



FINANCIAL

Billing & Accounts Receivable

Test Blueprint

- ✓ Financial Transaction Management
- ✓ Accounts Receivable Management
- ✓ Insurance Billing & Claim Management



Overview

Who should take the Billing and Accounts Receivable test?

- Team members who set up or manage financial information, including billing, credit card processing, use of the Ledger, transaction, collections, 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 set up and managed in Dentrix

What's on the test?

The test for billing and accounts receivable addresses skills in three areas. They are listed here, with an approximate percentage of how much they are represented in the test.

- Financial Transaction Management (40%)
- Accounts Receivable Management (40%)
- Insurance Billing & Claim Management (20%)

Number of questions: 55

Time limit: 75 minutes

Passing score: 78%

How can I 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, read the Mastery Tracks Web site.

How does the patient information test fit in Dentrix Mastery Tracks?

The billing and A/R test, along with the insurance test, make up the financial mastery track. Successfully completing the two tests brings you the recognition and benefits of being a Dentrix Financial Specialist.



Financial Transaction Management (40% of test)

The financial transaction management portion of the test addresses competence in the following Dentrax skills:

- Customizing financial information and options
- Setting up Ledger options
- Setting up credit card processing
- Understanding the Ledger window
- Viewing Ledger information
- Entering transactions
- Editing and deleting transactions
- Entering Guarantor Notes
- Searching for payments
- Processing credit cards
- Managing Payment Agreements
- Managing Future Due Payment Plans
- Generating Ledger Reports

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

A. Customizing financial information and options

1. Set up practice resources
 - a. Add and edit practice information
 - b. Add, edit, and delete providers
2. Set up financial definitions
 - a. Identify the purpose and function of the following financial definitions: Billing Types, Adjustment Types, and Payment Types
 - b. Add, edit, and delete adjustment types
3. Set a default billing type
4. Set up procedure codes
 - a. Add, edit, and delete procedure codes
 - b. Add and edit fees
5. Set up financial preferences
 - a. Set the default assignment of payments/adjustments
 - b. Set the default payment allocation



6. Set up financial report printing preferences
 - a. Select the Use ADA Codes in Descriptions option
- B. Setting up Ledger options**
 1. Set up Ledger colors
 - a. Set up Ledger transaction text colors
 - b. Set up treatment plan background color
 2. Set up Pre-Payment Options Setup
 - a. Identify the purpose and function of the Pre-Payment & Allocate Credit Balances options
 - b. Enable and disable Automatic Pre-Payment Allocation
 - c. Allocate credit balances
 - i. Enable allocate credit balance option
 - Select credit adjustment type
 - Select charge adjustment type
 - Select the Itemize Allocation Adjustments for Billing Statements option
 3. Set up Insurance Payment options
 - a. Set up automatic insurance adjustments
 - i. Select a default insurance write-off type
 - ii. Select a default insurance refund type
 - iii. Enable and disable automatic adjustments for insurance payments
 - iv. Enable and disable automatic insurance refund adjustments
 - b. Set up insurance payment additional options
 - i. Set the Apply Non-Itemized Payments in Batch Entry option
 - ii. Set the Apply Adjustments for Non-Itemized Payments option
 - iii. Enable and disable the Auto-Create Secondary Claim with Primary Payment option
 - Enable and disable the Auto-Receive Secondary Claim if No Pending Ins Estimate option
 - iv. Enable and disable the Copy Electronic EOBs to Document Center
 4. Create, edit, and delete tax and discount options
 5. Set walkout statement defaults
 6. Set Fast Checkout options
 7. Set Direct Processing options
 8. Set default view options
 - a. Select Ledger, Ledger + History, or Treatment Plan view
 - b. Select All with Running Balance option
- C. Setting up credit card processing**
 1. Set up PowerPay
 - a. Add PowerPay payment and adjustment types
 - b. Select Dentrix payment types for PowerPay charges
 - c. Select Dentrix adjustment types for other PowerPay transactions



2. Set up PowerPay LE
 - a. Add PowerPay payment and adjustment types
 - b. Select Dentrix payment types for PowerPay LE charges
 - c. Select Dentrix adjustment types for other PowerPay LE transactions
 - d. Enter merchant information into eSync PowerPay LE settings
- D. Understanding and using the Ledger window**
 1. Interpret the Transaction Log
 - a. Identify the additional information indicated by the following symbols in the Description column of the Transaction Log: double arrow, solid triangle, hollow triangle, blue triangle, gray triangle, asterisk, plus sign, carat, letter “R,” letter “D”
 2. Interpret the Aged Balance display
 3. Interpret the Account Information display
 - a. Explain how insurance estimates and patient/family portions are calculated
 4. Interpret the Today’s Charges display
 - a. Explain how insurance estimates and patient/family portions are calculated
 - b. Contrast the insurance estimates shown in the Today’s Charges display with the estimates in the Account Information display and explain why these totals might be different
 5. Interpret the Payment Agreement Information display
 6. Interpret the Future Due Payment Plan Information display
 7. Use the Ledger toolbar
 - a. Customize the Ledger toolbar
 - i. Add and remove toolbar buttons
 - ii. Organize buttons
 - b. Switch to another Dentrix module
 - c. Open DxWeb
 - d. Send quick correspondence
 - i. Send an email
 - ii. Send a Quick Letter
 - iii. Generate a Quick Label
 - e. Access and modify patient information
 - i. Access patient information using the More Info button
 - Switch to another family member in the More Information dialog box
 - View a selected appointment in the Appointment Book
 - Open the continuing care module
 - Switch to the Ledger
 - Create an addressed email
 - Dial a phone number
 - Open the Office Journal



- ii. View the Family Appointment list using the Other Appt(s) button
 - View a selected appointment in the Appointment Book
 - Create a new appointment from the Family Appointment list
 - View information for another family member in the Family Appointment list
 - f. Assign patient alerts
- E. 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
- F. 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. Allocate credit balances
 - a. Explain the purpose and function of the Allocating Credit Balances option
 - b. Select family or patient provider balance
 - c. Add a provider



- d. Enter the amount to allocate
 - e. Select allocation provider
 - f. Enter or edit offsetting adjustments
 - 5. Enter and edit batch payments
 - a. Select a patient
 - b. Enter and edit a payment
 - 6. 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
 - 7. Apply finance or late charges for individual accounts
 - 8. Delete finance or late charges
 - 9. Post taxes and discounts
 - G. 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.
 - H. Entering Guarantor Notes**
 - 1. Enter, edit, and clear account notes
 - 2. Add account billing statement notes
 - I. Searching for payments**
 - 1. Search for payments using the Search Payments Utility
 - 2. Print the Payments List
 - J. Processing credit cards**
 - 1. Process charges through PowerPay LE
 - 2. Apply credits through PowerPay LE
 - 3. Process and settle charges through PowerPay
 - 4. Apply and settle credits through PowerPay
 - 5. Void charges and credits
 - K. Managing future due payment plans**
 - 1. Explain the purpose and function of future due payment plans
 - 2. Create a future due payment plan
 - a. Select a provider
 - b. Enter initial agreement information
 - c. Enter monthly charge information
 - d. Post a down payment charge
 - e. Edit current plan status



- f. Add and edit a payment plan note
 - g. Print a payment plan coupon book
 - 3. Edit and delete a future due payment plan
 - 4. Post a manual monthly payment charge
 - 5. Process monthly payment charges using the Future Due Payment Plan Update utility
 - 6. Generate the Future Due Payment Plan report
 - L. **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
 - 2. Generate an individual billing statement
 - 3. Generate a Family Ledger Report
 - 4. Generate a Patient Ledger Report
 - 5. Generate a Referral Recap Report



Accounts Receivable Management (40% of test)

The accounts receivable management portion of the test addresses competence in the following Dentrrix skills:

- Performing monthly financial routines
- Generating patient billing statements
- Managing and tracking collections
- 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. Performing Monthly Financial Routines

1. Process finance charges
 - a. Explain the purpose and function of the Finance Charge utility
 - b. Apply finance charges
 - c. Delete finance charges
 - i. Delete individual charges
 - ii. Delete all charges posted for an entered date
 - d. Generate the Finance Charge report
2. Process late charges
 - a. Explain the purpose and function of the Late Charge utility
 - b. Apply late charges
 - c. Generate the Late Charge report
3. Process Future Due Payment Plan monthly charges
4. 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
5. 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

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
- 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. Managing and tracking collections**
 - 1. Use the Collections Manager
 - a. Explain the use and function of the Collections Manager
 - b. Set up the Collections Manager View
 - i. Select filter options
 - ii. Select columns to display
 - c. Sort the list
 - d. Understand the list
 - i. Explain the information, symbols, and abbreviations displayed in the list
 - e. Refresh the list
 - f. Communicate with patients using the list
 - i. Send an email message
 - ii. Print a Quick label
 - iii. Print a Quick Letter
 - iv. Print batch mailing labels
 - g. Switch to a different module from the list



- h. Copy the list to the Windows clipboard
 - i. Hide a patient on the list
 - j. Access patient information using the More Info button
 - i. Switch to another family member in the More Information dialog box
 - ii. View a selected appointment in the Appointment Book
 - iii. Open the continuing care module
 - iv. Switch to the Ledger
 - v. Create an addressed email
 - vi. Dial a phone number
 - vii. Add an Office Journal entry
 - k. Create a payment agreement from the list
 - i. Use the Payment Agreements button
 - ii. Double-click on a name
 - l. Use the Guarantor Notes button
 - i. View an existing note
 - ii. Add, edit, or delete an Account note
 - iii. Add, edit, or delete a Billing Statement note
 - m. Print the Collections Manager List
 - n. Print mailing labels
- 2. Generate collection letters
 - a. Generate a first notice collection letter
 - b. Generate a second notice collection letter
 - c. Generate a third notice collection letter
- 3. Manage Payment Agreements
 - a. Explain the purpose and function of payment agreements
 - b. Add, edit, and delete payment agreement terms
 - c. Create payment agreements
 - i. Select a payment interval
 - ii. Select payment agreement terms
 - iii. Enter payment agreement payment details
 - iv. Print payment agreement documents
 - Print payment agreement coupons
 - Print a payment agreement truth in lending disclosure statement
 - Print a payment agreement amortization statement
 - v. Add, edit, and clear payment agreement notes
 - Copy payment agreement details to the Payment agreement note
 - Navigate through payment agreement notes
 - Copy payment agreement notes to the Windows clipboard
 - d. Clear payment agreements
 - e. Generate the Payment Agreement Report



D. Generating accounts receivables reports

1. Generate the Aging Report
 - a. Explain the purpose and use of the Aging Report
 - b. Generate the Aging Report
2. Generate the Credit Balance Report
 - a. Explain the purpose and use of the Credit Balance Report
 - b. Generate the Credit Balance Report
3. Generate the Patient Balance Report
 - a. Explain the purpose and use of the Patient Balance Report
 - b. Generate the Patient Balance Report
4. 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
5. Generate the practice advisor - collections report
 - a. Explain the purpose and use of the practice advisor - collections report
 - b. Generate the practice advisor - collections report
6. Generate the practice advisor - production report
 - a. Explain the purpose and use of the practice advisor - production report
 - b. Generate the practice advisor - production report



Insurance Billing & Claim Management Skill Summary (20% of test)

The insurance billing & claim management portion of the test addresses competence in the following Dentrix skills:

- Processing insurance claims
- Tracking insurance claims
- Receiving insurance claims
- Generating insurance claim reports
- Setting up claim defaults
- Setting up electronic 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. Tracking insurance claims**
 - 1. Track claims using eClaims reports
 - 2. View claim statistics
 - 3. Track insurance claims with eCentral Insurance Manager
 - 4. Set and edit insurance claim status and notes
 - 5. Generate the Insurance Aging Report
 - 6. Generate the Pre-Treatment Estimate Aging Report
- D. 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
- E. Generating insurance claim reports**
 - 1. Generate the Utilization Report for Dental Insurance
 - 2. Generate a Blank ADA Form
- F. Setting up claim defaults**
 - 1. Set the default Signature on File options for new subscribers
 - 2. Add, edit, and delete insurance claim formats
 - 3. Assign claim formats to insurance plans
 - 4. Add and edit Provider Insurance IDs
 - 5. Set default Provider Signature options
 - 6. Set up default Insurance Claim Providers
 - 7. Set up default Insurance payment options
 - 8. Set up claim remark custom notes
 - 9. Set up direct processing options
 - 10. Set up fast checkout options
- G. Setting up electronic claims**
 - 1. Set up electronic claims
 - 2. Set up eEOBs