



Dental Benefit Tracker

User Manual

2006



www.odskompanies.com/dental

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Introduction

ODS Benefit Tracker is an online tool designed specifically for dental offices to look up patient eligibility, benefit and claim information. This service gives you the most up-to-date information directly from ODS Health Plans.

ODS Benefit Tracker is available during the following hours:
7 days a week from 6:00am to 10:30pm PST

If you are a DAISY user, please read page 19 before continuing through this manual.

Benefit Tracker Overview

To begin using Benefit Tracker, you will need:

- **An Internet Service Provider or ISP** - There are many Internet service providers to choose from, such as Comcast, MSN or Proaxis. You can check your local newspaper or phone book for ISPs in your area as well.
- **An Internet browser** - ODS Benefit Tracker is best viewed using Microsoft Internet Explorer 5.5 or higher. When signing up with an ISP, they often set up and install a browser for you. Refer to your ISP for more information on downloading and installing a browser. *Note: Even if you already have a browser installed, you may still need to upgrade to a 128-bit encryption compatible version. See page 3 for further information. For hardware and software requirements, refer to your ISP.*
- **Your User ID and Password.** You will choose your own user id and password when registering at the Delta Dental website for Benefit Tracker.

Registration

To register for Benefit Tracker go to the ODS website at www.odskompanies.com/dental and click on the Benefit Tracker link on the left of the screen. On the Benefit Tracker screen you will need to click on the “Register at Delta Dentals website” link to set up your account. If you need assistance registering, please contact the Benefit Tracker Administrator.

Updating Your Browser to 128-bit Encryption

Changes in federal law have affected the requirements to ensure member information is kept confidential and the transmission of that information is secure. In order to comply with the current requirements for transmission over the Internet, the browser you use must be capable of supporting encryption/de-encryption. This feature “scrambles” the information that is sent from ODS to your office. In order for your office to accept and read the information that we send to you, your system must be able to “unscramble” the information. The current requirement is 128-bit encryption. You must update your browser to 128-bit encryption or you will not be able to see any of the information available through Benefit Tracker.

How to Update to 128-bit Encryption

A CD is available from ODS that contains Internet Explorer at 128-bit encryption for Windows 95, 98 and NT. To install, please insert the CD and follow the directions given. If you prefer to download Microsoft Internet Explorer online, please follow the directions below. Keep in mind, downloading online may take up to two hours or more depending on the speed of your modem.

To download Microsoft Internet Explorer:

1. Go to **<http://www.microsoft.com/windows/ie>**
2. Follow the directions on how to download the update.

NOTE: Emails, bookmarks and address books may be lost during the upgrade process.

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

Security and Password Protection

Security

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

Your responsibilities include the following:

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

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

All About Passwords

Establishing a Password

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

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

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

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

Requirements for changing a password

Passwords **must** be changed:

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

What if you forget or lose the password?

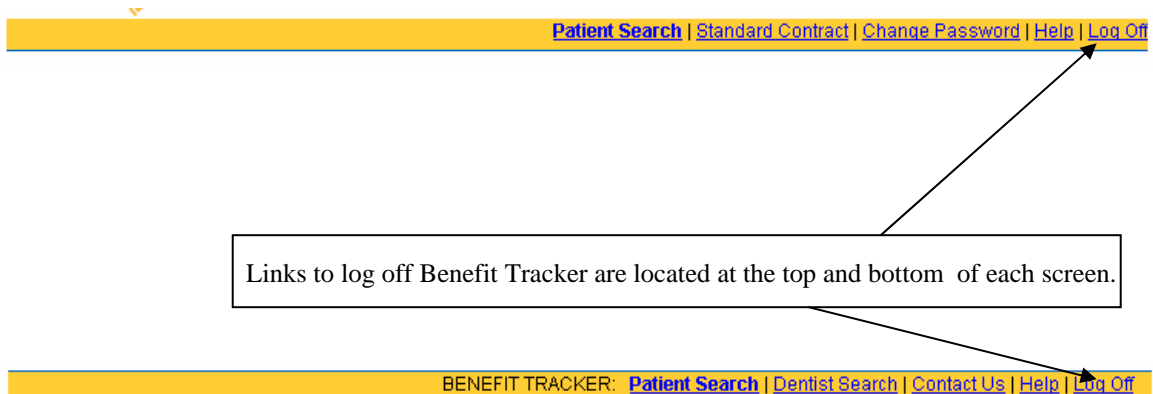
If you forget or lose your password, simply click on the “forgot password” link on the Dentist Sign on screen. You will be prompted to answer the challenge question you selected when registering.

Workstation Location

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

Logging off of Benefit Tracker when it is not in use

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



Getting Started with Benefit Tracker

To begin using Benefit Tracker, please follow the steps below:


1. Open your browser by double clicking on the icon.
2. Type in the address or location of the ODS dental web page. The URL or web address is <http://www.odscompanies.com/dental>. Hit enter.
3. On the ODS Companies dental page, click on the Benefit Tracker Login link to access Benefit Tracker.



4. You should now be at the Delta Dental Dentist Sign In page [Figure 1.0]. Type in your User ID password, and click Sign In to continue. **Please remember your User ID and password are both case-sensitive.**

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

Figure 1.0-Sign In

 Tues. Dec. 2, 2003

Dentist Sign In

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

User Name:

Password:

Forgot your password? [Request it here](#).

New users [register here](#).

Change Password

To change your password you will need to click on the “change password” link at the top of your screen. You will be prompted for your current password, and your new password in the last 2 boxes.

Figure 1.1- Change Password

Dentist Connection [Sign Out](#)

Change Password

deant, please enter your current password and propose & confirm the new password.

*Current Password:

*New Password:

*Confirm New Password:

Password must be at least 6 characters including two numeric characters. Example: *mypass23*

Password requirements

Patient Search

After you hit the “change” button, you will be taken to the Patient Search page [Figure 1.2]. To begin your search, type in your patient’s first and last name, and subscriber ID number and press the “go” button.

Figure 1.2- Patient Search

Subscriber/Patient Search

Please fill in required fields to find a patient:

* Patient Last Name:

* First Name:

* Subscriber ID: (no dashes)

* Required field. Subscriber ID is required to view claims.

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

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

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

Error Messages

If you receive an error message, please contact the Benefit Tracker Administrator to help identify the problem.

Patients with same name and subscriber id number

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

Enter Birth Date

Multiple matches were found for this input.
Enter the Birth Date (mm/dd/yyyy format) for the person you want.

Patient Last Name: **SMITH**
First Name: **JOHN**
BirthDate:

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

Patient Search/Plan List

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

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

Patient Search/Plan Lists

Patient Search/Plan Lists

Make selection from following list:

Select	Group Name	From Date	To Date
<input checked="" type="radio"/>	PUBLIC EMPLOYEES' BENEFIT BRD	01/01/2002	12/31/2050
<input type="radio"/>	CLACKAMAS COUNTY	03/01/2001	12/31/2050

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

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

Plan names and effective dates.

Eligibility and Benefits

How to Determine Eligibility

After entering the subscriber's information to login, the Eligibility and Benefits page will appear. [See Figure 1.3]

- At the top of the **Eligibility and Benefits** page you will see the patients name and plan information including insurance type, group number and group name. In the patient name box you will see the patients **Plan Begin** and **Plan End** dates. **COB Begin** and **COB End** dates will show effective and term dates of any other insurance we have on file. If the COB End date is 12/31/50, this indicates their other coverage is still showing as active in our system. [Figure 1.3, A]
- **Check Eligibility & Benefits for another date.** This feature allows you to check your patient's eligibility and benefits for a date other than the current. You will be able to see if they had active coverage on a specific date within the previous 18 months. [Figure 1.3, A]
- **Overage Dependent.** If the patient you are searching on is over the maximum age limit on the plan, and we do not have student information on file for that patient, you will see the word "Overage" in blue letters. Eligibility will need to be verified prior to ODS paying for this patient's claims.

Gender	Relationship	Birth Date	Plan Begin	Plan End	Status	COB Begin	COB End
Male	Child	12/12/1983	04/01/1999	--/--/----	Overage	--/--/----	--/--/----

- **Full time student.** If the patient is a full time student and we have their student information on file, DBT will display "Student". This information verifies that the patient is covered under the plan.

Gender	Relationship	Birth Date	Plan Begin	Plan End	Status	COB Begin	COB End
Male	Child	06/10/1985	06/01/2002	--/--/----	Student	--/--/----	--/--/----

- **Common Preventive Services.** Information on the patient's preventive history will be displayed in this box. There are 5 service types listed including the last DOS, and whether or not the benefit is currently available for each service. [Figure 1.3, B]
- **Plan Maximum and Deductible** information can be found in the middle of this screen. This will show what the deductible and maximums are for the year, if the deductible has been satisfied and how much of the maximum is remaining for the year. [Figure 1.3, C]
- **Benefit Information** [Figure 1.3, D] will show the date range in which their benefits run, and will renew the next year. The plan benefits are listed below that, and include service type, benefit percentages, whether or not an incentive and/or deductible will apply, and to which maximum the service applies.

Figure 1.3 - Eligibility and Benefits Page

JANE E SMITH - Eligibility and Benefits

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

Subscriber ID: 123456789
Subscriber Name: JOHN SMITH

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

Check eligibility for another date:

(use mm/dd/yyyy)

A

Patient Name: JANE E SMITH						
Gender	Relationship	Birth Date	Plan Begin	Plan End Status	COB Begin	COB End
Female	Spouse	12/04/1954	01/01/1986	--/--	Active	07/01/2002 12/31/2050

B

Common preventive services		
Service Type	Last Date of Service	Benefit currently available?
Cleaning	--/--	Yes
Exam	--/--	Yes
Bitewing x-rays	--/--	Yes
Fluoride	--/--	Yes
FMX or panoramic x-ray	03/03/2004	No

C

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

D

Benefit Information					
Service From/To Dates: 10/01/2003 - 09/30/2004					
Service Type	In-Plan Network				
	Benefit Percent	Incentive Indicator	Deductible	Annual Limit	Lifetime Limit
Diagnostic Services	70 %	Yes		\$1,500.00 A1	
Preventive Services	70 %	Yes		\$1,500.00 A1	
Restorative Services	70 %	Yes		\$1,500.00 A1	
Endodontic Services	70 %	Yes		\$1,500.00 A1	
Periodontic Services	70 %	Yes		\$1,500.00 A1	
Analgesia	0 %			\$1,500.00 A1	
Oral Surgery	70 %	Yes		\$1,500.00 A1	
Crowns	70 %	Yes		\$1,500.00 A1	
Fixed Prosthetics	50 %	No		\$1,500.00 A1	
Removable Prosthetics	50 %	No		\$1,500.00 A1	
Repairs To Dentures	50 %	No		\$1,500.00 A1	
Orthodontic Services	80 %	No			\$1,000.00 L1

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

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

Utilization:
Proc Code: **Tooth/Quad/Arch:**

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

PPO Plans

For a member on a **PPO Plan**, you will have the option of viewing the in-network and out of-network benefits. [See figure 1.4] Please make sure you are certain of your provider status prior to quoting benefits for a PPO plan.

Figure 1.4- PPO (in-network)



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

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

PPO (out of-network)



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

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

Incentive Level Plans

When your patient is on an incentive level plan, Benefit Tracker will display the beginning percentage for the incentive only. You will need to call ODS Customer Service for your patients current incentive level.

History Check

Stop Ages [figure 1.5] for *dependents, students, sealants and fluoride* can be found at the bottom of the Eligibility and Benefits page. You will also see Orthodontic Eligibility and Incentive Tiers. If your patient is on an incentive plan the different incentive tiers will be listed, a constant plan will show N/A.

Another feature on the Eligibility and Benefits page is the **History Check Utilization** tool. By accessing this tool you can determine if a specific procedure is currently eligible for a benefit. Simply enter a procedure code to search for frequency limits and availability. Some search requests will require a tooth, quad or arch. This information is not limited to claims submitted by your office. It will access all claims history on your patient regardless of the provider.

Figure 1.5-Stop Ages/History Check

Dependent Stop Age: 23	Utilization:
Student Stop Age: 23	Proc Code: <input type="text" value="D"/>
Sealant Stop Age: 99+	Tooth/Quad/Arch: <input type="text"/>
Fluoride Stop Age: 99+	<input type="button" value="Check History"/>
Orthodontia Eligibility: Children only	
Incentive Tiers: 75 85 100	

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

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

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

History Check Results

After entering all pertinent information in the utilization screen, hit Check History. This will automatically take you to the Group Limitations screen with the answer to your History Check. If benefits for the procedure are not available due to time limitations, the screen will show the last paid date of the procedure and show a message that “Benefits are not currently available”. [See figure 1.6] If the benefits for the procedure entered are available, the last performed date field will be empty and there will not be a message saying benefits are not available.

Figure 1.6-History Check results

Benefits not currently available for this procedure.

History Check:

Minimum Age: 0	Description: PROPHY:ADULT
Maximum Age: 99	Category: Preventive Services
Frequency Year: FLOATING	Eligibility: Family
Frequency: 1 time per 6 months.	Last Performed: 12/05/2002

Utilization:

Proc Code: D1110 **Tooth/Quad/Arch:**

A benefit would not be available for payment on this service.

If you enter a procedure that is not covered on your patient’s plan, you will see an error message similar to the one below.

An Error Has Occurred!

The following error(s) occurred while processing your request:

- **118_09:** This service is not covered by your dental plan.

Please contact ODS Customer Service at (877) 337-0651 or (503) 417-3197 to answer your inquiry. Alternately, you may send [e-mail](#) to the BenefitTracker administrator. Please refer to the above error code and description when contacting ODS.

Group Limitations

To locate benefit information specific to the member's plan you can click on the **Group Limitations** link located at the top of each page. [1.7, A]

IMPORTANT - The limitations shown on the Group Limitations page are exceptions to the ODS Standard Contract as specified by the group. Please remember to always use this screen in conjunction with the ODS Standard Contract. To view the Standard Contract click on the Standard Contract link located on the top right hand side of each screen. [1.7, B]

Figure 1.7-Group Limitations

A

B

[Patient Search](#) | [Dentist Search](#) | [Contact Us](#) | [Help](#) | [Standard Contract](#) | [Change Password](#) | [Manual](#) | [Log Off](#)

JANE E SMITH - Limits ▾

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

Subscriber ID:123456789
Subscriber Name:TERREL S SMITH

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

Group Limitations:
Periodontal scaling/root planing once in any 24 month period

ORTHODONTIA:

For eligible dependent children. Treatment must start prior to age 17

There is a 12 month waiting period

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

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

Group specific limitations.

Dental Claims

To access your patient's dental claims history of claims submitted by your office, simply click on the **Claims** link located at the top of each screen to the right of the Group Limitations link. See below.

JANE E SMITH - Claims

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

Subscriber ID: 123456789
Subscriber Name: JOHN SMITH

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

The Dental Claims page [figure 1.9] allows you to view your patient's claim history from your office. Available information will include your office or provider's name, the claim and check numbers, claim status, status date (when the claim was last touched), date of service, category, tooth if applicable, procedure code, amount charged, deductible and amount paid. **Please note that the claims screen will now only display the previous 18 months of claims.** For questions regarding claims prior to the previous 18 months please contact ODS Customer Service.

How to Search for Claims

Remember, you will only be allowed to view claims submitted by your office. You can narrow your search by using the optional claim search located above the claims list. The claim filters allow you to search by a specific date and/or procedure code. [Figure 1.9, A]

Figure 1.9

Optional Claims Search

Use one or more of the fields below to narrow your display. (for dates use mm/dd/yyyy)

From Date: CDT Codes:

To Date:

A

Predeterminations are displayed as pending only, and benefit estimate can change. Please await our written response to determine actual benefit.

Claims List									
Provider	Status	Date of Service	Category	Tooth	CDT Code	Total Charge	Deductible	Paid	
Claim: D09881760-00		Check: 01994006							
JOHN DOE DMD	Paid 10/19/2002 F1-65	10/02/2002	Complete XRay Series	--	D0330	\$62.00	\$0.00	\$62.00	
JOHN DOE DMD	Paid 10/19/2002 F1-65	10/02/2002	Exam Services	--	D0150	\$42.00	\$0.00	\$42.00	
JOHN DOE DMD	Paid 10/19/2002 F1-65	10/02/2002	Bitewing	--	D0274	\$36.00	\$0.00	\$36.00	
Claim: D10442208-00		Check: 02050750							
JOHN DOE DMD	Paid 03/22/2003 F1-65	02/11/2003	Perio Treatment	UR	D4341	\$155.00	\$50.00	\$84.00	

HIPAA Status Codes
F1-65 -
Finalized/Payment - The claim/line item has been paid.

(The above box contains an alphanumeric code that will give the status of the claim according to HIPAA guidelines)

Status of Claims

- **Paid**-The claim has been processed and payment or denial notification has been sent.
- **In Process**-The claim is on hold. It might need review or more information from the provider or patient.
- **Pay Next Disbursement**-ODS pays every two weeks. It will remain in this status until the payment check is cut. It will then change to a Paid status.

Claims Detail Screen

By clicking on the claim number from the claims summary screen, you will be taken to a claims detail screen. [Figure 2.0] This screen will give you a breakdown of how a specific claim was paid. If the claim was denied for any reason, you will see why in the **Claim Memo** or **Reason Code** section at the bottom of the page.

Figure 2.0 Claims Detail

Provider: JOHN DOE DMD 999999999
Claim Number: D09881760-00

Claim Detail									
Dates	CDT/Category	Tooth	Total Charges	Disallowed/Reason	Deduct	Provider Discount	Allowed	Pt Resp	Paid
10/2/02	D0330 Complete XRay Series	--	\$62.00	\$0.00	\$0.00	\$0.00	\$62.00	---	\$62.00
10/2/02	D0150 Exam Services	--	\$42.00	\$0.00	\$0.00	\$0.00	\$42.00	---	\$42.00
10/2/02	D0274 Bitewing	--	\$36.00	\$0.00	\$0.00	\$0.00	\$36.00	---	\$36.00
Totals:	---	---	\$140.00	\$0.00	\$0.00	\$0.00	\$140.00	---	\$140.00

Check / Claim #	Check Payee	Amount	Date
XXXXXXXX	JOHN DOE DMD	\$140.00	10/19/2002

Claim Memo:
Reason Code:

[Back to top](#)

Click here for Printable display.

[Printable](#)

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

Printable Explanation of Benefits

For a printable version of the claims detail screen simply click on the “printable” button. This will eliminate the subscriber id number and your office tax id number to help keep information private.

ALBERT SMITH - Claim Detail D09881760-00

Subscriber Name: Albert Smith

Insurance Type: Commercial Delta Premier

Group Number: 6570-00

Group Name: PUBLIC EMPLOYEES
BENEFIT BOARD

Coverage Level: Family

Provider: John Doe DMD

Claim Number: D09881760-00

Claim Detail									
Dates	CDT/Category	Tooth	Total Charges	Disallowed/ Reason	Deduct	Provider Discount	Allowed	Pt Resp	Paid
10/2/02	D0330 Complete XRay Series	--	\$62.00	\$0.00	\$0.00	\$0.00	\$62.00	---	\$62.00
10/2/02	D0150 Exam Services	--	\$42.00	\$0.00	\$0.00	\$0.00	\$42.00	---	\$42.00
10/2/02	D0274 Bitewing	--	\$36.00	\$0.00	\$0.00	\$0.00	\$36.00	---	\$36.00
Totals:	---	---	\$140.00	\$0.00	\$0.00	\$0.00	\$140.00	---	\$140.00

Check / Claim #	Check Payee	Amount	Date
XXXXXXXX	John Doe DMD	\$140.00	10/19/2002

Claim Memo:

Reason Code:

This screen is useful for both your office records and your patient’s records. If a copy of your PDR or your patients EOB is lost, simply print this screen and keep in their file, you can also give them a copy.

Member Handbook

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

JANE E SMITH - Claims

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

Subscriber ID: 123456789
Subscriber Name: JOHN SMITH

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

Frequently Asked Questions

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

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

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

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

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

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

Q: How can I find out about prophylaxis frequencies and other plan information?

A: The Group Limitation and Standard Processing Guideline links provide information on each specific plan. Please note that the Group Limitations will amend ODS' Standard Processing Guidelines, so be sure to use the two links in conjunction with each other.

Q: Why can't I see that the patient had a cleaning three months ago at a different office?

A: You will not be able to access claims that were filed by a different dentist. You will, however, be able to see the amount he/she has remaining in the calendar or benefit year, regardless of who performed the treatment. This information is found on the Eligibility and Benefits page, located in the Plan Maximums and Deductibles box.

Frequently Asked Questions Continued

Q: Is there any way to find out when a patient last had a cleaning?

A: The Eligibility and Benefits screen has an option that will determine if a patient is eligible for a specific treatment. It is located at the very bottom of the screen on the right hand side. For example, entering the ADA code for prophylaxis will allow you to see if any procedure, such as a periodontal maintenance, has been done that would cause a claim for a prophylaxis to deny.

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

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

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

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

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

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

How to Reach ODS Benefit Tracker Customer Service

ODS Benefit Tracker Customer Service can be reached
Monday - Friday between the hours of 7:30 a.m. and 5:30 p.m. at:
(503) 417-3197 option 1
Or Toll Free at 1-877-337-0651 option 1
Email: denben@odscompanies.com

Important Information for DAISY Users Using ODS Benefit Tracker

Internet Service Providers (ISPs)

When signing up for the ODS Benefit Tracker, if you do not already have an Internet Service Provider, please call DAISY customer service before choosing an ISP. Some Internet service providers do not offer services that are compatible with DAISY software. DAISY recommends using IPNS, a local ISP based in Portland. IPNS serves all of Oregon and offers reasonable rates. You can reach IPNS at 1-888-895-9613.

DOS Users

If you are a DOS user, it is likely you will have to upgrade your hardware in order to use Benefit Tracker. Call DAISY to find out about Benefit Tracker low-priced hardware specials!

How to Reach DAISY Customer Service

DAISY Customer Service can be reached
Monday - Friday between the hours of 7:30 a.m. and 5:30 p.m. at:
(503) 243-3966
Or toll-free at 1-800-368-6401
Email: daisy@daisydental.com

If you are a DAISY *Premier* user, you also have the option of completing a form to send directly to customer service. On the *Premier* toolbar, Click on Help, Contact DMC. Complete the form and send.