

5.29 Release Features

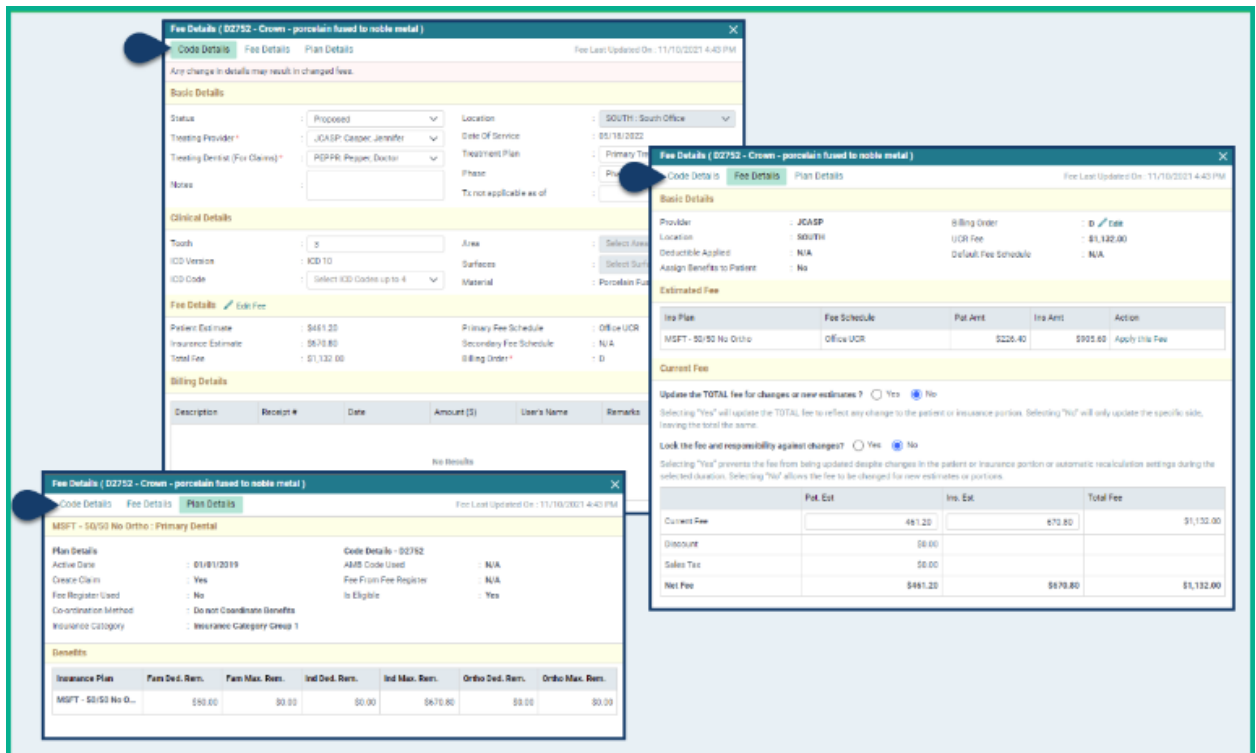
Say hello to 2023 with CareStack 5.29! We have tailored for you an informative session on webinars, how to book and what to expect. You will soon receive instructions on the same. We will have a recorded version of the curated webinar sent across prior to the live session. This will be available for those who are unable to attend yet have early access prior to the live webinar with Q&A.

In the 5.29 release, your team will find some new elements, certain helpful workflow adjustments, and a few small changes that will render a big impact to your offices. With the new Goal Setting and CodeStack additions, Fair Usage Policy and Front Office Dashboard rollouts, adjustments to some clinical items, and some insurance changes for ortho, this release has been designed to render more power to your team.

Front Desk

Track critical details of Insurance Plan with CodeStack that will let you easily acquire details about the coverage, fee schedule including the carrier. Users also get to enjoy faster ways to scan multiple page documents into a single file besides benefiting from our informative alerts automated for enhanced, uninterrupted scheduling.

- Welcome to **CodeStack!** This new tool combines the power of the old Code Snapshot and **Fee Slider**. CodeStack is separated into 3 sections: **Code Details**, **Fee Details**, and **Plan Details**.



- After you have selected a specific code you have access to find all the details about the coverage by viewing the Insurance plan, Fee Schedule and the Carrier next to the patient estimates.
 - You can select the fee schedule to compare your fees listed for the code.
 - When you are in the fee schedule you can **copy and paste** the values back to the CodeStack.
- Default Scanning in Docs to .pdf
 - When you are scanning documents, the default will be set to PDF.
 - To make scanning multiple page documents into one Document easier for you, the default has been set to **'Save as a single file.'**

The screenshot displays the 'Document Settings' window. At the top right is a 'New Scan' button. The settings are as follows:

Doc. Name	:	Scanned Document
Doc. Type	:	Financial Disclosure
Doc. Format	:	PDF
		<input checked="" type="checkbox"/> Save as a single file

- The Document name previously converted over to the lower case. CareStack has changed it to reflect Cap sensitivity (Upper stays upper instead of reverting to lower case).
- Patients can now copy the **Responsible Party information** to additional patients on the account inside the Kiosk, Office mode, and Patient Portal. Items copied over

include the Address, Phone Number and Email. These items are editable.

Add Family Member

First Name * Last Name *

Pull Dover

Date of Birth * Gender * Relationship To RP *

4/20/2020 Female Dependent

CONTACT INFORMATION Copy Responsible party's Details

Address Line 1 Address Line 2

Address Line 1 Address Line 2

City State

- CareStack will let you know if an appointment exists on the **Reschedule Queue** as soon as you select the patient, making the process much faster and eliminating extra work. You can either Reschedule the Appointment or remove the appointment from the Queue.

Slot Details: 11/23/2022 | 01:00 AM-02:00 AM (1 hrs) | Loc: MALL L

Select an action to be done for the following

Appointments in Reschedule Queue

Sunday, November 20, 2022

09:10 AM-09:50 AM(40m)

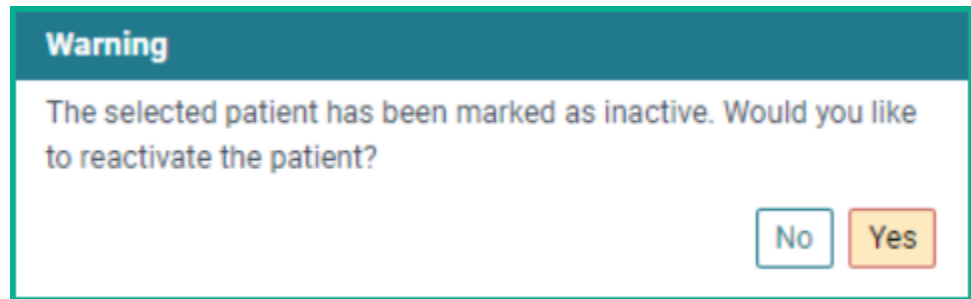
Celebration Den... Altman, DM... D0999 - Infection Control
Figuroa1 -GP/_... No Producti... D1330 - Oral Hygiene Instruct...
D1110 - Prophylaxis - Adult

Remove from Queue Reschedule Appointment

Other Future Appointments

- You will see **Warning Updates** when you are doing the following -
 - When a patient is scheduled at the same time in another operatory.

- If there is a **Provider Conflict** i.e. Provider is scheduled at another location at this time. In this instance, you will be prompted with 'Would you like to continue?'
- When the **Appointment Location** is different from the Patient's **Default Location**.
- When the patient selected has been marked as inactive. You will be asked, 'Would you like to reactivate the patient?'



- **Tele appt-** The patient's email will be required for tele-appointment. Please add an email to the patient record.
- When deactivating a Provider, CareStack allows the choice of Replacement for both **Location** and **Provider**.

The screenshot shows the 'User Deactivation' interface. At the top, there is a breadcrumb trail: Start > Step 1 > Step 2 > Step 3 > Summary. Below this is a yellow banner that says 'Change Default Billing Dentist for the Provider'. The main content area is divided into three sections, each with a red box highlighting a 'Replacement Provider' dropdown menu:

- Account:** A dropdown menu labeled 'Replacement Provider *' with a 'Select' option.
- Location(s):** A table with columns 'S. No.' and 'Location'. There are two rows. The 'Replacement Provider' dropdown is to the right of the table.
- Provider(s):** A table with columns 'S. No.', 'Provider', and 'Location(s)'. There are two rows. The 'Replacement Provider' dropdown is to the right of the table.

At the bottom right of the interface, there are 'Prev' and 'Next' buttons.

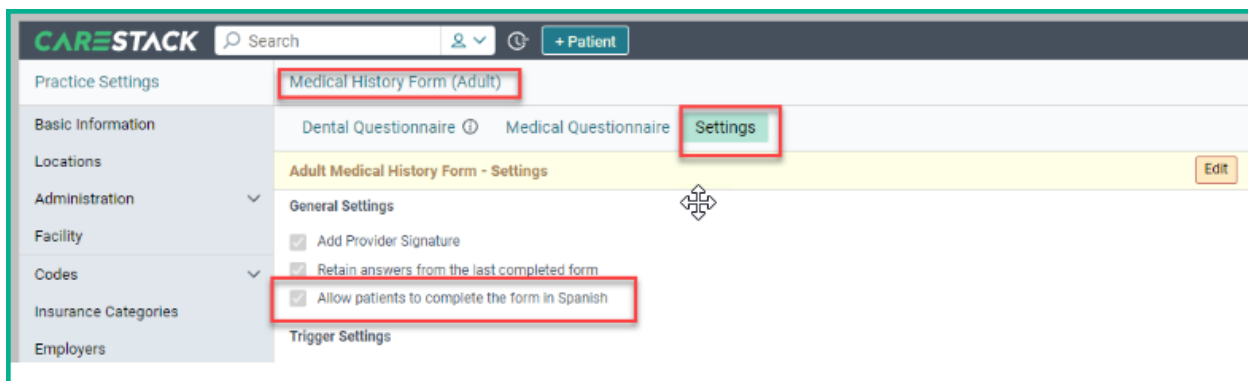
Clinical

To amplify the accessibility of Medical History forms among the Spanish speaking patients, CareStack has broadened its translation options. Offices are welcome to leverage the significant benefits of translated text into Spanish on the Medical History Form both in the Kiosk and the Patient Portal.

With increased feasibility in sorting clinical images by date alongside the advantageous ability to work with exam views, offices gain not just better perspective but the potential to fine-tune diagnoses & treatments. Moreover, documenting clinical work gets far easier with CareNotes distinct ability to sort newest Appointments first. Yet another interesting perk is the auto-fill feature that automatically computes the Paid at Banding proportion directly from the Plan.

- CareStack has created a new **Spanish Medical History** option for both **Adult** and **Child** questionnaires, **Conditions**, and **Allergies**.
 - Once settings are enabled (***Tip**: Add your translations and then **turn on** the Spanish medical history in your **Adult/Child Questionnaire** -> **Settings** the patient will have the option to toggle between **English** and **Spanish** when filling out their Medical history on the Kiosk or the Patient Portal. It is to be noted that users will still have the option to toggle between Spanish and English in CareStack to convert the choices the patient has selected.

***NOTE:** To enable the '**Allow patients to complete the form in Spanish**', users must select either **Adult** or **Child** respectively to have the selected audience view the translation option. Yet, if both Adult & Child are left unchecked, neither group will see the option to choose the language.



- Your office has to input the Spanish translation of conditions, allergies, dental and medical questionnaire questions and answers.
- If the patient hand typed specific conditions, alerts, or completed questionnaires with text those items will not translate.
- The language chosen matches the Buttons and alerts on the **Medical History** in **Spanish**.

- Mark all as No, Save as Draft, Next, Back including the Warning message while missing mandatory questions.

Cent 2 dental

Medical History Form

View in English Ver en español

Condiciones

Ha tenido el paciente alguna de las siguientes condiciones?

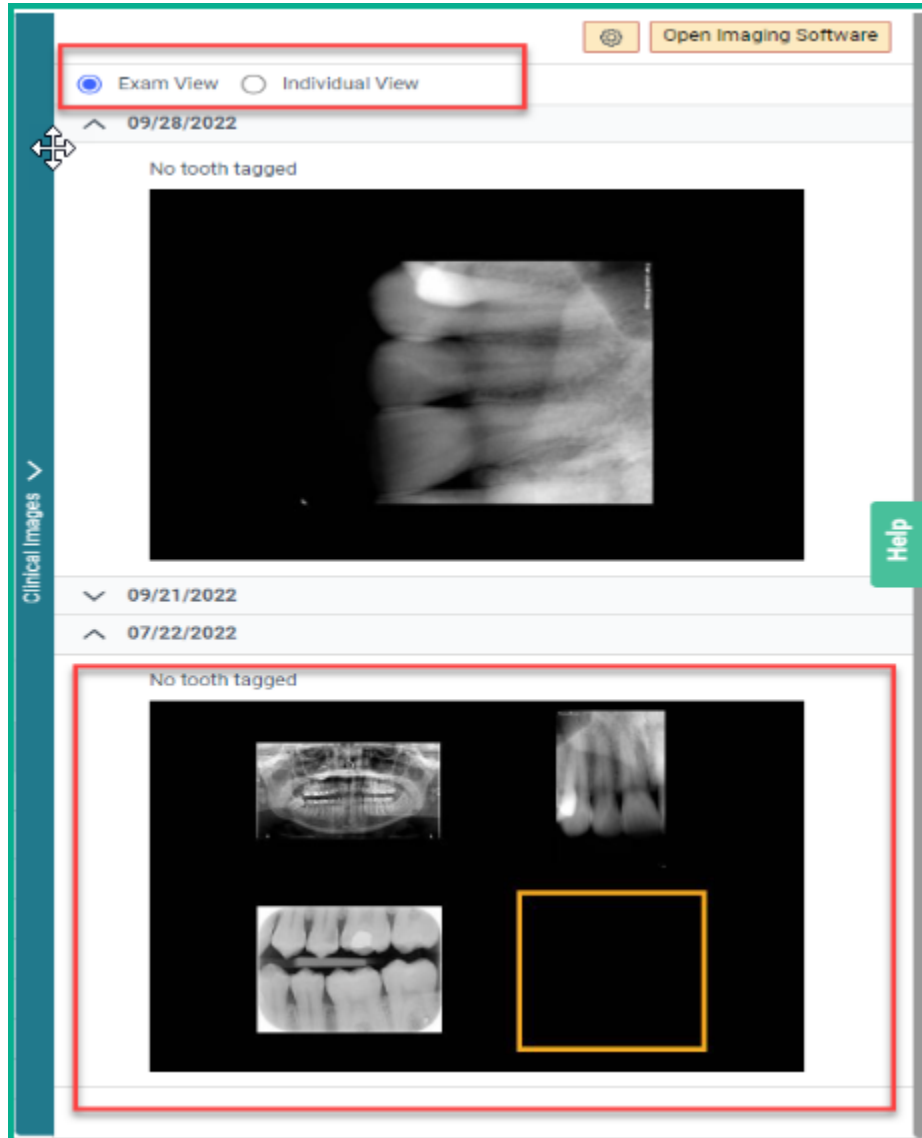
Artritis	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé
Asma	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé
el spanishds	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé
Bronquitis	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé
Dolor en el pecho por esfuerzo	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé
Cold	<input type="radio"/> Sí <input checked="" type="radio"/> No <input type="radio"/> No sé

Video Reference: [Spanish Medical History](#)

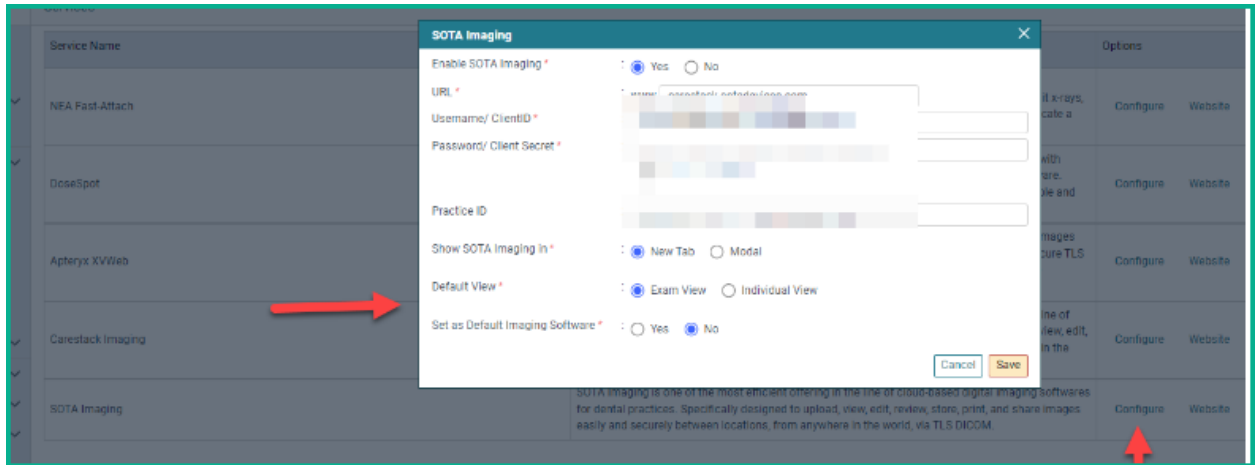
- Any skipped **Mandatory Questions** on the Medical History will be highlighted to stand out for completion.

- Clicking on **Due By date** on Labs in the patient overview will take you to the **Lab Case Slider** to see all cases.

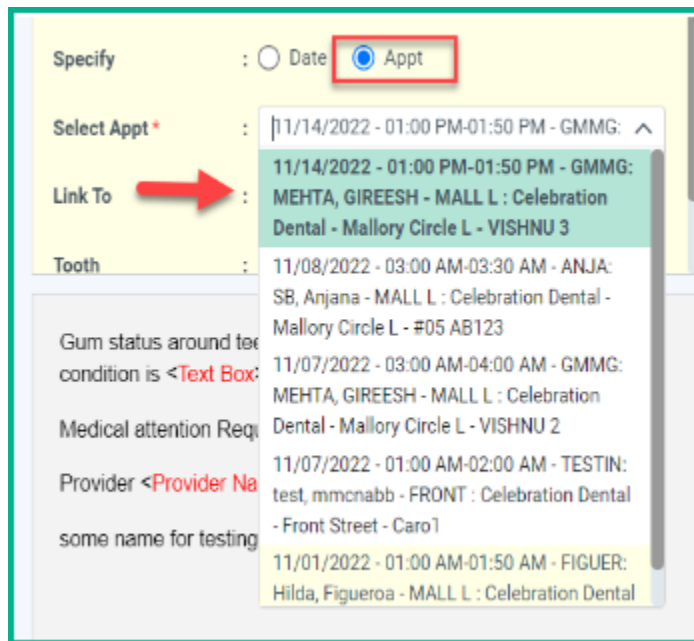
- SOTA Clinical Imaging has added the Exam View which also shows images by Date.



- To set the default for Exam View you can go to **Practice Settings > Services > SOTA Imaging > Configure > Detail View > Exam View.**



- **CareNotes** will now show the most recent order Appointment first to choose from.

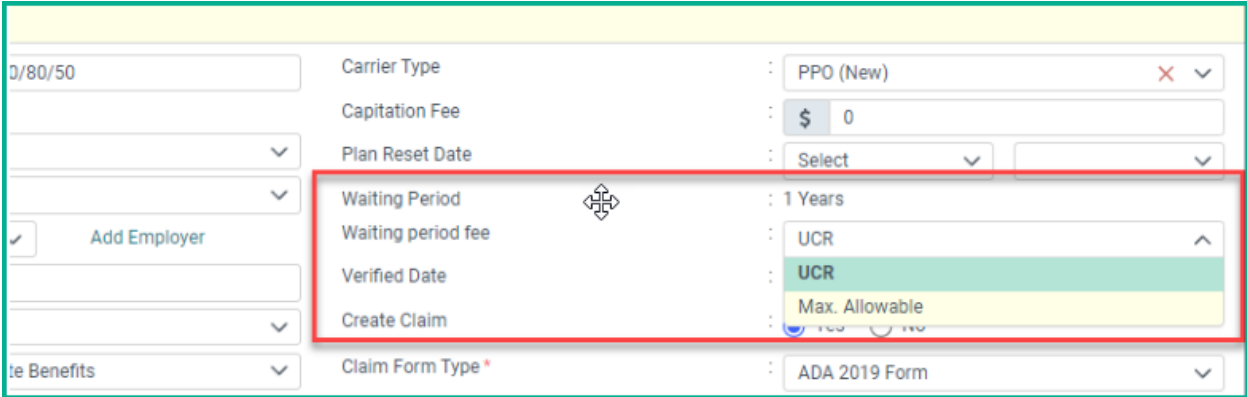


- **Ortho Updates**
 - The **% Paid at Banding** will now auto populate \$ value from Plan (e.g. 5% paid at banding for a treatment set at 100\$, the initial insurance payment will be calculated as \$5 and the contracted amount will be set as \$95).
 - This can be overridden by the user.

Revenue Cycle Management

Ortho Insurance Payment Plans with prime Ortho coverage information tabs automatically utilized in Patient Eligibility offers users the ability for a quicker set up. Further opportunity to render a streamlined workflow for the billing order during the waiting period lets you choose UCR or Max Allowable as the default fee. Furthermore, users can enjoy the convenience of coordinating the Plan’s benefits and coverage better by importing and merging the desired Table of Allowances with existing ones. In addition, classification of codes based on treating dentist; the display attribute of grayed out voided claims for quicker identification; inclusion of patient titles in statements; payment plan notifications along with informative receipt details; visual cue labels and much more have been incorporated to aid users to derive actionable insights and scale up the efficiency of their billing and payment cycle.

- Ortho coverage information such as **Percentage Paid at Banding, Payment Cycle** and need for **Periodic Claims** available inside the patient’s Eligibility screen will be automatically used when creating an Ortho Insurance payment plan.
- Provider type-code restrictions if any, are considered when creating an ortho case or Ortho payment plan.
- **Audit Trial** will reflect **Insurance Deletion**.
- Select between the **UCR Fee** or the **Max. Allowable** fee for fee calculation during a plan’s waiting period.



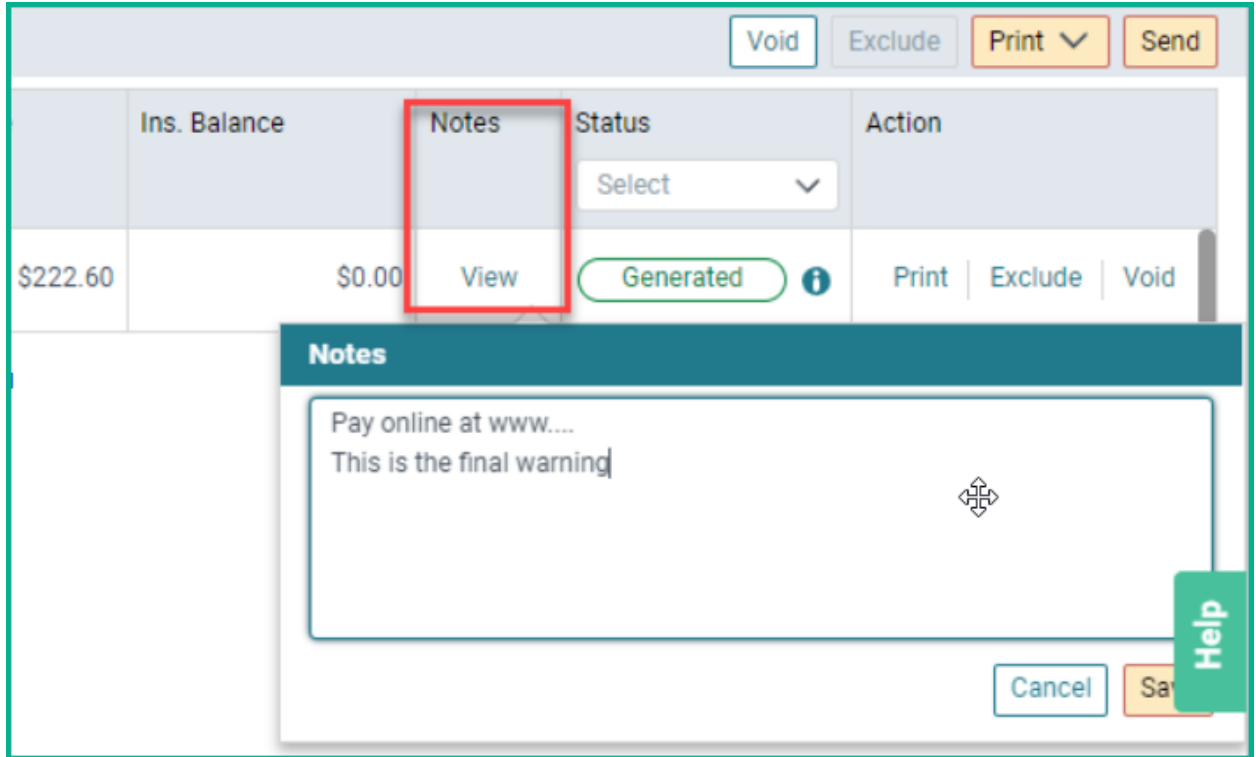
- Create claims for codes completed during a plan’s waiting period. Any claims created during this time will also have a label next to them for easier identification.
- Choose between the UCR fee or the Max. Allowable that needs to be used when after a patient’s benefits have been maxed out.
- Easily import a new **Table of allowance** or replace an existing one. Imported Table allowance can also be merged with an existing one.
- Voided claims will now be grayed out on the claims grid for faster identification.

Select	Claim ID	DOS	Last Updated	Ins. Expected	Billed Amount	Tx. Provider	Location	Patient	Carrier	Plan Type	Claim Order	Claim Flag	Claim Status
<input type="checkbox"/>	190226	NEA	09/13/2022	11/14/2022	\$0.00	\$0.00				Co-Pay	Secondary		Saved
<input type="checkbox"/>	190225		11/14/2022	11/14/2022	\$66.57	\$0.00				Co Pay	Primary		Saved With Errors
<input type="checkbox"/>	190224		11/12/2022	11/12/2022	\$160.00	\$0.00				Interimty	Primary		Saved With Errors
<input type="checkbox"/>	190223		11/12/2022	11/12/2022	\$108.00	\$0.00				PPO	Primary		Saved With Errors
<input type="checkbox"/>	190222		10/19/2022	11/12/2022	\$416.67	\$0.00				PPO	Primary		Saved
<input type="checkbox"/>	190221	ABP	11/10/2022	11/10/2022	\$67.50	\$0.00				Co Pay	Primary		Saved
<input type="checkbox"/>	190220		08/09/2022	11/09/2022	\$80.00	\$262.50				oc HMO	Secondary		Saved
<input type="checkbox"/>	190219		03/22/2022	11/08/2022	\$0.00	\$671.00				NE PPO	Secondary		Saved
<input type="checkbox"/>	190218		11/01/2022	11/07/2022	\$0.00	\$120.00				PPO	Secondary		Saved
<input type="checkbox"/>	190217		11/01/2022	11/07/2022	\$0.00	\$120.00				PPO	Primary		Closed
<input type="checkbox"/>	190216		11/01/2022	11/07/2022	\$0.00	\$120.00				PPO	Primary		Void
<input type="checkbox"/>	190215		11/01/2022	11/07/2022	\$0.00	\$120.00				PPO	Primary		Ready To Claim

- When creating claims, codes are grouped based on the treating dentist against those codes.
- Easily manage the **ABP** (Assign Benefits to Patient) flag from the patient's Eligibility screen.

- Minor changes to the grouping of the Print and Download button in the **Fee Register** and **Table of Allowance** page under **Practice Settings > Fee Tables**.
- The **Pre-Auth Number** column under the **Pending Submission** tab in the Pre-Authorization module has been removed.
- Track progress of your statement batch easily with the **History** button.

- When printing a statement from the patient's overview page, the **'Include Account Statements'** option can be selected. This would avoid creating duplicate statements when running a batch statement creation.
- You can also add and edit statement notes for individual statements in a batch.



- **Patient Titles** are now included along with the patient's name in **Statements**.
- Now generate statements for patients with patient balance regardless of if the patient had an insurance balance or not.

Generate Statements

Accounts for Generation

Regions * : All X v

Default Locations * : All X v

Generate Statement for * : All Custom Individual Account

Generate for Patients of Type * : General Ortho

Generate for * : All Patients v

Generate for Accounts with ⓘ : Patient Balance v

Generate for Patients with Labels : Select Label(s) v

Minimum Account Balance to Generate

Payment Plans

The Payment Plan Control Center and Patient Payment Plan have been updated to enhance the status of plans. The option to view your failed, overdue, and signature required within the Payment Plan Control Center makes it easier to identify to collect payments. CareStack has added the ability to link codes to already existing plans. The quick access to a Patient Payment plan by selecting the letter P for the code will show precise details of the plan.

Please find the below details regarding Payment Plan link/de-link codes, hiding codes for active plans, identifying the plan's status by its label sets and more.

- Collect payment ahead of time for an upcoming scheduled autopay payment.
- Easily link and de-link codes to a payment plan.

Date	Code	Tx. Provider	Location	Fee	Pat. Amt.	Balance Due Pat.	Status	Action
11/07/2022	D2150	GLAMG	MALL L	\$136.00	\$71.50	\$71.50	Completed	Delink Code
11/01/2022	D2750	FIGUER	MALL L	\$923.00	\$923.00	\$723.00	Completed	Delink Code
11/01/2022	D2750	FIGUER	MALL L	\$923.00	\$923.00	\$923.00	Completed	Delink Code
				TOTAL	\$1,917.50	\$1,717.50		

[+ Add Treatment Codes to Link](#)

- Users will see alerts to notify if a Payment plan is missing linked code(s) or if the contract amount is different from the sum of linked code(s) for patient amount.

- You can quickly spot if a code is linked to a **General Payment Plan** or not in the Patient Payment screen by looking for the **'P'** label next to a code. Also, hide codes associated with a payment plan by clicking the **'Hide Codes Associated with Active Payment Plan(s)' checkbox**.

<input type="checkbox"/> Hide Codes Associated with Active Payment Plan(s) <input checked="" type="checkbox"/> Hide Codes without Patient dues											
✓	DOS	Code	Tx. Provider	Th/Area	BO	Allowed Amt.	Bal. Due Pat.	Bal. Due Ins.	Payment Amt (\$)	Remarks	Adjust
✓	11/18/2022	D2750 - Crown Porc Fused Hi Noble Metl	FIGUER	28	D	\$923.00	\$923.00	\$0.00	923.00		+
✓	11/14/2022	D2390 - Resin Composite Three Surfaces Posterior	GMMG	4	N	\$270.00	\$270.00	\$0.00	270.00		+
✓	11/07/2022	D2150 - Amalgam Two Surface	GMMG	14	D	\$136.00	\$71.50	\$64.50	71.50		+
✓	11/01/2022	D2750 - Crown Porc Fused Hi Noble Metl	FIGUER	31	DD	\$923.00	\$723.00	\$0.00	723.00		+
✓	11/01/2022	D2750 - Crown Porc Fused Hi Noble Metl	FIGUER	30	DD	\$923.00	\$923.00	\$0.00	923.00		+
Total						\$3,175.00	\$2,910.50	\$64.50	\$2,910.50		

- Easily identify the payment plan status linked to a code by clicking on the **'P'** label next to it. A red icon indicates failed transactions and a green one indicates plans that are up-to-date.
- In the payment plan slide-out, you can easily identify if a linked receipt has been deleted by accessing the new **'Receipt Deleted'** status under the **Receipt Details** column. When a linked receipt is deleted a warning pop-up will appear detailing all the implications of the deletion.

Warning

i This receipt is associated with a payment plan.
 [View Plan Details](#)

Deleting a patient receipt would do the following :

1. All patient payments posted using the receipt will be reversed.
2. All refunds and adjust-offs made using the receipt will be reversed.
3. Transaction charges and its associated write-off adjustments will be reversed
4. If the receipt is associated with a payment plan, then the receipt details for the payment transaction will be updated to 'Receipt Deleted'.

Please enter reason for deletion of the receipt.

Remarks *

Here are ways to find out total failed/overdue amount/transactions besides tracking plans in the Payment Plan Control Center.

- In the Payment Plan **Failed/Overdue Transaction(s)** slideout (**Payment Plans > Amount Overdue/Failed > Take Action**), we have added 2 new summary tiles which show the total failed/overdue amount and the number of failed/overdue transactions
- Track your active and completed/terminated plans in the corresponding tabs inside the **Payment Plan** control center and in the Payment Plan tab under patient payments.

- Easily track payment plans with an overdue payment with the 'O' label, payment plans with a failed payment labeled as 'F' and payment plans needing a signature with the 'S' label.

CARE STACK Search [] + Patient

Patient Payments | **Payment Plan Control Center** | Batch Posting

Total Contracted Amount: **\$2,121,661.05**
 Amount Collected: **\$267,469.56**
 Amount Overdue/Failed: **\$737,427.51** [Take Action]
 Future Scheduled Amount: **\$949,978.43**
 Terminated: **\$167,280.42**

506 Active plans

Active Plans | Completed/Terminated

Show All Active Plans Show Active Plans with Failed/Overdue Transactions Only Show Active Plan with Signature Pending

Patient Name	Plan Name	Location	Plan Type	Contracted Amt	Amt. Paid	Amt. Due/Failed	Future Sched./Terms	Next Pay Date/Amt.	Auto-Debit	Status	Actions
Mr. Khan, Khan (10033094)	Payment Plan #2	WS	General	\$121.00	\$0.00	\$121.00			Disabled	Active	View Details Pause
Mr. Krishna, Yedu (10030701)	Payment Plan #1	MALL L	General	\$90.00	\$0.00	\$16.50	\$73.50 / #7	11/25/2022 / \$10.50	Enabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #8	LOC	General	\$40.00	\$8.00	\$8.00	\$24.00 / #1	12/15/2022 / \$24.00	Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #7	LOC	General	\$100.00	\$0.00	\$40.00	\$60.00 / #3	11/24/2022 / \$20.00	Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #6	LOC	General	\$8.00	\$4.00	\$4.00			Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #5	LOC	General	\$7.00	\$0.00	\$7.00			Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #4	LOC	General	\$50.00	\$10.00	\$10.00	\$30.00 / #3	11/24/2022 / \$10.00	Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #3	LOC	General	\$10.00	\$5.00	\$5.00			Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #2	LOC	General	\$12.00	\$4.00	\$4.00	\$4.00 / #1	11/24/2022 / \$4.00	Disabled	Active	View Details Pause
Stack_Care (10033441)	Payment Plan #1	LOC	General	\$10.00	\$3.33	\$3.33	\$3.34 / #1	11/24/2022 / \$3.34	Disabled	Active	View Details Pause

Legend: F Failed Payments O Overdue Payments S Agreement Signature Pending

Refer key details listed below to know the section that lets you capture patients signature within the payment plan agreement, view information on new and old patient payment plans, etc.

- Find all the linked payment plan agreements and their status under the new **View Details > Agreement Details** tab inside the Payment Plan slideout. You can also capture the patient's signature by clicking on the '**View & Sign Agreement**' button to access which click on the **Create Payment Plan** tab.

Financial | Clinical | Alerts | Prescriptions | Documents | Memberships | + Patient | + Alert | + Form | + Lab | + Recall | + Message | Print | X

Financial Summary | Add New Payment | Unapplied Credits | Refund/Adjust off | All Payments | **Payment Plans** | Add Migrated Balance | Print Payment Summary | Go to Ledger

Total Contracted Amount: **\$3,843.50**
 Amount Collected: **\$1,717.50**
 Amount Overdue/Failed: **\$0.00**
 Future Scheduled Amount: **\$2,126.00**
 Terminated: **\$0.00**

2 Active plans

Active Payment Plans Show Active Payment Plans with Signature Pending Show Active Payment Plans with Failed/Overdue Transactions Only **Create Payment Plan**

Payment Plan Name	Location	Pay Plan Type	Contracted Amt	Amt. Paid	Amt. Due/F...	Future Sched./Terms	Next Pay Date/Amt.	Auto-Debit	Status	Actions
Payment Plan #2	MALL L	General	\$1646.00	\$0.00	\$0.00	\$1646.00 / #12	11/26/2022 / \$137.17	Disabled	Active	View Details Pause

Completed/Terminated Plans Hide Terminated Plans

Payment Plan Name	Location	Pay Plan Type	Contracted Amt	Amt. Paid	Status	Actions
Payment Plan #1	MALL L	General	\$1717.50	\$1717.50	Completed	View Details

Agreement Details			
Payment Plan #2 - Consent Form ⚠️		Most Recent	
Created Date	Signed Date	Status	Actions
11/19/2022		● Incomplete	View Agreement

- When making changes to the contracted amount, you will have a new pop-up that shows the difference between the old and new plan details.
- Inside the payment plan slide out, minor changes to the text will be shown when hovering over/clicking buttons.

Patient Engagement

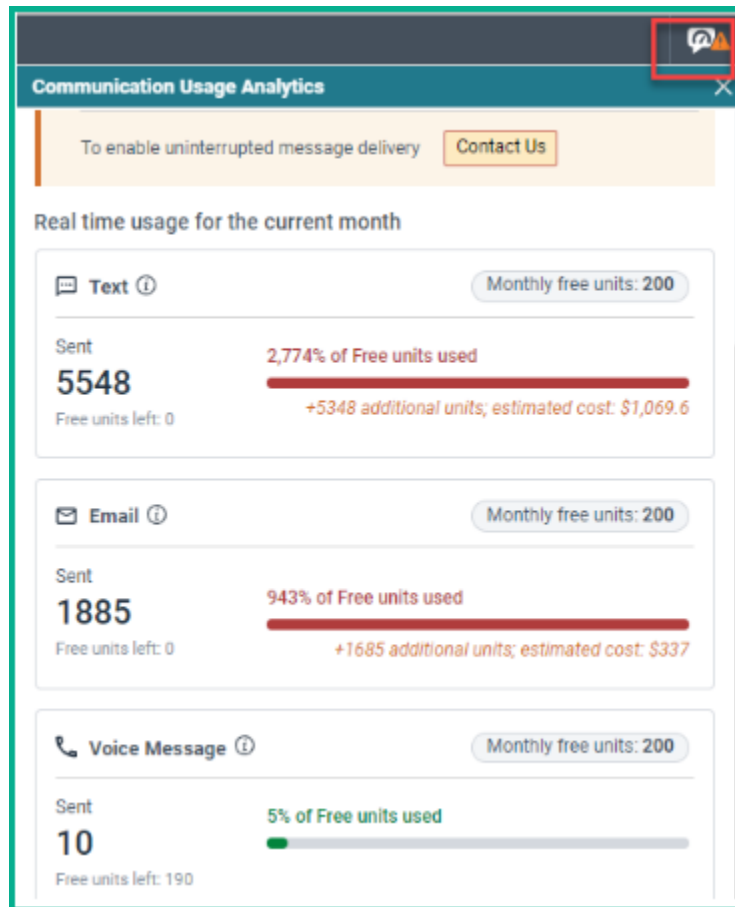
To streamline smooth utilization of text, email and voice message for offices across locations, a communication metering in line with the Fair Usage Policy will be rolled out shortly to benefit both existing and new account users. The concise Communication Usage Analytics feature entails for users the real-time usage specifics for each account. Additionally, offices get to experience the benefits of the Pending task prompt-counter incorporated within the Kiosk to facilitate faster check-ins for patients.

- **Fair Usage Policy (FUP)**
 - The Fair Usage Policy for all customers will go into effect starting March 2023. The FUP feature sets a cap on communication units that an account can send before incurring charges.
 - Based on the FUP, every account will enjoy a certain number of free units per month.
 - What's FUP for?
 - Opens up more bulk texting capabilities to offices for both existing and new users.
 - Existing Accounts refer to clients who have signed their contract before January 1st, 2023.
 - How does FUP affect its users?

- Communication that includes **Appointment Campaigns** and **One Time Passwords** will not be subject to the allotted FUP limits. Yet, any promotional or recurring campaigns will be blocked once the set limit is reached with effect from March 2023.

Note: As and when users reach their limit and have their message communication blocked, they are requested to contact support to enjoy uninterrupted messaging.

Check your current usage with the Communication Usage Analytics icon



The Communication Usage Analytics provides an overall preview of the real-time usage to all account users.

- To track the usage of your account for the current month, three-tiers of information are made available at the bottom of the Fair User Policy pop-up window.
- The data is segmented as **Text**, **Email** and **Voice Message**: A single email or voice message counts as 1 unit whereas for a text message, 160 characters count as 1 unit.

- Each section (Text, Emails, Calls) covers four data points regarding usage specifics:
 - Total of Monthly free units allotted for the user account.
 - Overall percentage of the Free units used.
 - Free units left for the account on the current day of the month.
 - The messages over the limit and its related charges
- **How are monthly amounts determined?**
 - The FUP limit is applied at an account level.
 - CareStack has predefined the free messaging units for users in order to accommodate their current messaging usage.
- **Trackable Usage inside CareStack.**
 - On the last day of every month, an invoice will be sent to clients.
- **Pending task counter in Kiosk: Would you like to finish the tasks or log out?**
 - At the time the patient is checking in for their appointment, if there are tasks that are not completed then the patient will see a popup that will prompt them to finish their **Pending Mandatory Tasks** first or logout.
 - The patient will not have access to the **Check-In button** until all Mandatory tasks are completed.
 - **Pending Mandatory Tasks** for Patient Kiosk options can be found inside the **Practice Settings**.

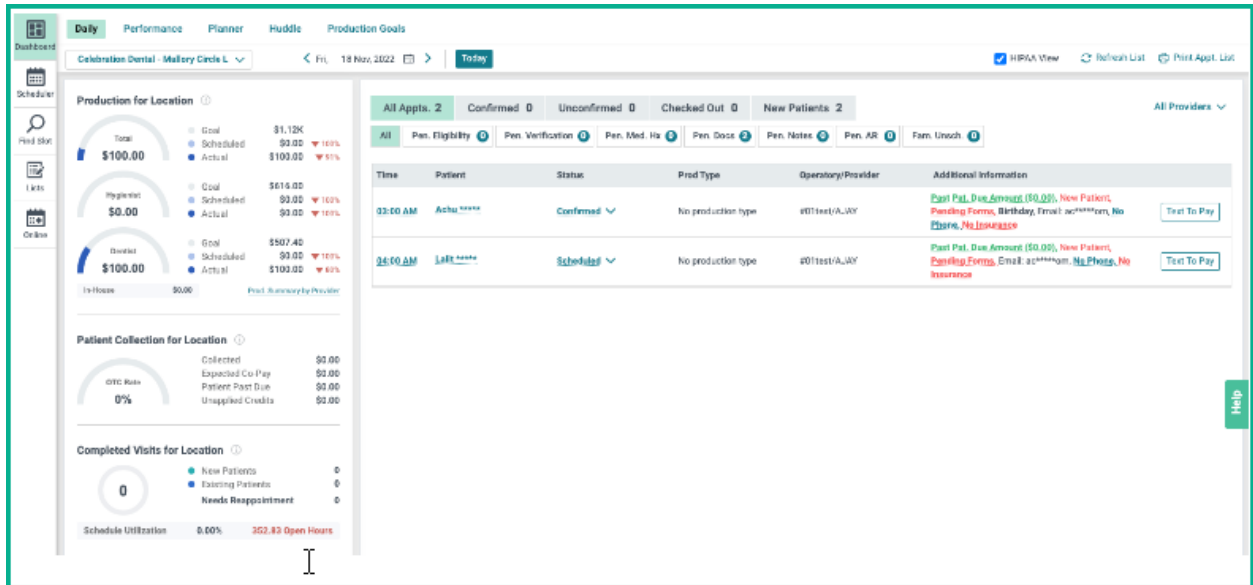
Reporting and Analytics

Front Office Dashboard

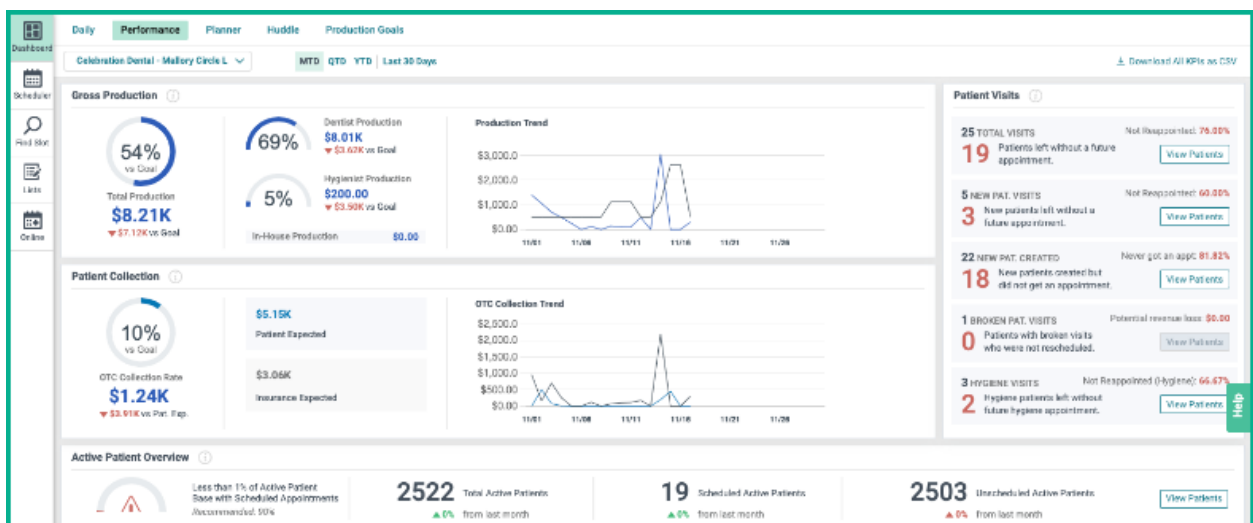
The utility features of the Front Office Dashboard segmented as **Daily, Performance, Planner, and Huddle** offers offices the ability to deduce analytically their office's performance and production goals. The up-to-date, real-time statuses are derivable location-wise for all users. CareStack has also brought forth a vital and unique **Production Goals** section to aid practices proactively set and meet both their daily and monthly goals.

In addition to your regular home page, also known as the 'huddle screen', we have included more tabs: **Daily, Performance, Planner, Huddle**, and **Production Goals**. These following tabs are per location, which can be changed via the drop down menu on the upper left of the page.

- **The Daily Tab** has the traditional 'huddle screen' content, as well as production and collection tracking, and completed visits. The individual lists hyperlinks that used to exist on the left side of the page, such as scheduling lists, care notes tracker, and pending signatures have been moved into the left navigation bar under the **'Lists'** tile.

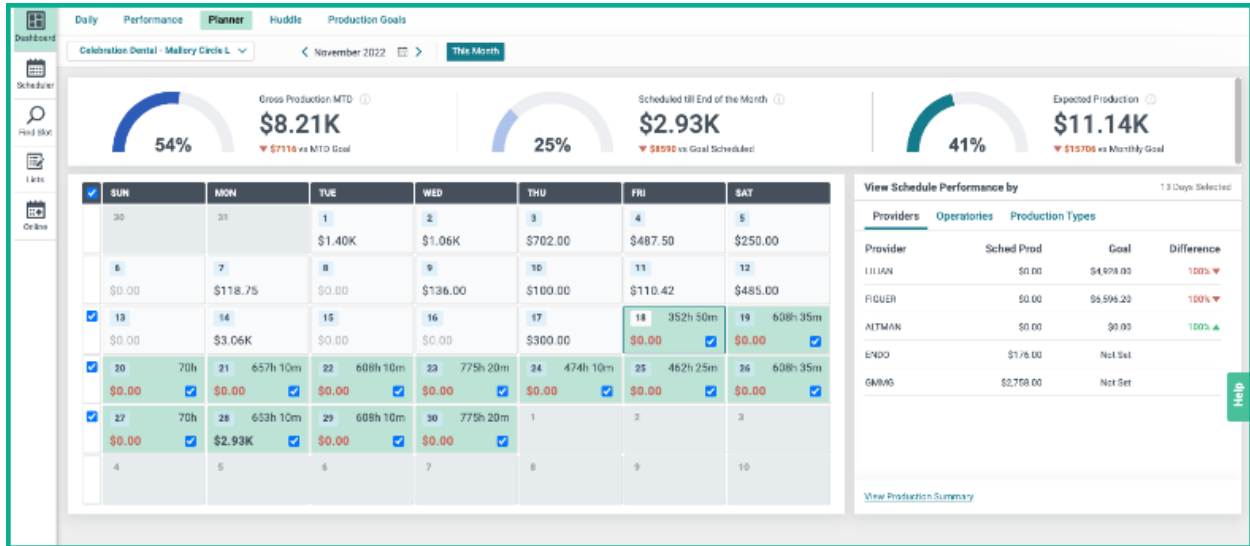


- **The Performance Tab** gives a larger date range to view gross production and patient collection values, graphs, and trends. The 4 tiles on the bottom of the page give patient base analytics, and the right section of the page gives commonly used patient lists for patient outreach, for example when a patient doesn't schedule their next hygiene visit. All the lists in this page are actionable by clicking on the boxes 'View Patients'.



- **The Planner Tab:** Gives you a monthly view to see the gross production **completed** on previous days, and what you have **scheduled** for upcoming days. It also shows schedule performance by **Provider**, **Operatory**, or **Production Type** on the right side of the page.
 - If goals are set, any future day's numbers showing in red, means the goal has not been reached with what codes were scheduled for that day.

- If the number is in black, it means that day's goal has been met/exceeded, or else there is no provider or location goal set for that day.



- **The Huddle Tab** shows valuable performance indicators, in a 'yesterday, today, tomorrow' format. If goals are set for production, there are red and green values that show if you were below your goal, or met/exceeded your goal.
 - The checkbox on the upper right of the page **"Show consecutive days"** when unchecked, skip over the days that your office is closed, as per designated in location settings, so that tomorrow or yesterday doesn't fall on a day your office isn't typically open.

Performance Indicators	Thursday - 11/17/2022	Today - 11/18/2022 (Scheduled)	Monday - 11/21/2022 (Scheduled)
Gross Dentist Production (Trans. Date)	\$300.00 ▼ \$207.40 Below Goal	\$0.00 ▼ \$207.40 Below Goal	\$0.00 ▼ \$207.40 Below Goal
Gross Hygienist Production (Trans. Date)	\$0.00 ▲ \$0.00 Above Goal	\$0.00 ▼ \$614.00 Below Goal	\$0.00 ▲ \$0.00 Above Goal
Total Gross Production (Trans. Date)	\$300.00 ▼ \$207.40 Below Goal	\$0.00 ▼ \$1,128.00 Below Goal	\$0.00 ▼ \$207.40 Below Goal
New Patient Visits	0	0	0
Total Patient Visits	1	0	0
Unscheduled Family Members	1	0	0
Patient Collection (Trans. Date)	\$0.00 ▼ \$300.00 Below Expected	-	-
OTC Collection Rate	2.00%	-	-
Patient Past Due AR	\$426.60	\$0.00	\$0.00
Hygiene Reappointment	N/A	-	-
Schedule Utilization	0.00%	0.00%	0.00%

- **The Production Goals Tab** is where your office can set a gross production goal on a location level, and/or a provider level. This can be viewed on a yearly view, which also includes a quarterly view as well as a monthly view.

The screenshot shows the 'Production Goals' dashboard for 'Celebration Dental - Mallory Circle L'. It includes a navigation bar with 'Daily', 'Performance', 'Planner', 'Huddle', and 'Production Goals'. A summary section displays key metrics for 2022: Gross Production (\$3,086,182.18), Location Goal (\$108,312.00), Provider(s) Goal (\$931,682.00), Planned Working Hours (88674 Hrs 59 Mins), and Avg Provider(s) Prod. Goal per Hour (\$10.51). A table below provides a monthly breakdown from January 2022 to December 2022, with a total row for Q4 2022. The table columns are: Month, Month Status, Gross Production (Location), Location Goal, Provider Goal, Provider Working Hours (Goal), and Action.

Month	Month Status	Gross Production (Location)	Location Goal	Provider Goal	Provider Working Hours (Goal)	Action
January 2022	Goal Met	93.20% ▲ Prod. Goal	\$32,20K	Not set	\$16,492.38 851 Hrs	View Monthly Goal
February 2022	Goal Not Met	96.12% ▼ Prod. Goal	\$16,75K	Not set	\$432,249.09 3185 Hrs	View Monthly Goal
March 2022	Goal Met	12.21K% ▲ Prod. Goal	\$45,54K	Not set	\$370.00 218 Hrs 36Mins	View Monthly Goal
Q1 2022	Goal Not Met	79.96% ▼ Prod. Goal	\$94,50K		\$449,116.47 4054 Hrs 39Mins	
April 2022	Goal Not Met	27.93% ▼ Prod. Goal	\$36,04K	Not set	\$93,000.00 193 Hrs 40Mins	View Monthly Goal
May 2022	Goal Not Met	9.96% ▼ Prod. Goal	\$18,01K	Not set	\$20,000.00 4 Hrs	View Monthly Goal
June 2022	Goal Met	155.79% ▲ Prod. Goal	\$59,21K	Not set	\$23,190.00 56.7 Hrs	View Monthly Goal
Q2 2022	Goal Met	21.59% ▲ Prod. Goal	\$113,26K		\$93,150.00 764 Hrs 43Mins	
July 2022	Goal Met	39.45% ▲ Prod. Goal	\$21,50K	Not set	\$1,5416.04 10992 Hrs	View Monthly Goal
August 2022	Goal Met	53.78K% ▲ Prod. Goal	\$2,83M	Not set	\$5,250.00 735 Hrs	View Monthly Goal
September 2022	Goal Not Met	82.93% ▼ Prod. Goal	\$17,10K	Not set	\$180,000.00 59 Hrs 40Mins	View Monthly Goal
Q3 2022	Goal Met	2.27K% ▲ Prod. Goal	\$2,86M		\$120,666.04 11786 Hrs 40Mins	
October 2022	Goal Not Met	5.22% ▼ Loc. Goal	\$5,66K	\$8,000.00	\$90,003.74 88479 Hrs	View Monthly Goal
November 2022	Goal Met	254.93% ▲ Loc. Goal	\$8,21K	\$2,312.00	\$31,646.00 524 Hrs	View Monthly Goal
December 2022	-	-	-	\$100,000.00	\$146,899.99 3005 Hrs	View Monthly Goal
Q4 2022	Goal Not Met	87.20% ▼ Loc. Goal	\$13,66K	\$108,312.00	\$269,749.72 72069 Hrs	
Total			\$3,09M	\$108,312.00	\$931,682.23 68674 Hrs 59Mins	

- To Set Goals, click on the **'Set Goals'** in the yellow box on the upper right of the page. You can set your location goals, and/or your provider goals here, which do not have to match, but there will be a warning at the bottom of the provider goals page if the sum of the provider goals doesn't match the location goal.
 - When setting location goals, it is per month on one page. When setting provider goals, all active providers are listed for each month, totaling 4 pages/tabs to fully set goals for an entire year.
 - When setting location and provider goals, you can see the previous period goal and actual, which can help determine the amount you are setting for your current or future goal per month.
 - When setting provider goals, you can choose to set them manually, do a percentage split among providers from the location goal, or do an equal split among providers from the location goal.

- Also note the i-icons throughout all of the tabs that detail informational content for clarification can be viewed upon hover. All pages show the most recent refresh date and time at the bottom.
- Any rounded up numbers can be hovered over to show the full dollar amount in dollars and cents.

Operational Reports, Analytics Dashboard & Scorecards

To empower offices with actionable insights and contribute to accelerating their performance/goal setting process, resourceful KPI's have been rendered to broaden the functional effects of the analytics dashboard and scorecards besides applying logic-wise, calculation adjustments to existing KPIs.

- **Updates to Reports:**
 - Changes to the **Clock in/Clock Out Report** includes:
 - Total hours column is currently shown in decimal format. A new column will be added to show the hours in time format
 - The **Production Summary report** logic was updated to match the Gross Production (DOS) and Gross Production (trans date) KPI's in both scorecards and analytics dashboard
 - Before: Total dollar value from completed procedures based on DOS/Trans. date *excluding* Fee updates
 - Now: Total dollar value from completed procedures based on DOS/Trans. date *including* Fee updates
 - The **Credit Balance Report** account outstanding and account unapplied credit columns have been removed, instead, showing the individual outstanding and individual unapplied credit totals to match the unapplied patient collection KPI in the analytics dashboard
 - Minor Changes:
 - The **Adjustment report** logic was verified to match the Production Adjustment (trans date) and the Collection Adjustment (trans date) KPI's in both the scorecards and analytics dashboard
 - Minor improvements to the logic for the migrated production values in the **Daily Journal** report, **Income Allocation** report, and **Income Allocation Extended** report to ensure consistency with the Migrated Production (trans date) KPI in scorecards and analytics dashboard
- **Updates in KPIs:**
 - **Average production per appointment** KPI inside Analytics Dashboard and Scorecards has been renamed to **Average Gross production per appointment** for increased clarity.
 - $\text{Average Gross Production Per Appointment} = \frac{\text{Gross production (appt date)}}{\text{total completed appointments}}$
 - Changes to the Migrated Production KPI includes:

- Logic change to the **Migrated Production (trans date)** KPI
 - Before: The KPI was not considering deleted codes
 - Now: The KPI considers deleted codes and is truly transactional
 - The filters for CDT category and CDT code on the KPI for **Migrated Production (DOS)** and **Migrated Production (trans date)** in the analytics dashboard have been removed as it was not applicable, since all migrated production comes from MSB (migrated balance) codes only.
 - The KPI's named **Adjusted Production (trans date)**, **Adjusted Insurance Production (trans date)** and **Adjusted Patient Production (trans date)** have been removed from scorecards and analytics dashboards due to non-consumption.
 - The KPI name **UCR Total** has been renamed to **UCR Production (DOS)**
 - Logic change to the **Checked Out Production** KPI
 - Before: Total dollar amount of production from appts with an active appointment status
 - Now: Total dollar amount of production from appts with appointment status 'Checked Out'
 - Logic change to the **Net insurance production (DOS)** KPI
 - Before: **Net insurance production (DOS)** = Gross Insurance Production (DOS) + *Insurance Production Adjustments (trans. date)*
 - Now: **Net insurance production (DOS)** = Gross Insurance Production (DOS) + Insurance Production Adjustments (DOS)
 - Logic change to the **Net patient production (DOS)** KPI
 - Before: **Net patient production (DOS)** = Gross Patient Production (DOS) + *Patient Production Adjustments (trans. date)*
 - Now: **Net patient production (DOS)** = Gross Patient Production (DOS) + Patient Production Adjustments (DOS)
 - Logic change to the **Unapplied Patient Collection** KPI: Calculated as the sum of all unapplied credits from patient collection. The total reflects the current state and is not time specific.
 - Before: The unapplied patient collection was configured to include both the Unapplied Patient Collection and Unapplied Collection Agency collection
 - Now: The Unapplied Patient Collection will reflect only the Unapplied Patient Collection

New KPIs introduced

- **Analytics dashboard and Scorecards**
 - Production adjustments (DOS): The sum of the patient and insurance production adjustments applicable to procedures with a date of services within the selected date range

- Insurance production adjustments (DOS): The sum of insurance production adjustments applicable to procedures with a date of service within the selected date range
- Patient production adjustments (DOS): The sum of patient production adjustments applicable to procedures with a date of service within the selected date range
- Average Net production per appointment: Average of the net production linked to a completed appointment for a given date range
 - $\text{Average Net production per appointment} = \frac{\text{Net Production (appt date)}}{\text{Total Completed Appointments}}$
- **Analytics Dashboard (already available in Scorecards)**
 - Applied Insurance Payments (Trans. Date): Total Insurance Applied +/- Collection adjustments based on transaction date
 - Applied Patient Payments (Trans. Date): Total Patient Applied +/- Collection adjustments based on transaction date
 - Cancellations (Percentage): Total percentage of appointments within a specified date range that are currently in the 'Canceled' status
 - Gross Insurance Collection (Payment Date): Total money from Insurance receipts based on the payment date on the receipt
 - Gross Patient Collection (Payment Date): Total money from Patient receipts based on the payment date on the receipt
 - Migrated Production (DOS): Calculated as the total payable from Migrated Starting Balance (MSB) codes with DOS in the given date range
 - Migrated Production (Trans. Date): Calculated as the total payable from Migrated Starting Balance (MSB) codes with transaction date in the given date range
 - No Show Rates (Percentage): Percentage of 'No Show' appointments compared to total appointments in selected date range
 - Procedures Not Linked to an Appointment: Count of completed procedures not linked to an appointment
 - UCR Production (DOS): Calculate as the sum of UCR of all completed procedures with DOS in the given date range
 - Unapplied Collection Agency Collections: Calculated the sum of all unapplied credits from the collection agency receipts. The total reflects the current state and is not time specific