



Filing Claims

How to find and submit Medical EOBs.





Sample
Moda
EOB

Medical claim details

Member: JOHN Q. SMITH
Claim #: 21713871300

Provider: UNIVERSITY PROFESSIONAL SERVICES
Network: CONNEXUS

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Member not covered	Deductible	Copay	Coinsurance
OFFICE VISIT - 99214 04/24/2019	\$337.00	\$99.79	\$237.21	\$167.21	PDC	\$0.00	\$0.00	\$0.00	\$70.00
Totals	\$337.00	\$99.79	\$237.21	\$167.21		\$0.00	\$0.00	\$0.00	\$70.00
				Medical plan paid to provider:	\$167.21				
						Amount you owe:			\$70.00

Paid 05/10/19

Member: JOHN Q. SMITH
Claim #: 21643287157

Provider: NICOLE R CABALLERO DC
Network: CONNEXUS

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Member not covered	Deductible	Copay	Coinsurance
THERAPY - 98941 04/26/2019	\$79.58	\$35.88	\$43.70	\$23.70	PDC	\$0.00	\$0.00	\$20.00	\$0.00
THERAPY - 98943 04/26/2019	\$53.82	\$25.30	\$28.52	\$28.52	PDC	\$0.00	\$0.00	\$0.00	\$0.00
THERAPY - 9714059 04/26/2019	\$282.78	\$203.20	\$79.58	\$79.58	n76	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$416.18	\$264.38	\$151.80	\$131.80		\$0.00	\$0.00	\$20.00	\$0.00
				Medical plan paid to provider:	\$131.80				
						Amount you owe:			\$20.00

Paid 05/10/19

Reason code	Description
PDC	Provider discount has been applied.
n76	Per Medicare guidelines, a multiple procedure reduction should be applied to this claim line.

Comments:

If you are covered by more than one health benefit plan, you or your provider should file all your claims with each plan.

Group: ABC Company
Member ID: 1234567890



Claims should
be filed based
on Date of
Service (found
here)

Moda EOBs

- Log in to <https://modahealth.com/oebb/>
 - Log in
 - 'Forgot your password'
 - 'Forgot your username'
 - 'Create an Account'



moda HEALTH
DELTA DENTAL
Delta Dental of Oregon & Alaska

Oregon Contact us OEBB site

OEBB members
Plan materials
Coordinated Care
Moda 360
Behavioral health
Health Through Oral Wellness
Additional Cost Tier
Reference Price Program
Pharmacy services
Wellness resources
FAQs

Find Care
Find a doctor, dentist, pharmacy or clinic

Member Dashboard
USERNAME
PASSWORD
Forgot your password
Forgot your username
Create an account

OEBB members, experience healthcare that revolves around you
Powered by moda 360

Moda Health and Delta Dental of Oregon are making it easier to choose and use the right plan for you and your family. Our health plans give you better benefit choices, better care and our largest network - Connexus. Plus, you get our Moda 360 team of Health Navigators to connect you with the care, resources and programs that will work best for you.

2021-22 Pharmacy updates

- As a reminder, we changed our pharmacy benefits manager to Navitus on Oct. 1, 2021. Please make sure to share your new ID card or the following information with your pharmacy:
 - PCN: NVT
 - BIN: 610602
 - Rx group: OEBB
- To find an in-network pharmacy click here:
 - 2022 NW Prescription Drug Consortium Core network

Moda 360 - your own enhanced member support team
Healthcare can be complicated. That's why we created Moda 360. Every time you call the Moda Health OEBB number on the back of your ID card, you'll be connected to a Health Navigator. The Navigator will not answer any

Member Dashboard
moda HEALTH
DELTA DENTAL
Delta Dental of Oregon & Alaska

Registration

Please use the information from your ID card to register.

First name

Middle initial

Last name

Date of birth

Subscriber ID

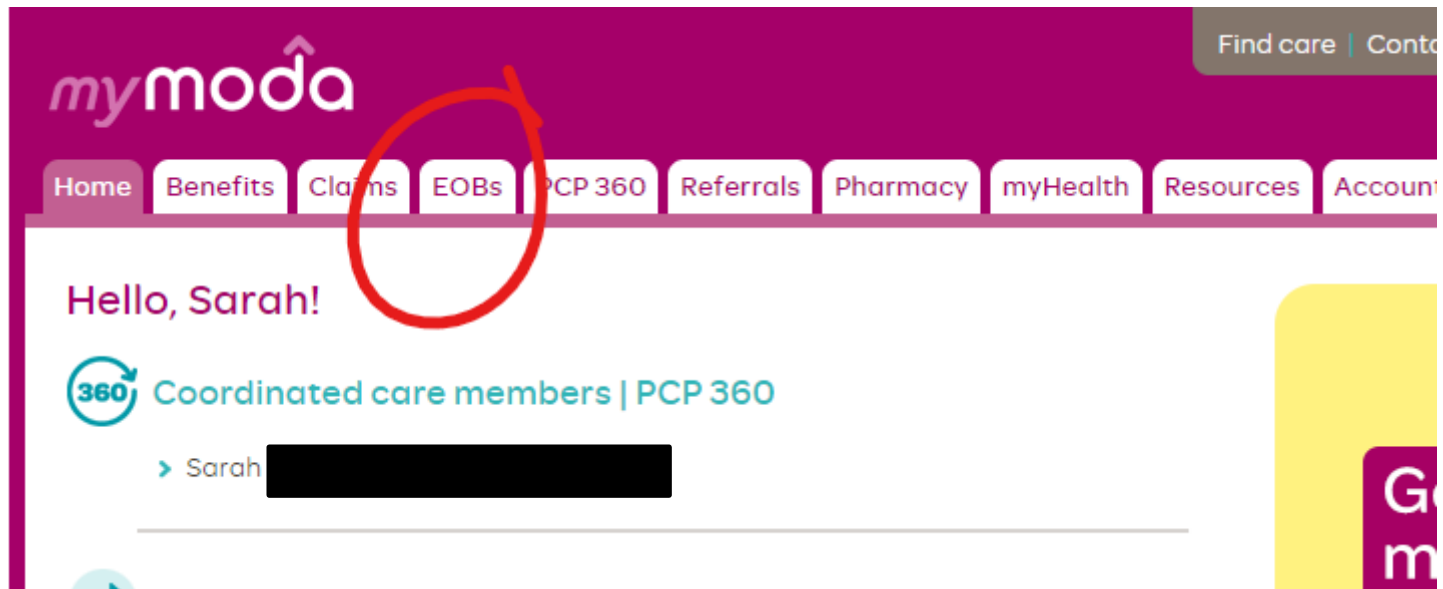
Email address

Re-type email

Occasionally email me breaking news and important information to help me manage my health. Please be assured that your email address is confidential and will never be sold, rented or shared with a third party.

Next

Once you have logged in, click on the EOBs tab at the top of the screen.




- Click the dropdown menu to choose yourself or a specific family member.
- Service dates for this plan year are **October 1, 2022 - September 30, 2023**.
- Click on the EOB date to open the PDF.
- Save EOB as a PDF (or print the document)

Explanation of benefits for family

Below are your explanation of benefits (EOBs). If you have chosen to receive you by mail, each of the following EOBs combines claims that your benefit plan has paid for you within a 15-day time period.







If you have chosen to go paperless, each of the following EOBs shows all claims that your benefit plan has paid for you within its payment cycle.

View EOBs for **Family** 

Provider **[Redacted] Sarah N**

Service dates to **Filter**



EOBs		
EOB date/provider	Service dates	Member
EOB Mar 16, 2020 	3/2/20	[Redacted] Sarah N.
EOB Mar 2, 2020 	2/19/20	[Redacted] Sarah N.
EOB Feb 17, 2020 	1/22/20	[Redacted] Sarah N.
EOB Jan 28, 2020 	1/9/20	[Redacted] Sarah N.
EOB Jan 20, 2020 	1/8/20	[Redacted] Sarah N.
EOB Jan 6, 2020 	11/14/19	[Redacted] Sarah N.
EOB Dec 30, 2019 		

Reminder:
Once you have your EOBs, you have 4 ways to choose from on how to submit them to DBS:



Why file online?

- **Fast**
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229



Claims Filing Options that meet your needs.

File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.® (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (HRA) and Plan Year
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information (select 'Deductible' or 'Coinsurance/Copay' to the best of your ability. Claims will be adjusted by DBS if needed.)
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.® name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at **(800) 234-1229**
or visit DBSbenefits.com



Mail or fax this form to:
Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
Fax: (262) 367-5938
For additional claim forms log on at www.dbsbenefits.com

Section 105 Health Reimbursement Arrangement (HRA) Claim Form

Employee Name (please print): _____

Email Address: _____

Name of Your Employer (please print): Oregon Coast Community College

Employee Signature: _____ Date: ___/___/___

Indicate here if your address/information has changed:

If you are requesting reimbursement from a section 105 Plan please complete the appropriate information at the right.

SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT (HRA)
SEE INSTRUCTION GUIDE IN REIMBURSEMENT KIT

Who incurred the expense? Employee
(check all that apply) Spouse
 Dependent

To expedite your Section 105 reimbursement please complete the top portion of the expense reimbursement claim form and remember to sign your name in the appropriate area.

You must attach proper documentation to this form for reimbursement. An example is an Explanation of Benefits (EOB) report from your medical insurance provider. This report is sent to you by your insurance *after* it has been processed.

OFFICE USE ONLY: A: _____ D: _____

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization nor claim any dependent care reimbursement expenses as tax credit. I certify that I will not be reimbursed for the expenses listed below from any insurance company or insurance plan or the following: any other Flexible Benefit Plan, Medical Savings Account (MSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), another reimbursement plan or any other source. I also certify that the expenses have been incurred and dates of service are during the timeframe required by the benefit plan. I will also provide documentation necessary to support the amounts being requested for reimbursement. In addition, by signing this document, I acknowledge and agree that DBS may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment. I also agree to immediately inform DBS if I become aware of an overpayment and agree to reimburse the Plan Sponsor to the extent that an offset of future reimbursements is either impossible or inconvenient. Finally, I certify that I am aware that I may be reimbursed from the Plan only for my own expenses, expenses of my spouse, and expenses of my "dependent" children as defined by my employer's Plan.

Customer Service: 800-234-1229 • Fax: 262-367-5938 • www.dbsbenefits.com

<https://www.dbsbenefits.com/>

LATEST NEWS CAREERS CONTACT

ASAP®

USER LOGIN



DIERSIFIED
BENEFIT SERVICES, INC.

Services Why DBS Participant Resources Broker Resources





Login

Name

Password

Login

> Forgot Your Password?

> Create New Account

> Help

This site is secured by a Verisign SSL Certificate.



Login

Name

Password

Login

> Forgot Your Password?

> Create New Account

Enter your employer PIN below. PIN numbers are available through your employer or by contacting Diversified Benefit Services, Inc.

PIN

Need your employer PIN?

For assistance please call:
(800) 234-1229

> Help

Your Employer
PIN:
OCCC

When creating your new login with DBS, you will be asked for your social security number, address, email, etc.

Oregon Coast Community College
Health Reimbursement Arrangement
Employee Online Account Viewing Setup
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account viewing system known as **A.S.A.P.®** - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan.

To begin viewing your information you will need to create your personal online account. (All information provided is securely encrypted and protected.)

CREATING YOUR ONLINE ACCOUNT

1. Go to the DBS website at www.dbsbenefits.com
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: **OCCC** (then click the red arrow)
5. Enter the New Account Information requested.
 - a. Your Email address is required.
 - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
 - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

Still Have Questions? Contact:

DBS Customer Service
(800)234-1229
Monday – Friday
6:30 AM – 3:00 PM Pacific



Oregon Coast Community College Acuero de reembolso de salud según la sección 105

Creación de cuenta en línea

(Proporcionado por Diversified Benefit Services, Inc. (DBS))

Como un participante del Plan, usted tiene acceso a la información de su cuenta a través de la cuenta en línea de DBS viendo el sistema conocido como A.S.A.P. ® - Programa de administración estratégica avanzada. Este sistema le permite ver su información de reclamación y reembolso relacionado con su Plan.

Para comenzar a ver la información, necesita crear su cuenta personal en línea. (Toda la información proporcionada es bien cifrada y protegida)

CREAR SU CUENTA EN LÍNEA

1. Ir al sitio web de DBS: www.DBShenefits.com.
2. Haga clic en "iniciar sesión de usuario" situado en la parte superior derecha de tu pantalla.
3. En la pantalla inicial, haga clic en "crear nueva cuenta."
4. Introduzca su empleador PIN: QCCC (luego haga clic en la flecha roja).
5. Ingrese la nueva información de cuenta solicitada.
 - a. Su dirección de correo electrónico es necesario.
 - b. Usted puede elegir cualquier combinación de caracteres (mínimo de 8 caracteres) cuando entrar su nombre de usuario.
 - c. Usted puede elegir cualquier combinación de caracteres, 1 mayúscula, 1 minúscula y 1 numérico al introducir su contraseña.
6. Cuando haya terminado, haga clic en 'Enviar'. Un mensaje le indicará que su cuenta se ha creado con éxito. Usted también recibirá confirmación por su correo electrónico.
7. Ahora puede iniciar la sesión con tu nombre de usuario y contraseña y ver su información de cuenta corriente.



How to upload your EOBs



Clicking on Claims brings up the participant's claim details, ability to submit a claim, shows account funding, and lists reimbursements

Welcome test participant Wednesday, April 8, 2020

DIVERSIFIED BENEFIT SERVICES, INC. **ASAP**

Benefit Plan Type: HRA | 01/01/2019 - 12/31/2019

Balance **Claims** Reports Forms Update Account Contact DBS Logout

The Best Employer
HRA Participant Claims
 Participant: Sample Employee

Participant Statement

Claims View/Submit | Funding | Reimbursements

Plan Type: Traditional In Network Deductible
 Patient: All Family Members

Claim ID	Service Date	Description	Approved Amount	Employer	Employee Reimbursed
13934777	10/15/2019	Manual Data Entry - Deductible(Medical) - Patient: Sample	\$2,000.00	\$1,500.00	\$500.00
13015177	1/25/2019	Manual Data Entry - Deductible(Medical) - Patient: Spouse	\$2,950.00	\$2,000.00	\$950.00
Grand Totals:			\$4,950.00	\$3,500.00	\$1,450.00

Claims View/Submit | Funding | Reimbursements

View
 Submit
 History

Plan Type: Moda(5) In/Out Network Deductible
 Patient: All Family Members

Selecting a Plan Type

Select the plan type you are submitting a claim for, then click "Next"

Plan Type:

Moda(5) In/Out Network Coins/Copay Plan

Moda(5) In/Out Network Deductible

Please select the category indicated on your medical EOB; however, the claims processor at DBS will make sure that expenses are allocated properly. It is not necessary to submit a claim twice that includes both deductible and copay/coinsurance expenses.

Member: JOHN Q. SMITH
Claim #: 21643287157

Provider: NICOLE R CABELLERO DC
Network: CONNEXUS

Paid 5/3/19

TYPE OF SERVICE - Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Not covered	Deductible	Copay	Coinsurance
THERAPY - 98941 04/26/2019	\$79.58	\$35.88	\$43.70	\$23.70	PDC	\$0.00	\$0.00	\$20.00	\$0.00
THERAPY - 98943 04/26/2019	\$53.82	\$25.30	\$28.52	\$28.52	PDC	\$0.00	\$0.00	\$0.00	\$0.00
THERAPY - 9714059 04/26/2019	\$282.78	\$203.20	\$79.58	\$79.58	PDC	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$416.18	\$264.38	\$151.80	\$131.80		\$0.00	\$0.00	\$20.00	\$0.00

Medical plan paid to provider: \$131.80

Amount you owe: \$20.00

Reason code	Description
PDC	Provider discount has been applied.

Upload your EOBs

- You can upload as many EOBs as you want (must be in .jpg or .pdf format)
- Make sure you upload all the EOBs for each member of your family.
- DBS will keep track of them and issue disbursements.

Par

Claims View/Submit | Funding | Reimbursements

Uploading files for plan type: Moda(5) In/Out Network Coins/Copay Plan

Select the file(s) to upload, then click "Upload Files".

Select multiple files...

Allowed file extensions: .jpg, .pdf

Mobile App

Tip:

Take pictures first!

If you take a picture of your EOB before you log in to the App and select 'Use Existing Photo' you'll be able to select multiple EOBs or multiple pages of the same EOB to submit all at once, and make sure the image is clear before submitting!



Why use the Claims Filing App?

- **Fast**
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**
Day or night, you have access from your mobile phone.
- **Safe**
You have encrypted access, which is protected and Verisign secured.
- **Comprehensive**
Submit and document your claim in one easy location.

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229



Claims Filing App

File on the go. Use our Mobile Phone App.

Using your smartphone or tablet, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.[®] (Advanced Strategic Administration Program) is a safe and quick way to submit claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

Step-by-step guide—it's easy, convenient and secure.



STEP 1

Login using your A.S.A.P.[®] name and password, click "File a Claim"

STEP 2

Take a picture or use an existing photo, click "Attach Image"

STEP 3

Select the Benefit Plan Type (Either Works!)

STEP 4

Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store now!



For assistance, please call DBS at **(800) 234-1229** or visit DBSbenefits.com

Reminder:
Create your login on the DBS website first, then you can use your login credentials for both the website and mobile app!

For Claims with
Dates of Service
October 1, 2022 -
September 30, 2023
Submit claims

No later than mid-December 2023



DIVERSIFIED
BENEFIT SERVICES, INC.

Group HRA Virtual Office Hours

If you have questions about how your Group HRA works or how to file claims, please join OneDigital's virtual office hours



Wednesdays

7:30 – 8:30 AM Pacific
and
3:30 – 4:30 PM Pacific

First Thursday Evening of Every Month

7:30 – 8:30 PM Pacific

<https://onedigital.zoom.us/j/3923270383>

(Meeting ID: 392 327 0383)

We look forward to seeing you there!

Mae Hawkins

(971)346-8688

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Phaedra Anderson

(986)836-4974

phaedra.anderson@onedigital.com

