



Release Notes: December 06, 2022 (Beta 401)

This release includes the ability to merge insurance carriers when you have duplicate insurance carriers, get billing warnings when billing information is missing, and communicate with your patients using standard SMS emojis. Additionally, a new clinical notes task report is available for office managers so you can monitor outstanding clinical notes.

Patient Communications

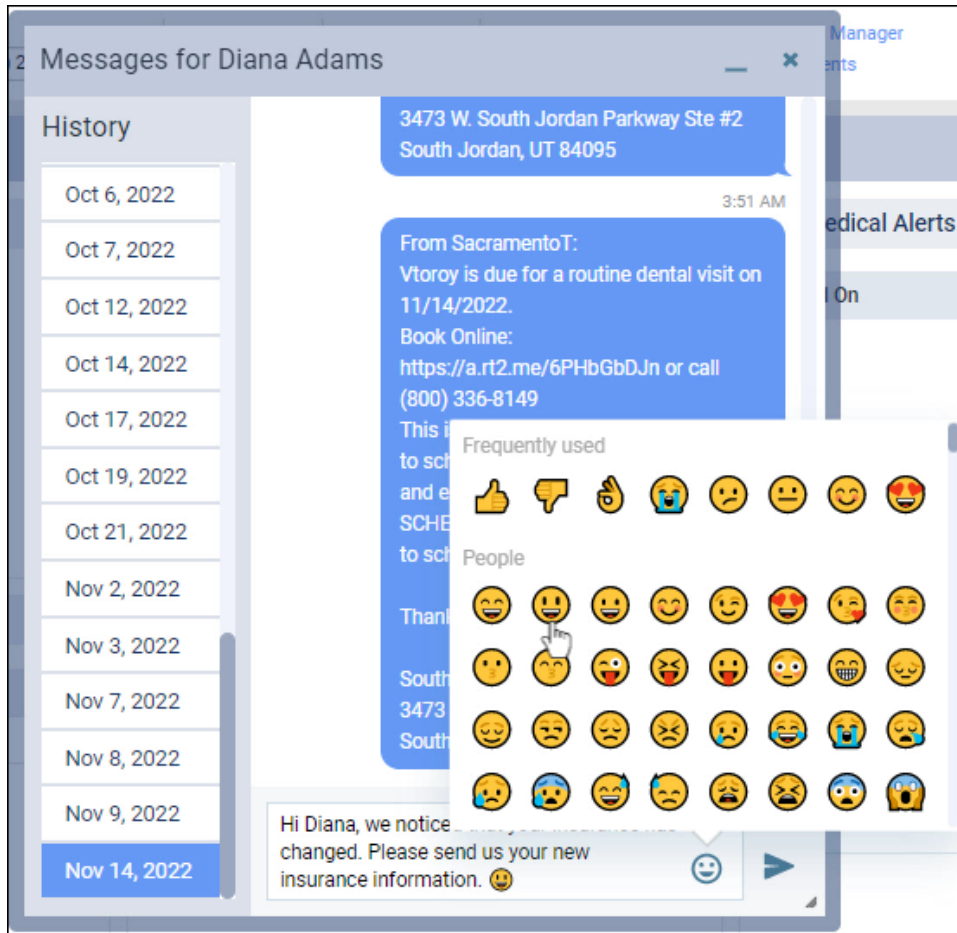
Text Messaging Emojis

This release introduces the ability to communicate with your patients using standard SMS emojis.

Dentrix Ascend is now able to display emojis in text messages sent to you by your patients. You can also insert standard SMS emojis when you are sending text messages. Text messaging is available in the following areas of Dentrix Ascend:

- Inbox
- Routing panel (blue text messages hyperlink)
- Calendar- patient appointment panel (blue text messages hyperlink)
- Patient Ribbon (Message icon)
- Patient Connection page (accessed from the Home menu)

To insert an emoji into a text message, click the **emoji icon**. The emoji library opens. Use the scroll bar to search for and select an emoji you want to send. Then, click **Send**.



Emojis that you use the most will appear under **Frequently used** to help you quickly select an emoji when you are sending a text message.

A2P 10DLC (10-digit long code) Registration

A2P 10DLC refers to a system in the United States that allows businesses to send Application-to-Person (A2P) type messaging via standard 10-digit long code (10DLC) phone numbers. As a dental organization, your text messages, including automated reminders and electronic statements, are considered “business texting” and are sent using the A2P standard. Due to updated industry standards, to continue successfully sending business text messages you must complete a Trust Center business profile to verify your company’s information.

“Messages sent by unverified [businesses] will be subject to heavier filtering by mobile carriers such as Verizon, AT&T, and T-Mobile. This means they will not be guaranteed to be delivered. If they are delivered, they may be marked as “spam likely” in the recipient’s message inbox”

(<https://docs.smrtphone.io/en/articles/5104466-what-does-a2p-10dlc-stand-for-and-why-should-i-care>, accessed November 22, 2022). The mobile carriers will *not* let you know if this is the case.

To help you complete a Trust Center business profile, Dentrax Ascend has added an SMS Registration window on the Patient Communication page (accessed from the Settings menu). To open the form, click **SMS Registration**.

Complete the form using your legal business registration information. A straightforward way to get that information is to find your company's W2 form, or any local or federal tax filings that may be online. If you are unsure, contact your company's accountant or financing office.

Important: You must complete this SMS Registration for each of your locations.

SMS Registration ✕

Information. SMS registration data below is necessary for proper functioning of your office SMS messaging.

Legal Business Name *	EIN (Tax ID) * i
<input type="text"/>	<input type="text"/>
Street Address *	Street Address Line 2 *
<input type="text"/>	<input type="text"/>
City *	State * ZIP code *
<input type="text"/>	AL <input type="text"/>
Website URL *	Social Media Profile URL
<input type="text" value="https://website.com"/>	<input type="text" value="Social media URL for your business"/>
Business Type *	Company Type *
<input type="text" value="Sole Proprietorship"/>	<input type="text" value="Private"/>

Once you save the completed form, you will see a notification that your registration status is **In Progress** and that it may take several days to complete the verification process, which is conducted by our messaging provider.

✕
SMS Registration

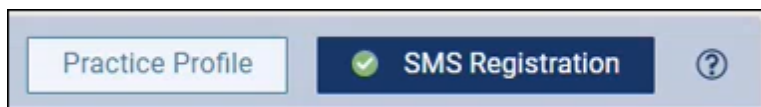
Information. SMS registration data below is necessary for proper functioning of your office SMS messaging.

Registration status: In Progress (It may take several days for registration to complete. Please check back tomorrow).

Legal Business Name* <input type="text" value="Test Organization"/>	EIN (Tax ID)* <input type="text" value="99-9999999"/>	
Street Address* <input type="text" value="Address 1"/>	Street Address Line 2* <input type="text" value="none"/>	
City* <input type="text" value="NewYork"/>	State* <input type="text" value="AL"/>	ZIP code* <input type="text" value="99999-9999"/>
Website URL* <input type="text" value="https://website.com"/>	Social Media Profile URL <input type="text" value="Social media URL for your business"/>	
Business Type* <input type="text" value="Corporation"/>	Company Type* <input type="text" value="Public"/>	
Company Stock Ticker Symbol* <input type="text" value="TSE"/>	Stock Exchange <input type="text" value="NASDAQ"/>	

Save
Cancel

When registration is successful, the icon on the SMS Registration button will change from an orange warning sign to a green checkmark.



Clinical

Clinical Note Tasks Report

This release introduces the first phase of a new **Clinical Note Tasks Report**. This report helps dental practice Administrators see outstanding clinical note tasks for all Providers in each location so they can ensure compliance with dental licensing regulations.

Assigned Access Rights

To view the Clinical Notes Task Report, your user role must be granted the **Clinical Note Tasks Report** right in the Reports security category. By default, this right is granted to the Administrator role. If your role was granted the Clinical Reports right prior to this update, you will automatically be granted the Clinical Note Tasks Report right.

Administrator - Assigned Access Rights [Assigned to 5 user\(s\)](#)

Role name *

Full List

Security Category	Assigned Access Rights		
<div style="border: 1px solid red; padding: 2px;"> ▼ Reports </div>	<ul style="list-style-type: none"> ● Manage Reports ● Delete report presets ● Schedule/Recare Reports ● Insurance Reports ● Send batch of Print & mail f... 	<ul style="list-style-type: none"> ● Create report presets ● Financial Reports ● Auditing Reports ● Integrated Payments Report ● Financial Reports for All Pr... 	<ul style="list-style-type: none"> ● Update report presets ● Clinical Reports ● Clinical Note Tasks Report ● Patient Reports ● Time Clock Summary
<div style="border: 1px solid #ccc; padding: 5px;"> <input checked="" type="checkbox"/> All available rights ⬆ </div>			
<input checked="" type="checkbox"/> Manage Reports	<input checked="" type="checkbox"/> Create report presets	<input checked="" type="checkbox"/> Update report presets	
<input checked="" type="checkbox"/> Delete report presets	<input checked="" type="checkbox"/> Financial Reports	<input checked="" type="checkbox"/> Clinical Reports	
<input checked="" type="checkbox"/> Schedule/Recare Reports	<input checked="" type="checkbox"/> Auditing Reports	<input checked="" type="checkbox"/> Clinical Note Tasks Report	
<input checked="" type="checkbox"/> Insurance Reports	<input checked="" type="checkbox"/> Integrated Payments Report	<input checked="" type="checkbox"/> Patient Reports	
<input checked="" type="checkbox"/> Send batch of Print & mail for me ...	<input checked="" type="checkbox"/> Financial Reports for All Providers	<input checked="" type="checkbox"/> Time Clock Summary	

If your role has not been granted the Clinical Note Tasks Report right, when you attempt to open the Clinical Note Tasks Report, the usual **Access Denied** message appears.

Viewing the Clinical Note Tasks Report

To view this report, click **Clinical Note Tasks** from the Home menu.

Home Schedule Patient Patient Search

LOCATION	INSURANCE	REPORTS
Overview	Carriers	Power Reporting
Inbox	Create Claims	Day Sheet
Letters	Unsent Claims	Deposit Slip Report
Billing Statements	Sent Claims	Insights
Time Clock Summary	Unresolved Claims	Payment Analysis
	Outstanding Claims	Integrated Payments Report
	Bulk Insurance Payments	Aged Receivables Report
		Provider A/R Totals
		Payment Plan Status
		Statement Submission Report
		Recare Management
		Workflow Compliance
		Referral Analysis
		Clinical Note Tasks
		Audit Log

The Clinical Notes Tasks Report displays **Providers** that have any **Unsigned, Not Entered, and In Progress** clinical notes for each location. The report also includes an **All** column which gives you a total of all Unsigned, Not Entered, and In Progress clinical notes for each provider.

Note: A message appears (in blue) under the Date Range filter to inform you that filters for providers, locations, and other features for this report are being developed and are coming soon in future releases.

Clinical Note Tasks Report

Filter

Date Range

10/20/2022-11/18/2022

Filters for providers and locations and other features are in the process of being developed and are coming soon.

Search

Clinical Note Tasks - Location and Providers

Cottonwood Dental

Provider ↑	Unsigned ▾	Not Entered ▾	In Progress ▾	All ▾
McDermott Adam - DDS1	0	1	0	1
Greenwell Brannan - DDS 2	0	3	0	3
Jone Adam - DDS3	1	0	0	1

Sorting by Column Headers

You can sort the outstanding clinical notes by any of the columns. Click the column header to sort the outstanding clinical notes by that heading. Click the heading again to reverse the order.

Provider ↑	Unsigned ↓	Not Entered ↓	In Progress ↓	All ↓
McDermott Adam - DDS1	0	1	0	1
Greenwell Brannan - DDS 2	0	3	0	3
Jone Adam - DDS3	1	0	0	1

Filtering By Date Range

You can filter the outstanding clinical notes by **Date Range**. Click the **Date Range** filter to find outstanding clinical notes by several standard date ranges. The default date range is set for the **Last 30 days**.

Filter

Date Range

- 10/20/2022-11/18/2022
- Today
- Yesterday
- Last 7 Days
- Last 30 Days
- This Month
- Specific Date
- Custom Range

If you choose to a period longer than 90 days, a message appears under the Date Range to let you know that the report may require several minutes to generate the results.

Date Range

08/21/2022-11/18/2022

Running the report for a period longer than 90 days may require several minutes to generate the results.

Insurance

Merging Insurance Carriers

This release introduces the ability to merge duplicate insurance carriers or insurance carriers entered in error. For example, you entered an unsupported (Payer ID 06126) version of a supported carrier in error.

A new **Merge Carriers** button has been added to the Insurance Carrier page and a new **Merge Insurance Carriers** dialog box helps you to merge two insurance carriers. You must have the new **Merge Carriers** right in order to do this.

Note: When you merge two insurance carriers, the patients' coverages and Start and End Dates stay the same.

To merge two carriers, from the Home menu, select **Carriers**. Search for and select the *wrong* insurance carrier you want to merge with the correct insurance carrier. On the Edit Carrier page, click **Merge Carriers**.

Insurance Carriers

Edit Carrier: Blue Cross Blue Shield of Texas

Payer ID *

06126 Accepts Automated Eligibilities
Does not accept Electronic Attachments

Expected period of Insurance claim resolution

14 days

Phone number Ext Fax number

Website

Claim Form Options

Printed claim format

American Dental Association, 2012 version

Plans/Empl

Plan/Employe

8753

8BE5A16AD

A23D16B3E2

E50C

The **Merge Insurance Carriers** dialog box opens where you will select the correct carrier, choose your merge options, and confirm the merge.

Select the Correct Carrier

The Select Insurance Carrier tab allows you to select the correct insurance carrier that will be used going forward. The process of merging carriers moves all insurance plans from the currently (wrong) selected carrier to the correct carrier.

The Select Insurance Carrier tab lists the **Currently Selected Carrier (will be deleted)** and **Correct Carrier (will be used going forward)**.

Merge Insurance Carriers

Steps: **Select Correct Carrier** Merge Options Confirmation

Information. The process of merging carriers is used to correct invalid carriers that have been set up, which will move all insurance plans from the currently selected carrier to the corrected carrier.

A Payer ID of 06126 is assigned to a carrier that does not match one of the supported carriers in the Henry Schein One database. Claims for unsupported carriers may be printed and mailed by the clearinghouse, rather than processed electronically. Electronic attachments and eligibility verifications will not work for unsupported carriers.

Currently Selected Carrier (will be deleted)

Carrier Name	Payer ID	# of Plans
Blue Cross Blue Shield of Texas	06126	4

Corrected Carrier (will be used going forward)

Carrier Name	Payer ID	# of Plans
<input type="text" value="Search carrier by name or payer ID"/>	<input type="text"/>	<input type="text"/>

← Back Next → Cancel

Under **Corrected Carrier (will be used going forward)**, search for and select the correct carrier from the list of carriers set up for your organization.

Merge Insurance Carriers

Steps: **Select Correct Carrier** Merge Options Confirmation

Information. The process of merging carriers is used to correct invalid carriers that have been set up, which will move all insurance plans from the currently selected carrier to the corrected carrier.

A Payer ID of 06126 is assigned to a carrier that does not match one of the supported carriers in the Henry Schein One database. Claims for unsupported carriers may be printed and mailed by the clearinghouse, rather than processed electronically. Electronic attachments and eligibility verifications will not work for unsupported carriers.

Currently Selected Carrier (will be deleted)

Carrier Name	Payer ID	# of Plans
Blue Cross Blue Shield of Texas	06126	4

Corrected Carrier (will be used going forward)

Carrier Name	Payer ID	# of Plans
blue cross blue shield of t		
Blue Cross Blue Shield of Tennessee	CBTN1	
Blue Cross Blue Shield of Texas	CB900	

← Back **Next →** Cancel

Once you select the Corrected Carrier, click **Next** to continue with merging the insurance carriers.

Merge Insurance Carriers

Steps: **Select Correct Carrier** Merge Options Confirmation

Information. The process of merging carriers is used to correct invalid carriers that have been set up, which will move all insurance plans from the currently selected carrier to the corrected carrier.

A Payer ID of 06126 is assigned to a carrier that does not match one of the supported carriers in the Henry Schein One database. Claims for unsupported carriers may be printed and mailed by the clearinghouse, rather than processed electronically. Electronic attachments and eligibility verifications will not work for unsupported carriers.

Currently Selected Carrier (will be deleted)

Carrier Name	Payer ID	# of Plans
Blue Cross Blue Shield of Texas	06126	4

Corrected Carrier (will be used going forward)

Carrier Name	Payer ID	# of Plans
Blue Cross Blue Shield of Texas	CB900	2

← Back **Next →** Cancel

Choose the Merge Options

The Merge Options tab lets you choose the carrier settings to keep after the merge. There are only two settings: **Expected period of insurance resolution** and **Printed claim format**. By default, the Corrected

Carrier is selected from the Select Correct Carrier tab. If you choose to select the other insurance carrier, those settings will be applied to the corrected carrier.

Note: The setting information is automatically drawn from Dentrix Ascend and cannot be changed.

Click **Next** to continue merging the insurance carriers.

Merge Insurance Carriers

Steps: Select Correct Carrier | **Merge Options** | Confirmation

Information. The process of merging carriers is used to correct invalid carriers that have been set up, which will move all insurance plans from the currently selected carrier to the corrected carrier.

A Payer ID of 06126 is assigned to a carrier that does not match one of the supported carriers in the Henry Schein One database. Claims for unsupported carriers may be printed and mailed by the clearinghouse, rather than processed electronically. Electronic attachments and eligibility verifications will not work for unsupported carriers.

Carrier Settings to Keep After Merge

Carrier Name	Payer ID	# of Plans
<input type="radio"/> Blue Cross Blue Shield of Texas	06126	4
Expected period of Insurance claim resolution: 14 days	Printed claim format: American Dental Association, 2012 version	
<input checked="" type="radio"/> Blue Cross Blue Shield of Texas	CB900	2
Expected period of Insurance claim resolution: 14 days	Printed claim format: American Dental Association, 2012 version	

Navigation: Back | **Next** | Cancel

Confirm the Merge

The Confirmation tab allows you to review and confirm the merging of the insurance carrier plans. Carefully review your selections. If you need to change the carrier settings you selected on the Merge Options tab, click the **Back** button. If the settings are correct, click **Merge**.

Note: Once you merge two insurance carriers, the action cannot be undone.

Merge Insurance Carriers
✕

Steps
Select Correct Carrier
Merge Options
Confirmation

Information. The process of merging carriers is used to correct invalid carriers that have been set up, which will move all insurance plans from the currently selected carrier to the corrected carrier.

A Payer ID of 06126 is assigned to a carrier that does not match one of the supported carriers in the Henry Schein One database. Claims for unsupported carriers may be printed and mailed by the clearinghouse, rather than processed electronically. Electronic attachments and eligibility verifications will not work for unsupported carriers.

All of the insurance plans of **Blue Cross Blue Shield of Texas** and **Blue Cross Blue Shield of Texas** insurance carriers will be merged. Note that this action cannot be undone.

After this merge one carrier will remain with the following settings:

Carrier Name	Payer ID	# of Plans
Blue Cross Blue Shield of Texas	CB900	6

Expected period of Insurance claim resolution	Printed claim format
14 days	American Dental Association, 2012 version

← Back
Merge
Cancel

Billing Statements

Billing Information Warnings

New warnings now appear on the Billing Statement dialog box and the Patient Walkout Statement tab when you try to send a billing statement to a guarantor that has missing billing information. Once you verify and update the guarantor's billing information on the Patient Information page, the warnings will no longer appear.

Address Warning Message

If some or all of a guarantor's Address, City, State, or ZIP Code are missing, a warning message appears. This information is critical for sending printed statements.

Billing Statement [X]

Warning. The guarantor needs a valid Address, City, State and Zip Code.

Statement start date: _____ Statement view:

From last zero balance Guarantor view

Other _____ Patient view

Walkout (today only)

Statement message: ⓘ

Include credit card payment options Include location abbreviation

Include due date as 12/17/2022 ⓘ

Actions ▾

Email Address or Mobile Phone Number Warning Message

If an email address or mobile phone number is missing, a warning message appears. This information is critical for sending electronic statements.

Billing Statement [X]

Warning. The guarantor needs a valid email address or mobile phone #.

Statement start date: _____ Statement view:

From last zero balance Guarantor view

Other _____ Patient view

Walkout (today only)

Statement message: ⓘ

Include credit card payment options Include location abbreviation

Include due date as 12/17/2022 ⓘ

Actions ▾

User Rights

The following changes to user rights are included in this release:

- A new **Clinical Note Tasks Report** right allows you to view the Clinical Notes Task Report.
- A new **Merge Carriers** right allows you to merge the plans of two carriers.

New Learning Content

The Education Team continuously adds to and updates content in the Dentrix Ascend Resource Center. Below are the latest new additions. Click the title to get more information about these topics.

Webinar

[On Demand Webinar: End-of-Year Best Practices](#)

If you missed the live webinar, watch this new on-demand webinar to learn how to find and contact patients with remaining benefits, update fee schedules, and complete other end-of-year tasks in Dentrix Ascend.

Blog Posts

[Evaluating Your Insurance Carriers](#)

PPO write-offs can have a substantial impact on your bottom line. But before you consider dropping a payer or negotiating with a PPO, you need the numbers on your side. Dentrix Ascend has a report that lists everything you need to know about each insurance carrier so that you can make good decisions for your practice. You may be surprised by the results.

[Creating an Excuse Letter for a Patient](#)

Your patients may ask you for an excuse letter to give to their school or work. Dentrix Ascend makes it easy for you to set up an Excuse Letter template so that you can quickly create personalized excuse letters for your patients. Let's learn how to set up the Excuse Letter template and how to print an excuse letter for a specific patient.

[How to Avoid Charging Multiple Periapical Images During an Endo Procedure](#)

A commonly asked question is: "How do you avoid charging for each x-ray acquired during an endo procedure?" In Dentrix Ascend, it's important to make sure you are acquiring the periapical image in Endo mode to avoid charging a patient for each x-ray taken during an endo procedure. Read this tip to learn how to acquire a periapical image in endo mode.