



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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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.

The image shows a login form with two input fields: 'User ID:' and 'Password:'. Below these fields is a 'Login' button and a link that says 'Forgot your [User ID](#) or [password](#)?'. Two callout circles are present: circle '1' points to the 'User ID' link, and circle '2' points to the 'password' link.

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"/>

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"/>

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@odshp.com or by phone:

- ❑ Local in Portland area 503-265-5616
- ❑ Toll Free 1-800-277-7270

Subscriber/Patient Search

Please fill in required fields to find a patient:

* Patient Last Name:

* First Name:

* Birth Date (mm/dd/yyyy)

Subscriber ID: (no dashes)

* **Required field.** Subscriber ID is required to view claims, referrals, and pcp history.

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

When you have entered your User ID and Password correctly, you will come to the Search Page.

HIPAA regulations state you can only view information at the patient level. You will not see the family information, just the patient you are inquiring on.

- There are two (2) ways to look up patients
 - ***Patient Name Search – No Subscriber ID***- This will allow you to look up patients without having to know what the Subscriber ID is. It will search for the named patient with current eligibility. You **must** use all three fields for this search to be effective. ***Because of HIPAA privacy, you will only be shown the patient's Eligibility and Benefit information. To view Claims, Referrals, and PCP History, you will need the Subscriber ID.***
 - ***Patient Search with Subscriber ID***- will allow you to pull up the patient with their most current plan. MBT will look for all active plans associated with this member. If it locates more than one, you will be given an option to choose which account you are interested in.

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.

ODS Benefit Tracker

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

HARVEY MUDD - Eligibility and Benefits

[Eligibility and Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#)

Subscriber ID: 156503088

Subscriber Name: Harvey Mudd

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

Group Number: P402-AZ

Group Name: BUSINESS SOLUTIONS

Network: ODS Network includes PPO/POS & Prov Pref

Coverage Level: Member & spouse

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

1. **Subscriber ID** – This number will be shown if you had supplied the ID during Patient Search. *If you were not able to supply the ID, this field would look like this:*

Eligibility and Benefits Claims Referrals PCP History
Subscriber ID: XXXXXXXXXX
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.

- 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."

The screenshot shows a table titled "Plan Maximums and Deductibles" with a yellow header. The table has columns for "In-Plan Network" and "Out-of-Plan". The rows include "Office Copay", "Deductible (D1)", "Out-of-pocket", and "Lifetime Limit". Callouts 1-8 point to specific parts of the table: 1 points to the Office Copay value (\$15.00); 2 points to the Individual Deductible (\$250.00); 3 points to the "Out-of-Plan" link; 4 points to the Family Deductible (\$750.00); 5 points to a footnote below the table; 6 points to the Lifetime Limit (\$2,000,000.00); 7 points to the Individual Out-of-pocket value (\$900.00); and 8 points to the Family Out-of-pocket value (\$2,900.00).

Plan Maximums and Deductibles		In-Plan Network		Out-of-Plan
Office Copay	\$15.00			
		Individual	Individual Remaining	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	---	---	---

1. COP 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.

- Office Copay** – This reflects the copay for office visits only. There might be a different copay for services other than office visits. Please contact Customer Service for a detailed benefit.
- 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.
- 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.
- 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.
- 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.
- Lifetime Limit** – This would show the lifetime limit for the patient. MBT will not show what is remaining.
- 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	
Benefit Period:	Calendar
Pre-existing Months ² :	6
Dependent Stop Age:	23
Student Stop Age:	23
Domestic Partner:	No Domestic Partner Benefits Available.
Referrals:	503-243-4496 or 1-800-258-2037, Fax 503-243-5105
Authorizations:	503-243-4496 or 1-800-258-2037, Fax 503-243-5105
Customer Service:	503-243-3968 or 1-877-337-0650, Fax 503-948-5577
Mental Health and Chemical Dependency:	ODS Mental Health/Chemical Dependency Program 1-800-799-9391. For benefit information call Customer Service.
² 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.

Claims Summary

HARVEY MUDD - Eligibility and Benefits

Eligibility and Benefits | [Claims](#) | [Referrals](#) | [PCP History](#) |

Subscriber ID: 156503088

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
011922431-00	WICKI SELLER MD	Paid 5/01/02	3/27/02	Office Visits	90862	\$86.00	\$0.00	\$54.58	
011973696-00	MARY JONES MD	In Process	4/19/02 4/28/02	Physical Therapy	97110	\$338.00	\$0.00	\$0.00	
011993537-10	WICKI SELLER MD	Pay Next Disbursement	5/15/02	Office Visits	99213	\$72.00	\$0.00	\$43.92	
	WICKI SELLER MD	Pay Next Disbursement	5/15/02	Procedures Other	92567	\$39.00	\$0.00	\$30.74	
	WICKI SELLER MD	Pay Next Disbursement	5/15/02	Procedures Other	92552	\$29.00	\$0.00	\$25.97	

1. **Claim Number** – Assigned by ODS Health Plans. 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.

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.

011922431-00	
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.

1 Patient Account: 0100100567
 Provider: SELLER 930843759
 Claim Number: 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
Totals:		\$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

5 Claim Memo:
Reason Code: E8 - PROVIDER DISCOUNT HAS BEEN APPLIED. **7**

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Click here for Printable display **6**

Printable

1. **Patient Account** – This number comes from Box 26 from your billed HCFA form or Box 3 from a billed UB-92 form.
2. **Check Number** – Tells you the number of the check this claim was paid under.
3. **Disallowed Amount** – Charges that had been adjusted due to contracted rates would show that amount here.
4. **Reason Code** – For any charged amount that was adjusted, the reason code would be translated here to tell you why it was adjusted.
5. **Claim Memo** – Manual notes from claim adjusters or customer service that explain why this claim paid or did not pay would show here.
6. **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.
7. **Paid Date** – Shows when the check was cut and paid. This is not the processed date.

Referrals

HARVEY MUDD - Claims

[Eligibility and Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) |

Subscriber ID: 156503098

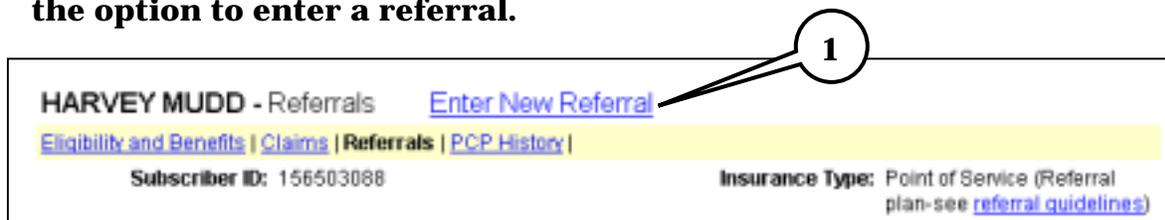
Click on the link “Referrals”. You will be able to see all referrals processed with your Tax ID number. If you are a PCP’s office, you will be able to track all outgoing referrals made for your patient. As a specialist, you will be able to see if a referral has been done for the patient you are seeing.

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
Notes:						
A8349058	In Process	01/15/2001 01/11/2001	BILL GREEN MD WILLAMETTE FALLS HOSPITAL		5	428.0
Notes:						
09523874 00	Authorized	12/22/2000 06/15/2001	H WILLIAM JONES MD	OFFICE VISITS Yes - OP Diagnostics Yes - Office Proc.	6	309.
Notes:						
00341107 00	Authorized	12/17/2000 05/22/2001	GREENBURG PHYSICAL THERAPY	PHYSICAL THERAPY		723.1
Notes:						
B06588374 00	Not Authorized	12/11/2000 05/31/2001	NOT-SELECTED	Call ODS for Details OFFICE VISITS		388.31
Notes: 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
 - a. Authorized - Referral has been approved.
 - b. In Process – Referral is waiting for further details from the provider’s office before approval.
 - c. 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.**

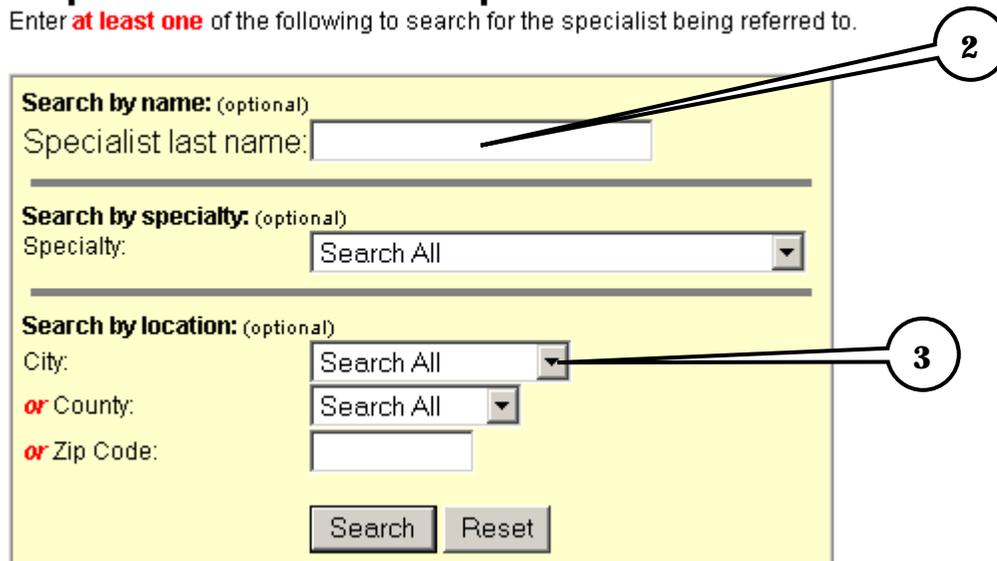


The screenshot shows the top navigation bar of the Harvey Mudd Referrals system. It includes the text "HARVEY MUDD - Referrals" and a blue link "Enter New Referral" which is circled with a callout labeled "1". Below this are links for "Eligibility and Benefits", "Claims", "Referrals", and "PCP History". At the bottom of the navigation bar, it displays "Subscriber ID: 156503088" and "Insurance Type: Point of Service (Referral plan-see [referral guidelines](#))".

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 to.



The screenshot shows a search form for finding a specialist. It is divided into three sections: "Search by name: (optional)", "Search by specialty: (optional)", and "Search by location: (optional)". The "Search by name" section has a text input field for "Specialist last name:" with a callout labeled "2" pointing to it. The "Search by specialty" section has a dropdown menu for "Specialty:" with "Search All" selected. The "Search by location" section has dropdown menus for "City:" (with "Search All" selected and callout "3" pointing to it) and "County:" (with "Search All" selected), and a text input field for "Zip Code:". At the bottom are "Search" and "Reset" buttons.

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
Smith, David MD	210 SE 136th Ave Vancouver, WA 98684 360-944-9889	Hematology/Oncology
Smith, James MD	9155 SW Barnes Rd #314 Portland, OR 97225 503-297-3384	Rheumatology
Smith, Joan PNP	750 Murphy Rd Medford, OR 97504 541-608-4096	Pediatrics
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.

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

The screenshot shows a form titled "Step 3 of 4 -- Start a Referral". The form is divided into two main sections. The top section, highlighted in yellow, contains the "Referred-to specialist" field with the text: "Smith, James MD", "9155 SW Barnes Rd #314", "Portland, OR 97225", and "503-297-3384". Below this text is a "Change Specialist" button. A callout circle labeled "1" points to this button. The bottom section contains several input fields: "Date referral first valid" (with a text prompt "(use mm/dd/yyyy for dates)"), "Time span" (with a dropdown menu labeled "Select Span..."), "Diagnosis code" (with a text prompt "(no decimal needed)"), "Allow surgical option" (with a dropdown menu currently set to "Yes" and a link "(What is a surgical option?)"), and "Number of visits requested" (with a dropdown menu labeled "Select Number..."). A "Continue" button is located at the bottom of this section. Callout circles labeled "2", "3", and "4" point to the "Date referral first valid", "Time span", and "Diagnosis code" fields respectively.

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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.

A dropdown menu titled "Select Span..." is shown. The menu is open, displaying the following options: "1 day", "1 month", "3 months", "6 months", and "12 months".

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 referral form with the following fields and values:

- Referred-to specialist:** Smith, James MD
9155 SW Barnes Rd #314
Portland, OR 97225
503-297-3384
- Date referral first valid:** (use mm/dd/yyyy for dates)
- Time span:**
- Diagnosis code:** (no decimal needed)
- Allow surgical option:** ([What is a surgical option?](#))
- Number of visits requested:**
-

Callout 1 points to the "Number of visits requested" dropdown menu. Callout 2 points to the "Continue" button. A separate box shows the dropdown menu options: "1" and "99 No Visit Limit".

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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 submit your referral.

The screenshot shows the completed referral form with the following fields and values:

- 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
	<input type="button" value="Change Referral"/>
	<input type="button" value="Submit Referral"/>

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- 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. ***If you make a mistake and submit you will need to make the appropriate changes in the TS screen with Claimsfacts.***

Click Submit Referral to send.

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

1 **Status: Authorized**

2 **Reference Number: 02228001000**

3 A confirmation letter will be sent to all parties.

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

Date referral first valid 07/12/2002

Time span 6 months

Diagnosis code 250. Diabetes Mellitus

Allow surgical option yes

Number of visits approved 2

Services authorized 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
030100001-00	Authorized	01/01/2003 02/01/2003	DONALD C JONES MD 93060321213	OFFICE VISITS Yes - OP Diagnostics Yes - Office Proc.	2	719.46
Notes: CI: OD HOK: 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 Dermatoses-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 do, 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](#)
[Eligibility and Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) |
Subscriber ID: 156503088

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
[Eligibility and Benefits](#) | [Claims](#) | [Referrals](#) | [PCP History](#) |

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: VICKI SELLER MD	Effective Date: 07/01/2000
Phone: 503-555-1212	Term Date: --
Name: ROBERT W GREEN MD	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.

Quick Map of Functions

ODS Health Plans Benefit Tracker

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

HARVEY MUDD - Eligibility and Benefits

Eligibility and Benefits | [Claims](#) | [Referrals](#) | [PCP History](#)

Subscriber ID: 156503088

Subscriber Name: Harvey Mudd

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

Group Number: P402-AZ

Group Name: BUSINESS SOLUTIONS

Network: ODS Network includes PPO/POS & Prov Pref

Coverage Level: Member & spouse

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

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			
	Individual	Individual Remaining	Family	Family Remaining
Office Copay	\$15.00			
Deductible (D1)	\$250.00	\$250.00	\$750.00	\$750.00
Out-of-pocket [†]	\$1000.00	\$900.00	\$3000.00	\$2,900.00
Lifetime Limit (L1)	\$2,000,000.00	---	---	---

[†] 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](#) | [Log Off](#)

HARVEY MUDD - Eligibility and Benefits

Eligibility and Benefits | [Claims](#) | [Referrals](#) | [PCP History](#) |

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 Out-of-Plan			
	Individual	Individual Remaining	Family	Family Remaining
Office Copay	\$15.00			
Deductible (D1)	\$250.00	\$250.00	\$750.00	\$750.00
Out-of-pocket ¹	\$1000.00	\$900.00	\$3000.00	\$2,900.00
Lifetime Limit (L1)	\$2,000,000.00	---	---	---

¹ 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

Directory Search

Physician Search

*Select your plan or network...

- *Select your plan or network...
- CareOregon (from CareOregons site)
- CareOregon Personal Option
- First Choice (from First Choice Health site)
- MHN
- ODS Managed Care Network
- ODS Network
- ppoNEXT (from ppoNEXT's site - formerly PHN)
- MountainMedical (from MMA's site)

Advanced search by location or specialty (optional)

Pharmacy Search

Search for a participating pharmacy.

Helpful Hints

- A patient's network is listed on the front of their ID card.
- You can type a partial name.
- [More hints.](#)

*Required field

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

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- 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 click on claims, referrals, or PCP history, MBT is showing me this box. Why?

Enter Subscriber ID

You must enter the subscriber id to view the requested page.

Patient Last Name: **DOE**

First Name: **JANE**

Birth Date **05/09/1967**

Subscriber ID: (no dashes)

A - Because of privacy standards set forth from HIPAA, an ID number is required for this kind of information.

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

Customer Service

Main

503-243-3968

1-877-337-0650

fax 503-948-5556

Medical Benefit Tracker

Administrator

503-265-5616

1-877-277-7270

PERS

503-243-3880

1-800-962-1533

fax 503-948-5556

Professional Relations

Metro Area Contract

Specialist

503-228-6554 Ext 1267

1-800-852-5195

Non-Metro Contract

Specialist

503-228-6554 Ext 1205

1-800-852-5195

Professional Relations

Representative

503-228-6554 Ext 1064

1-800-852-5195

Manager, Contracting & Network

Development

503-288-6554 Ext 5107

1-800-852-5195

Professional Relations Director

503-228-6554 Ext 5106

1-800-852-5195

Other Departments

Case Management/ENCC

503-948-5561

1-800-592-8283

fax 503-243-5105

Pharmacy

503-228-6554

1-800-852-5195

fax 503-948-5556

Referrals/Authorizations

Medical Intake

503-243-4496

1-800-258-2037

fax 503-243-5105

Addresses

Physical Address

**601 SW Second Avenue
Portland, Oregon 97204-3154**

Claims/Mailing Address

**P.O. Box 40384
Portland, Oregon 97240-0384**