



# Financial Essentials Test Blueprint

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- ✓ Billing and Accounts Receivable
- ✓ Insurance
- ✓ Reports



# Overview

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## ***Who should take this Financial Essentials test?***

- Dentrax users with less than a year experience with Dentrax, or that have a limited role with billing, accounts receivable, and insurance
- Team members who set up or manage financial information, including billing, use of the Ledger, transactions, etc.
- Staff who generate monthly financial reports or follow monthly financial routines
- Insurance billing coordinators
- Anyone who wants to understand how billing and accounts receivable is managed in Dentrax

## ***What's on the test?***

The test for financial essentials addresses skills in three areas. They are listed here, with an approximate percentage of how much they are represented in the certificate test:

- Billing and Accounts Receivable (45%)
- Insurance (35%)
- Financial Reports (20%)

Number of questions: 15

Time limit: 25 minutes

Passing score: 80%



## Overview (continued)

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### ***How can I use this blueprint to prepare for the test?***

The skills and tasks related to this test are listed below. Please review them to help you understand and prepare for items on the test. Note tasks that you are unfamiliar with, then study them. For online study resources, training opportunities and a program overview, visit the Mastery Tracks website.

### ***How does the clinical test fit in Dentrix Essentials?***

The Financial Essentials test is one of four tests in Dentrix Essentials:

- Clinical Essentials
- Financial Essentials
- Patient Information Essentials
- Scheduling Essentials

Successfully completing this test means you can do basic tasks associated with using Dentrix in a financial environment. You can also take the other tests to measure your basic skills in other Dentrix functions in the dental office.



# Billing and Accounts Receivable (45% of test)

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The billing and accounts receivable portion of the test addresses competence in the following Dentrix skills:

- Viewing Ledger information
- Entering transactions
- Editing and deleting transactions
- Performing monthly financial routines
- Generating patient billing statements
- Generating accounts receivables reports

To prepare for the test, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

## A. Viewing Ledger information

1. Select a patient
2. Switch between Ledger, Ledger + History, and Treatment Plan views
3. Switch between Patient, Guarantor, and Family views
4. Select the Patient Running Balance view option
5. Select the Show Transaction Links view option

## B. Entering transactions

1. Post procedures
  - a. Add, change, and delete a procedure code from the Procedure List
    - i. Select a code
    - ii. Enter treatment area information
    - iii. Edit a Chart Status
    - iv. Edit charge amount
    - v. Select a provider
    - vi. Explain the function of the Do Not Bill to Dental Ins and the Override Proc Flags options
    - vii. Select a Related Referral
  - b. Add, change, and delete procedure codes to the Procedure List using Multi-Codes



2. Set treatment-planned procedures complete
    - a. Explain the advantages of setting a treatment-planned procedure complete versus editing or re-posting
  3. Post payments
    - a. Enter and edit payment amount
    - b. Select payment type
    - c. Allocate payment
      - i. Explain the purpose and function of the Split Payment option
    - d. Assign the payment to the patient/family
      - i. Explain the purpose of the payment assignment option
    - e. Apply a payment to a payment agreement
    - f. Add, edit, and delete a payment note
  4. Enter and edit batch payments
    - a. Select a patient
    - b. Enter and edit a payment
  5. Post adjustments
    - a. Enter an amount
    - b. Select a type
    - c. Select a provider
    - d. Select a patient/family
    - e. Add, edit, and delete an adjustment note
  6. Apply finance or late charges for individual accounts
  7. Delete finance or late charges
  8. Post taxes and discounts
- C. Editing and deleting transactions**
1. Edit and delete current transactions
  2. Invalidate history transactions
    - a. Explain the rationale and procedure for editing history transactions by invalidating a transaction, posting an offsetting adjustment, and posting a corrected transaction.
  3. Search for payments
- D. Performing Monthly Financial Routines**
1. Run the Month End utility
    - a. Explain the purpose and function of the Month End utility
    - b. Run the Month End utility
      - i. Close out a month
      - ii. Purge appointments



- iii. Reset insurance benefits used
  - 2. Use the Month End Wizard tool
    - a. Explain the purpose and function of the Month End Wizard tool
    - b. Contrast the use of the Month End Wizard tool with the use of the Month End utility
    - c. Set up the Month End Wizard
      - i. Set the Close Month options
      - ii. Set Aging Report options
      - iii. Set Finance Charges options
      - iv. Set Finance Charge Report options
      - v. Set Late Charge options
      - vi. Set Late Charge Report options
      - vii. Set Payment Plan Update options
      - viii. Set Billing Statement options
      - ix. Set Analysis Reports options
      - x. Run the Month End Wizard tool
- E. Generating accounts receivables reports**
  - 1. 1. Generate the Aging Report
    - a. Explain the purpose and use of the Aging Report
    - b. Generate the Aging Report
  - 2. Generate the Provider A/R Totals Report
    - a. Explain the purpose and use of the Provider A/R Totals Report
    - b. Generate the Provider A/R Totals Report



# Insurance

(35% of test)

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The insurance portion of the test addresses competence in the following Dentrax skills:

- Processing insurance claims
- Generating insurance reports
- Receiving insurance claims

To prepare for the assessment, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

## A. Processing insurance claims

1. Create and delete a pre-authorization claim
2. Create and delete a primary insurance claim
  - a. Create primary insurance claims
  - b. Delete primary insurance claims
  - c. Identify conditions that would prevent you from deleting primary insurance claims
  - d. Create primary insurance claims using the Batch Primary Insurance Claims utility
    - i. Identify reasons for not using the Batch Primary Insurance Claims utility to create claims for time spans in excess of a month
3. Create and delete a secondary insurance claim
  - a. Create secondary insurance claims
  - b. Delete secondary insurance claims
  - c. Update secondary insurance information
4. Add and edit claim information
  - a. Identify the process for correcting procedure posting errors if attached to an insurance claim
  - b. Identify the process for correcting procedure posting errors if attached to an insurance claim when the procedure is in history
  - c. Set claim information for a single claim
  - d. Set claim information permanently
  - e. Add, edit, and delete claim remarks
  - f. Add and remove claim attachments



- i. Edit attachments
    - ii. Attach from difference sources including Document Center, Screen Capture, Perio Chart, Dexis (image), and Import File
    - iii. Edit attachment information
    - iv. Remove attachments
    - v. Edit non-electronic information
  5. Print an insurance claim
- B. Send claims electronically using eTrans**
  1. Send claims from batch
    - a. Use the eTrans Validation Report to fix rejection errors
    - b. Send claims individually
    - c. Submit attachments electronically without resending the claim
  2. Check Claim Submissions using the eTrans Confirmation Report
  3. Generate the Insurance Claims to Process Report
  4. Generate the Pre-Treatment Estimates to Process Report
  5. Generate the Secondary Insurance Claims Not Created Report
  6. Generate the Secondary Pre-Treatment Estimates Not Created Report
  7. Generate the Procedures Not Attached to Insurance Report





### C. Receiving insurance claims

1. Enter pre-treatment authorizations
2. Enter insurance claim payments
  - a. Enter primary claim payments
  - b. Update payment table
    - i. Identify conditions for updating the payment table
    - ii. Update payment table
  - c. Apply deductibles
  - d. Enter secondary claim payments
3. Split a primary claim
  - a. Identify the conditions when Split Primary Claim option is available
  - b. Split a primary claim
  - c. Identify how to post a partial or additional payment when the split primary claim is no longer an option
4. Enter an additional insurance payment
5. Enter adjustments to insurance payments
6. Enter insurance claim payments using an eEOB
7. Enter Batch Insurance Payments
  - a. Enter batch payments
  - b. Save and retrieve a Batch Ins. Payment session
8. Edit a pre-treatment authorization
9. Edit and delete insurance payments
  - a. Edit insurance payments
  - b. Delete insurance payments
  - c. Correcting insurance payment posting errors in history
10. Enter Deductible Met/Benefits Used
11. Add Explanation of Benefits to the Document Center



# Additional Reports and Statements (20% of test)

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The reports and statements portion of the test addresses competence in the following Dentrix skills:

- Generating Ledger reports
- Generating billing statements
- Generating common reports
- Accessing the Office Journal
- Viewing Office Journal entries

To prepare for the assessment, you should be able to perform operations and demonstrate understanding of the following detailed tasks and concepts:

## A. Generating Ledger Reports

1. Generate a Walkout Statement
  - a. Generate a Family Walkout
    - i. Select the Do Not Print Insurance Estimate option
    - ii. Select the Print Doctor Recommendations option
    - iii. Select the Print YTD Finance Charges, Late Charges, and Payments options
  - b. Generate a Walkout/Doctor's Statement
    - i. Select the Print Doctor Recommendations option
    - ii. Select the Print Adjustments option
  - c. Generate an Appointment Card
  - d. Generate an Appointment Reminder Label
  - e. Generate a Family Appointment List
  - f. Add and edit a walkout statement message

## B. Generating billing statements

1. Explain the purpose and use of billing statements
2. Set up billing statements
  - a. Select Practice Information to print on statements
  - b. Add and edit Dunning Messages
  - c. Add, edit, and delete Custom Billing Statement Notes
  - d. Modify Statement Forms



- e. Select a Default Billing Statement
- f. Set Statement Count (Print Preferences)
- g. Activate Provider ID column for statements
- h. Activate Verify Billing Statements to Sent
- i. Activate Copy Billing Statements to Document Center
- 3. Set up QuickBill
  - a. Register for the QuickBill service
  - b. Set up eSync
  - c. Set up QuickBill users
    - i. Enter and edit login information
    - ii. Use the patient newsletter service
    - iii. Use the insert service
    - iv. Using the electronic address correction service
    - v. Select a statement color
    - vi. Indicate accepted credit cards
- 4. Generate billing statements for printing
  - a. Set the Balance Forward Date
  - b. Select guarantors
  - c. Select providers
  - d. Select Billing Types
  - e. Set the Minimum Balance to Bill
  - f. Activate Include Credit Balances
  - g. Explain the function and use of the different billing statement information options
    - i. Select Skip Accounts with Claim Pending option
    - ii. Select Include Procs with Claim Pending
    - iii. Select Print Dental Insurance Estimate
    - iv. Select Print Agreed Payment
    - v. Select Print Due Date on Statements
    - vi. Select Print Practice Information
    - vii. Select Print Account Aging
    - viii. Select Allow Credit Card Payment
    - ix. Select If Not Billed Since
    - x. Select Only Bill Accounts Aging
  - h. Select the Sort Transaction By option
  - i. Select the Report Type
  - j. Add Billing Statement Notes
  - k. Save Default settings
  - l. Generate a single billing statement



5. Verify Billing Statements
    - a. Navigate the Print window
    - b. Remove a statement from the Print queue
    - c. View and edit Guarantor Notes
    - d. View and edit Account Billing Statement Notes
  6. Send Statements Electronically
  7. Print Billing Statements
- C. Generating common reports**
1. Generate the Day Sheet report(s)
    - a. Explain the purpose and use of the Day Sheet
    - b. Generate the Chronological Day Sheet
    - c. Generate the Alphabetical Day Sheet
    - d. Generate the Receipts Only Day Sheet
    - e. Generate the Adjustment Only Day Sheet
    - f. Generate a Deposit Slip
    - g. Use the Day Sheet as a difficult procedure follow up call list
- D. Accessing the Office Journal**
1. Open the Office Journal to view patient/family information
  2. Open the Office Journal to view provider/staff information
  3. Open the Office Journal to view referral information
- E. Viewing Office Journal entries**
1. Select View options
    - a. Switch between patient and family views
    - b. Expand and collapse the contact tree
    - c. Activate and deactivate the Show Information option