$750.00
Out-of-pocket <sup>1</sup>	\$1000.00	\$900.00	\$3000.00	\$2,900.00
Lifetime Limit (L1)	\$2,000,000.00	---	---	---

<sup>1</sup> OOP note - Emergency room visit copayments, out-of-pocket expenses for prescription drugs, infertility drugs, vision benefits, and out-of-pocket expenses for transplants performed at non-contracting facilities do not accrue toward the annual out-of-pocket maximum.

1. **Navigation Links** – Will allow you to go into your authorized screens.
2. **Patient Search** – This will allow you to search for a new patient.
3. **Physician Search** – Will take you into the on line provider directory to where you can search for providers or facilities.
4. **Contact Us** - Will provide you glossary of terms, email addresses to various departments, and contact numbers at ODS Health Plans.
5. **Log off** – MBT will sign you off automatically after two hours but for privacy, you will need to use this to log off during breaks and lunches.
6. **Check Eligibility for Another Date** – As a default, Eligibility and Benefits show for the As Of (today's) date. If you need to see those for an earlier date, change the date here and click Go.

# Physician/Facility Search

**ODS Benefit Tracker**

[Patient Search](#) | [Physician Search](#) | [Contact Us](#) | [Help](#) | [Manual](#) | [Log Off](#)

**HARVEY MUDD - Eligibility and Benefits**

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

**Subscriber ID:** 156503088

**Subscriber Name:** Harvey Mudd

**Network:** ODS Network-Includes PPO/POS & Prov Pref

**Coverage Level:** Member & spouse

**Insurance Type:** Point of Service (Referral plan-see [referral guidelines](#))

**Group Number:** P402-AZ

**Group Name:** BUSINESS SOLUTIONS

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

**Patient Name:** HARVEY MUDD

Gender	Relationship	Birth Date	Eligibility Begin	Eligibility End	Status	COB Begin	COB End
Male	Self	03/25/1961	07/01/2000	---	Active	10/01/2000	10/01/2005

**Plan Maximums and Deductibles**

	In-Plan Network   <a href="#">Out-of-Plan</a>			
	Individual	Individual Remaining	Family	Family Remaining
Office Copay	\$15.00			
Deductible (D1)	\$250.00	\$250.00	\$750.00	\$750.00
Out-of-pocket <sup>1</sup>	\$1000.00	\$900.00	\$3000.00	\$2,900.00
Lifetime Limit (L1)	\$2,000,000.00	---	---	---

<sup>1</sup> OOP note - Emergency room visit copayments, out-of-pocket expenses for prescription drugs, infertility drugs, vision benefits, and out-of-pocket expenses for transplants performed at non-contracting facilities do not accrue toward the annual out-of-pocket maximum.

If you need to search for a physician or a Facility that is contracted by this members plan, you can do it easily from here.

1. Identify the patient's Network of providers.

In the orange bar above the member's information, you will see the following choices:

- Patient Search
- Physician Search
- Contact Us
- Help
- Log Off

2. Click on **Physician Search** and you will see the ODS On Line Directory come up in another Pop Up box

Your plan or network is displayed on your [ID card](#).

**Find a Provider -**

Select your plan or network...

- Medical-----
- ODS Network
- MHN
- First Choice
- PHCS
- ppoNEXT
- CCN/AHI-HealthLink
- CareOregon
- MountainMedical

With the Pop Up box showing, you will be able to click on either Physician or Hospital and Facility Search. With the Patient Network still showing in MBT you will be able to bring the scroll down button and select which network you are inquiring on.

Enter **at least one** of the following to search for a physician..

**Search by name:** (optional)  
Physician last name:

---

**Search by specialty:** (optional)  
Specialty:   
Search All  
Addictionology  
Adolescent Medicine  
Allergy  
Anesthesiology  
Audiology  
Cardio-Thoracic Surgery  
Cardiology  
Cardiovascular Disease  
Child/Adolescent Psychiatry  
Chiropractic

---

**Search by location:** (optional)  
City:   
or County:   
or Zip Code:

Search by either the provider's name by entering the last name. You can search for specialists by clicking on the pull down bar and highlighting the category.

Your search results will show the contracted providers within your search criteria.

Search for Specialty: **Sports Medicine** [Search again](#)  
[Dentist Search](#)  
[Hospital/Facility Search](#)  
[Pharmacy Search](#)

**3 professionals found.**  
**Physician's network participation changes over time. Please confirm your physician's participation at each appointment.**

Name	Address & Phone	Specialty	PCP
Albright, Jeffreys MD	<a href="#">135 NE 102nd Ave</a> Portland, OR 97220 503-255-5388	Sports Medicine	No
Graham, Ronald MD	<a href="#">406 SE 131st Ave #203</a> Vancouver, WA 98684 360-256-5334	Sports Medicine	No
Kuehl, Kerry MD <i>Established Patients Only</i>	<a href="#">3181 SW Sam Jackson Park Rd CR 110</a> Portland, OR 97201 503-494-8562	Sports Medicine	No

3

1. **Provider's address and phone** – The address is a link provided by Yahoo.com to show a map with driving directions to the provider's location.
2. **PCP Indicator** – If the field is marked "Yes", this provider can be assigned as a PCP. If the field is marked "No", this is a specialist only.
3. **New Patients Indicator** – If the provider is marked with "Established Patients Only", it means that they have an NANP status for their file. The member or you will need to confirm with the office if they will accept your patient prior to services.

**Note** –If there is an error that you see here, please let the MBT Administrator know so that it can be corrected.

## Frequently Asked Questions

Q - When I enter a patient's information, I get this screen. What do I do?

Patient Search/Plan Lists			
Make selection from following list:			
Select	Group Name	From Date	To Date
<input checked="" type="radio"/>	CITY OF EUGENE	03/01/1999	12/31/2050
<input type="radio"/>	CONFEDERATED TRIBES	02/01/1997	12/31/2050

A- *Some of our members have more than one plan. This box will let you choose which plan you are interested in. Note that you can see the effective dates for these plans that will help you determine what plan to bill as primary. Select the plan and click continue.*

Q – I want to make a referral for my patient. Why can't I find the Referral Entry link on the Referrals page?

A – *They're a couple of reasons why you may not see the link. If a plan did not require referrals, the link would be replaced with:*

Referrals (Referral not required on this plan)

Another reason would be if you were not the listed Primary Care Physician. In this case the message would read:

Referrals (Not PCP of Record)

*Check PCP History to see if you are the listed PCP. If you are not, have the member call ODS Customer Service so that we can update the file. If you are the PCP it might be that your Tax ID is different that what we have listed for the patient. Please call the MBT Administrator so that they can correct the patient file.*

Q – I am looking for a specific benefit other than an Office Visit. Why doesn't MBT list that?

A – *ODS is in discussions on how those benefit details would be presented to our providers. We have not yet determined how HIPAA will require that information to be shown.*

**Q – Can I do a hospital or any other authorization on line?**

*A – At this time, only referrals can be done on line.*

**Security**

Security and confidentiality of member information is very important to ODS. ODS has used advanced technology to provide a secure system for making information available to your office. For security reasons 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 non-authorized personnel
4. Ensuring that you have logged off of the application when it is not in use
5. Three failed login attempts or sixty days of non-use, will disable your account. Please contact the MBT Administrator to reactivate.

**All About Passwords**

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 both numbers and letters
- 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:

**For security purposes, passwords expire every 90 days. Please assign a new password.**

Fill in form on the right, and click the "Change" button to change your password. Remember, valid passwords:

- Are between 6 and 12 characters.
- Have a mix of numbers and letters.
- Contain no special characters.
- Are case sensitive.
- Are not previous passwords.

User Id	<input type="text"/>
Current Password	<input type="password"/>
New Password	<input type="password"/>
New Password (please enter again)	<input type="password"/>

### 1. At least every 90 days

A reminder notification will automatically appear on screen 14 days before the 90-day period is complete. Benefit Tracker will still be accessible during this period.

If the password is not changed by the end of 90 days, Benefit Tracker will not be available for use until the password is successfully changed.

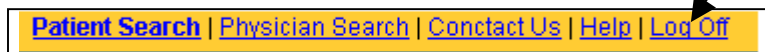
### 2. If a staff member with known access to the password/system leaves employment with the office.

## 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 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 bottom of the screen.



If Benefit Tracker has not been queried for a period of 30 minutes, the application will automatically turn itself off. You will need to login to the application to begin using it again.

## Contact Information

<b>Main Switchboard</b>	503-228-6554 1-800-852-5192
<b>Medical Customer Service</b>	503-243-3968 1-877-337-0650 <b>Fax:</b> 503-948-5577
<b>PERS Customer Service</b>	503-243-3880 1-800-962-1533
<b>Pharmacy Customer Service</b>	503-243-3960 1-888-361-1610
<b>Medical Benefit Tracker</b>	503-265-5616 1-877-277-7270 <b>Fax:</b> 503-948-5577
<b>Referral/Authorization Medical Intake</b>	503-243-4496 1-800-258-2037 <b>Fax:</b> 503-243-5105
<b>Healthcare Services</b>	503-948-5561 1-800-592-8283 <b>Fax:</b> 503-243-5105
<b>Cascade Behavioral Health</b>	503-624-9382 1-800-799-9391 <b>Fax:</b> 503-670-8349
<b>Professional Relations</b>	
<b>Contract Specialists</b>	503-228-6554 Ext. 1267 and 1205
<b>Service Representatives</b>	503-228-6554 Ext. 5715 and 5613 1-800-852-5195 <b>Fax:</b> 503-243-3964