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MAGAZINE

Tips from the 2012 Dentrix Business of Dentistry Conference

Get tips to help you go paperless, create the ultimate patient experience, increase case acceptance, maximize insurance reimbursement and more, page 10

HENRY SCHEIN®

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DENTRIX® Communication Manager

Improving Patient Retention

FROM THE EDITOR

For millions of children and adults, fall marks the beginning of school. The National Center for Education Statistics estimates that over 55.1 million students will attend elementary and secondary schools in the United States this fall. On top of that, a record 21.6 million students will attend American colleges and universities (http://nces.ed.gov/fastfacts/display.asp?id=372).

Fall can also be a great season for dental teams to recommit to ongoing continuing education and professional development. To jump-start continuing education in your office, this issue of Dentrix Magazine offers practice management tips from several industry experts, including Cathy Jameson, Amy Morgan, Lois Banta, Debbie Castagna and Virginia Moore, Dr. Lorne Lavine, Misty Absher Clark, Dr. Gary Severance, and Stacy McCauley. You'll find their advice in our cover story, "Tips from the 2012 Dentrix Business of Dentistry Conference."

In this issue of the magazine you'll also find tips to help you effectively maintain insurance plan information in Dentrix, simplify the patient billing process, maximize the value of every patient visit, and more.

I hope you enjoy reading this issue of Dentrix Magazine. Please see the reading guide on page 2 to find the articles that correspond to your responsibilities in the practice. And, remember—free copies of every issue are available online at www.dentrix.com/magazine. Download yours today.

Regards,

Matt Singerman
Editor

HENRY SCHEIN®

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MAGAZINE

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If You Manage   Read These Articles and Tips

HOW TO LEARN MORE

If you want to learn more about the Dentrix topics featured in Dentrix Magazine, check out these self-paced learning resources.

Dentrix Help Files

In the Dentrix Help files, you can explore a comprehensive list of conveniently indexed topics or search the topics for key words. To search the Help files, from the **Help** menu in any Dentrix Module, click **Contents**, click the **Search** tab, type a search phrase or topic name, click **List Topics**, and then under **Select Topic**, double-click the topic name. Tip: To turn off the search highlights, press F5.

Dentrix Resource Center

The Dentrix Resource Center offers an online library of on-demand software training videos, downloadable product manuals, and a knowledgebase of technical support articles. Access is free for dental practices on a Dentrix Customer Service Plan. Log in today at www.dentrix.com/resource-center.

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▼ More Secure Credit Card Processing with PowerPay 5.0

DENTRIX® PowerPay

Henry Schein has responded to changes in PCI security standards with a new version of PowerPay, its popular credit card processing software. PowerPay 5.0 exceeds the latest security requirements and provides exciting new features that lower transaction rates, improve practice branding, and allow the software to run on the latest computer systems.

With the enhancements to PowerPay, office administrators have greater control in restricting access and tracking payment history. "PowerPay has always been very secure," said Adam McDaniel, eServices Product Manager. "The new features go even further to protect dental offices and their patients from the fraud potential that exists in credit card processing."

PowerPay 5.0 lowers transaction fees by automatically posting credit card verification information. Other new features improve ease and convenience, like the ability to post receipts and consents to the Dentrix Document Center

or the ability to calculate the number of payments and payment amounts in the consent screen.

Unlike previous versions, PowerPay 5.0 automatically settles accounts at the end of each day. By eliminating this manual step, practices save even more time and collect funds consistently on a daily basis.

Other new features in PowerPay 5.0 improve practice marketing and branding. A practice logo or message can now be added to some PowerPay hardware, including the newly integrated Ingenico 6580 color pin pad and the ePad Vision color signature capture device. Plus, you can now add customized messages in the receipt footer to more effectively communicate and reinforce dental offers or other information.

PowerPay 5.0 is compatible with Windows 7 and 64-bit technology. "Enabling PowerPay to run on the latest computer systems has been one of our most frequent requests. We're pleased that customers who upgrade their hardware can now benefit from this powerful software," said McDaniel.

Visit www.dentrix.com/powerpay or call 800-734-5561 for more information about streamlining credit card processing and managing accounts receivable balances more effectively.

▼ eClaims and eEOB Payor Lists Continue to Grow

DENTRIX® eClaims   **DENTRIX® eEOB**

Electronic claims can now be sent through Dentrix to the following insurance carriers:

PAYOR ID	PAYOR NAME
WT069	Healthy Choices Plan Administrator
WT068	Healthy Choices Benefit Plans
EM039	Med3000 Pedicare Title 19
EM522	Med3000 Pedicare Title 21
EM205	Med300 CMS Title 21

Also, New Mexico Medicaid (CKMN1) now offers Electronic Explanation of Benefit reporting (eEOB), completing the paperless round trip for eClaims submitted on behalf of the individuals it covers. Learn more about eEOB at www.dentrix.com/eeob.

Use the payor search tool at www.dentrix.com/products/eservices/eclaims/payor-search.aspx to see specific payors or to download the complete list of available payors.

▼ New Lines of Communication Opened in eCentral

DENTRIX® eCentral

eCentral Communication Manager continues to evolve with new features that allow dental practices to improve the efficiency and effectiveness of patient interaction. With the latest release, front office personnel can conduct two-way chat sessions with patients via SMS text messaging.

When a patient replies to a text message appointment reminder with something other than the "1" to confirm (such as "I'm running late"), the front office receives a pop-up message alert on the desktop. The front office can click to view the message and respond in a chat window. The conversation can continue as messages are exchanged back and forth between the front office and the patient.

This new functionality allows dental practices to communicate using vehicles that might not otherwise be practical. And since text messaging is a preferred method of communication for many patients, dental practices using this feature are able to differentiate themselves with unique customer service.

Front office personnel can initiate chat sessions with patients from previous conversations that are stored in eCentral or by clicking a patient's mobile number (activated as a link) in eCentral Appointment Manager.

eCentral Website Manager has also been updated. A new website editor simplifies do-it-yourself website building and editing. It also provides a more accurate preview of how any changes will look once posted. New templates that include flash-based animation were also added to the library.

For more information or setup instructions, log in to eCentral and open the Help files, click **What's New in eCentral**, then **What's new in eCentral 3.1**, or call 800-734-5561.

▼ PCI Compliance with PowerPay/PowerPay LE

Small business owners often make the mistake of believing credit fraud only happens to large businesses. The truth is that 93 percent of all data breaches and compromises affect merchants that process fewer than 20,000 transactions per year. The reason is simple: fewer safeguards. Even though it's mandatory for any credit card merchant (including dental practices) to comply with Payment Card Industry Data Security Standards (PCI DSS), many small businesses don't. And the penalties for non-compliance are severe—especially if there is a breach.

In an effort to protect PowerPay and PowerPay LE customers from such an event, Moneris has partnered

with Trustwave, the leading provider of data security and compliance for small businesses, to create the Moneris PCI Certification Program. This program helps protect dental practices that are PowerPay and PowerPay LE credit card merchants and their patients by ensuring that a minimum level of PCI DSS is met for storing, processing, and transmitting cardholder data.

The PCI Certification Program protects merchants in multiple ways. First, it includes software that scans merchant networks for vulnerabilities and the storage of prohibited data. Next, it includes a self-assessment questionnaire that further allows merchants to evaluate their systems and processes in order to demonstrate PCI DSS compliance. And finally, it provides lower monthly fees and $10,000 in breach protection insurance to merchants meeting the mandatory compliance standards.

Henry Schein Practice Solutions and Moneris have partnered with Trustwave to offer you the PCI Manager online compliance portal to facilitate this program. We will be distributing additional information on the program to PowerPay and PowerPay LE customers throughout the year. Customers can also learn more by visiting www.dentrix.com/pci-compliance or by calling 1-800-DENTRIX.

DENTRIX®

Tips &Tricks

The tips in this section describe valuable but easily overlooked Dentrix features that simplify workflow and increase efficiency. Find the tips that correspond to your role in the practice and try them out today. Start making your job easier and your practice more profitable.

Scanning Insurance Cards Into the Document Center

By scanning a copy of a patient's insurance card into the Document Center, the entry is dated, making it easy to see the most current information. This not only saves you from making a paper copy, but saves time and money in submitting claims with accurate information.

Patient Information
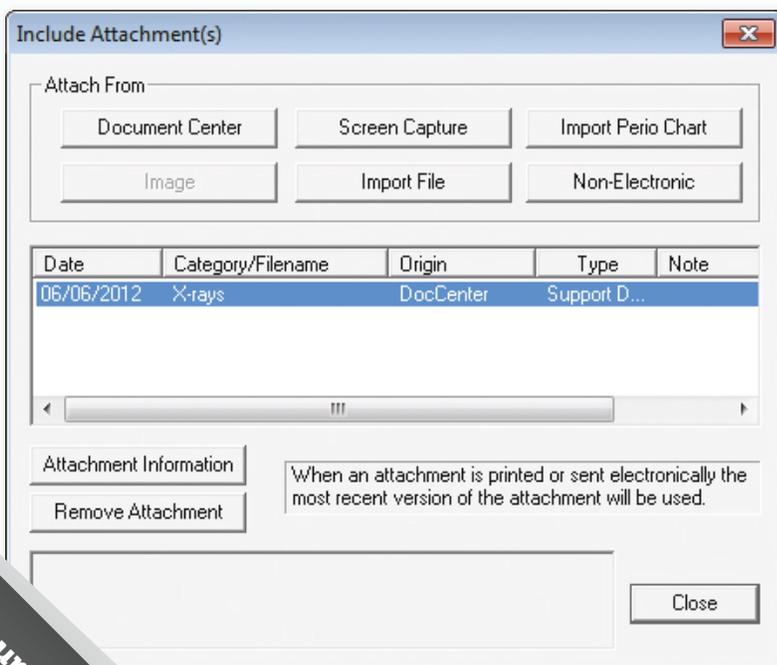
Insurance

Adding Electronic Claim Attachments

Did you know you can include digital documentation with electronic claims sent to insurance carriers? You can attach digital X-rays, perio charts, photos and more. In the **Insurance Claim Information** dialog box, click the **Include Attachment(s)** button, and attach documents from the Document Center, import perio charts from within Dentrix, import files from your computer or X-rays from your digital radiography software, and new to Dentrix G5, use the **Screen Capture** feature to attach images displayed on your computer screen. For more information, visit the Dentrix Resource Center and see knowledgebase article #58045 and download the Getting Started Guide for Submitting Insurance Claims and Attachments Electronically.

Viewing Continuing Care Statuses in the Family File

By looking at the Continuing Care block in the Family File, you can tell where patients stand with their continuing care. An empty block indicates no continuing care has been set, while a red block means the patient is overdue for treatment. When patients call or come into your office, check the Family File to see where they stand and encourage them to get back on schedule with their treatment, if needed. For more information about setting up a continuing care plan for your patients, see the eNewsletter article titled Getting Patients Back on Schedule with Continuing Care at www.dentrix.com/articles/content.aspx?id=230.

Using Passwords to Ensure Data Security

Is your practice data secure? Have you set up and enabled passwords? Have you assigned security rights to staff members? One of the best ways to keep your practice data secure is by setting up and enabling passwords in Dentrix. You can protect confidential patient information and manage which staff members have access to sensitive practice information like financial and staff management data by limiting the security rights of staff to those features they need to perform their responsibilities. For more information about setting up and enabling passwords and security rights, see the Password Setup topic in the Dentrix Help.

Running Important Financial Reports

Are you using Dentrix reports to analyze your practice's accounts receivable (A/R) and track patient, family and insurance balances? With the Practice Advisor Report, you can determine how your practice is collecting your A/R, then run the Insurance Aging Report and Aging Report to know which insurance companies and patients you need to contact. The Practice Advisor Report can be accessed from **Office Manager > Analysis > Practice Advisor > Practice Advisor Report**. The Aging Report and Insurance Aging Reports can be accessed from **Office Manager > Reports > Ledger.** For more information about analyzing your A/R in Dentrix, view the Generating Key Reports tutorial and the Accounts Receivable webinar recording in the Dentrix Resource Center.

Tips &Tricks

Creating Digital Questionnaire Forms

Are you using the Questionnaires module to create forms for patients to fill out online? Do any of your forms have a note field that patients fill out? Patients often enter information and explanations in these fields. With Dentrix G4 Productivity Pack 8 (or higher) you can capture these responses and add them to specific note fields in Dentrix without manually retyping the note. For more information on this topic, see the eNewsletter article titled Update Notes in Dentrix with Questionnaires at www.dentrix.com/articles/content.aspx?id=277.

Setting Up Appointment Book Flip Tabs

You can set up flip tabs to jump ahead to a date in the Appointment Book. Absolute tabs allow you to enter a specific date the Appointment Book will jump to, while Relative tabs allow you to enter the number of days, weeks, or months you want the Appointment Book to jump to. For more information about setting up flip tabs, see the Appointment Book Features webinar recording in the Dentrix Resource Center.

TIPS FROM THE 2012
BUSINESS OF DENTISTRY
CONFERENCE | ERIN BRISK: SENIOR EDITOR

PRACTICE
MADE
PERFECT

Over 1,000 people gathered at the Red Rock Resort in Las Vegas, Nevada to attend the 2012 Dentrix Business of Dentistry Conference. For three days, July 12 – 14, Dentrix users attended classes and worked one-on-one with Dentrix specialists to get answers to their questions and tips to maximize their Dentrix investment, improve productivity, boost profitability, and enhance patient care.

At the conference, 23 of the dental industry's top consultants and dental professionals spoke about subjects ranging from profitable perio to creating the ultimate patient experience; digital restorative solutions to empowering your practice with social media.

We collected tips from several of the consultants who presented at the conference. If you missed it, read through these tips to get some quick conference highlights on how to improve your practice. If you did attend the conference, use this as a guide to remind you what you heard and wanted to implement in your practice.

Please check the Dentrix Business of Dentistry Conference website at **www.businessofdentistry.com**, or check us out on Facebook at **www.Facebook.com/Dentrix** for occasional updates about next year's conference.

The Doctor as CEO

Debbie Castagna and Virginia Moore discussed the importance of succeeding as a doctor and a businessperson. The class focused on how to bring your overhead in line with industry standards and best practices and explored new ways of looking at your financials to improve your results. Here are three tips from Debbie Castagna and Virginia Moore:

1. Ask yourself the following questions: "Does annual planning and goal-setting fall on your list of priorities? Do you make time each year to set production and collection goals for the coming year? To plan how many days you will work? To decide whether or not to invest in new equipment? To hire more staff? To make sure you have enough money at tax time? To finally start contributing to your pension plan?"
2. Remember that without an annual plan in place, practices very often flounder under the weight of unexpected expenses and unrealistic expectations. Don't let your practice flounder when it could flourish. It's easier than you think to plan your way to success and profitability.
3. Follow these seven easy steps to put your practice on the path to success, profitability, and stability for good:
   1. Analyze Your Profit & Loss Statement.
   2. Forecast the Coming Year's Expenses.
   3. Determine the New Production Goal.
   4. Determine Work Days.
   5. Establish Hygiene Production Goals.
   6. Establish Doctor Production Goals.
   7. Create an Action Plan for the Next Year.

Known for their business acumen and results-oriented focus, Virginia Moore and Debbie Castagna know how to get to the root of a problem (fast!). Virginia and Debbie have proven time and time again that running a successful dental practice does not have to be so tough! Utilizing proven methods and an enjoyable and entertaining learning style, their aim is to educate and provoke actions that achieve positive results. Moore and Castagna have appeared in Dentistry Today's list of Leaders in Consulting every year since 2005, and regularly speak to audiences worldwide. They have co-authored nine books on practice management topics, produce a popular e-newsletter, "Exactly!", and are past presidents of the prestigious Academy of Dental Management Consultants. Contact Debbie and Virginia at 530-527-9457 or info@thepracticesource.com.

Creating the Ultimate Patient Experience

Amy Morgan taught how to refine communication skills, motivational techniques, and negotiating practices to give patients a deeper sense of commitment and loyalty to the practice. Here are ten tips from Amy Morgan:

1. Create an extended relationship with patients by fully utilizing online communication tools that patients can access 24 hours a day, 365 days a year (like online patient account login, digital forms, online bill pay, online appointment confirmation processes, e-newsletters, and virtual birthday/holiday greetings).
2. Use pre-set "we care" questions to shift the focus of your new patient first call from giving and receiving information and making an appointment to building a real relationship based on value and trust.
3. Conclude every new-patient inquiry with the verbal phrase, "You made the right choice calling Dr. _____. His/her patients love him/her and you will too!"
4. Move away from the old school medical model that uses words like exam, consult, and recall, and embrace a new model that focuses on collaborative health and well-being with words like evaluation, treatment conference, and recare.
5. Ask a lot of open ended questions to create guided co-discovery, then wait for the patient to ask you, "Is this something we need to handle now?"
6. Employ SPIN Selling when discussing treatment with patients. Start by asking situation questions, followed by "why is this a problem?" questions, followed by implication questions that highlight the consequences if the problem persists, and end with needs payoff questions that point to how the patient's life will be better once the problem is fixed.
7. Ask every new patient during the pre-clinical interview, "How do you sleep?"
8. Handle any financial objections by asking, "If finance wasn't a concern for you, would there be anything else keeping you from this very necessary treatment?" Once the patient answers, ask, "If we find a financial option that is as stress free as possible, are you willing to look at options?"
9. Make sure you have much more flexible internal financial guidelines that make your dentistry more affordable, especially if you are asking the previous questions!
10. Never leave the patient with a "maybe" answer. Ask if maybe means "it's no, for now." When patients have a good relationship with you and don't want to disappoint you, they may be thinking "no" but say "maybe." You might hear "yes". To maintain the relationship, always clarify an answer.

Amy Morgan is a renowned dental consultant and the chief executive officer of Pride Institute. Since joining the institute as a consultant in 1993, she has refined and enhanced its time-proven management systems, which have revitalized thousands of general and specialty dental practices—helping them become more secure, efficient, and profitable. Amy is a highly sought-after educator throughout North America and Europe who has been a featured speaker at major dental meetings and has been published in major dental publications.

Six Steps to a Paperless Practice

Dr. Lorne Lavine presented a proven, practical six-step plan for converting your paper-based practice into a modern digital dental office, including an overview of the key decision points and components you'll need to build a successful paperless practice. Here are 10 tips from Dr. Lorne Lavine:

1. Remember that there's no right or wrong way to add technology to your practice.
2. Don't put the cart before the horse; plan for the infrastructure such as computers and networking before you invest in the high-tech stuff.
3. Due to federal mandates, consider going paperless by 2014.
4. Follow the six steps to going paperless:
    1. Invest in practice management software.
    2. Acquire image software.
    3. Think through operatory design.
    4. Set up computers and networking.
    5. Use digital technologies.
    6. Plan for data protection and disaster recovery.
5. Consider investing in Tablet PCs, such as the Apple iPad. Tablet PCs are becoming an increasingly popular adjunct to the dental practice.
6. Research Dentrix eServices. Many Dentrix users are unaware of the breadth of services available through eServices, which allow many dental practices to become completely paperless. For more information, visit www.dentrix.com/products/eservices/.
7. Set up remote data access so that you can access your data when you are away from the office.
8. Don't be afraid to spend a bit more on your server and computers rather than going cheap. It may cost more to get higher quality components, but they'll work a lot better and last much longer.
9. Set up anti-malware software on your server and all computers.
10. Do more than just back up your data. Create a disaster recovery plan to ensure that downtime is measured in minutes, not days.

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has over 28 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, New York. He received his specialty training at the University of Washington and went into private practice in Vermont before moving to California in 2002 to establish DTC. As a consultant and integrator, Dr. Lavine has extensive hands-on experience with most practice management software, image management software, digital cameras, intraoral cameras, computers, networks, and digital radiography systems. Dr. Lavine writes for many well-known industry publications and lectures across the country. His articles have appeared in Dentistry Today, Dental Economics, Dental Equipment and Materials, Dental Practice Report, New Dentist, Dental Angle Online, and DentalTown magazine.

Making the Most of Internal Marketing

Misty Absher Clark discussed how to create a WOW experience for all your patients—and then motivate them to share those experiences with friends, colleagues, and family members. The course demonstrated how to get even your most timid patients to shout your praises from the rooftops. Here are three tips from Misty Absher Clark:

1. Motivate your patients to talk about you through consistent and powerful internal marketing strategies. Every day you are marketing your practice, whether you know it or not. Every step of the new patient appointment—from the first phone call to delivering treatment—sends a message about who you are.
2. Understand that when you are exceeding people's expectations, they will talk about you—especially after an initial visit. How do you get them to remember you between visits? How do you get them to understand the full scope of your services? How do you get them to say "yes" to the treatment that they need, deserve, and want? The answer is *through powerful, ongoing internal marketing.*
3. Make your internal marketing work with this five-step approach:
    1. Understand your goal before you start your internal marketing. If you don't know what you are trying to achieve, then how can you measure it?
    2. Make sure it is consistent. All marketing efforts should look, feel, and sound the same. They should also reflect your practice branding and philosophy.
    3. Plan to have your message in front of patients multiple times in five to seven different ways. People need to hear, feel, and experience your message five to seven times before they will act on it. Sending an email message out one time about whitening is not sufficient enough to get a response. Repetition is the key to learning!
    4. Keep your marketing patient-focused. You lose the patient at "we." Therefore, focus on the patient by using action words and "you" in your marketing messages.
    5. Measure and track the performance of your efforts. If you don't track it, how do you know if it's working?

Misty Absher Clark is vice president of creative services for Jameson Management. With her extensive expertise in branding, marketing strategy, digital photography and customer service, Misty brings energy and information to every aspect of her work. By employing the marketing strategies Misty has developed, dental practices across the United States have consistently increased new patient numbers, production per patient, and patient loyalty. Contact Misty at 877.369.5558 or misty@jamesonmanagement.com

Billing and Reimbursement Strategies that Work

Lois Banta taught the proven techniques for writing a detailed narrative, documenting in the patient's chart, using dental coding systems to maximize reimbursement for your patients, and developing the key communication techniques that win with insurance companies. Here are eight tips from Lois Banta:

1. Don't allow patients to depend 100 percent on you for the accuracy of their dental benefits and the outcome of their dental claims. This should be a shared responsibility.
2. Get the correct information in the right order. When a patient initially calls the office, always ask the relationship-building questions first such as, "Who may we thank for referring you?" and "Who was your previous dentist?" This lets the patient know you are more interested in them and their dental care.
3. Be sure to collect the estimated balance due (after approximate insurance payment is calculated) at each appointment and explain that patients are responsible for all balances regardless of outcome of insurance payment.
4. Use your dental software correctly. Let it work for you. Get ongoing training, whether it be live in office or web based. Knowledge is a powerful tool. For more information, visit www.dentrix.com/training.
5. Involve the patient in each step of the process. Always reassure your patients you want to assist them in getting the optimum result. This is why you partner with them. The more your patients know about their dental benefits plan, the more they are able to help you help them resolve claims.
6. Be accurate. This is where dental practices stumble the most. Make sure you mark the appropriate boxes on major claims. Most dental benefit guidelines are very specific on what is required to accompany a claim on major dentistry such as diagnostic film, photograph, initial or replacement.
7. Make sure the code you use is actually the procedure that was performed. Altering a code specifically to obtain a benefit is fraud.
8. Track your claims. Every computer system has a report you can generate to track claims status. If you accept assignment of benefits, you must track your claims. They will not pay themselves, and the insurance company won't contact you to let you know the claim is past due!

Lois Banta is CEO, President, and Founder of Banta Consulting, Inc., a company that specializes in all aspects of dental practice management. Lois has over 37 years of dental experience and consults and speaks nationally and internationally. She is also the owner of The Speaking Consulting Network, and a member of the Academy of Dental Management Consultants (ADMC), American Academy of Dental Practice Administration (AADPA), American Dental Assistants Association (ADAA), National Speakers Association (NSA), and American Academy of Dental Office Managers (AADOM). To contact Lois for consulting or a professional speaking invitation, call 816-847-2055.

Digital Restorative Solutions

Gary Severance explored the many digital options available to dental professionals—from scanning and designing to chair-side fabrication of metal-free solutions—and helped students gain new insights into everything modern digital restorative dentistry can offer. Here are five tips from Gary Severance:

1. Use technology; it will make you a better diagnostician, clinician, or health care provider.
2. Consider the fact that by 2020 it is predicted that nearly 50,000 dentists will be using digital impression taking in North America, and most will also be using chairside milling (iData). Digital restorative dentistry chairside allows the office to deliver same-day restorations.
3. Ask yourself how much you spend a year on lab fees. The average general practitioners spend nearly $50,000 a year on fabrication (lab fees), most of which can be done with a chairside CAD/CAM system.
4. Remember that chairside fabricated restorations have proven to have an equivalent or better fit than laboratory fabricated restorations. And, more dental schools are integrating digital restorative dentistry options in their curriculum from preclinical through clinical.
5. Understand that chairside CAD/CAM dentistry provides additional delegation opportunities to keep your team engaged and increase motivation toward excellence in dentistry. With chairside CAD/CAM, you can have leading all-ceramic materials at your fingertips!

Dr. Gary Severance is a 1987 graduate of the University of Minnesota School of Dentistry and serves as vice president of marketing and clinical affairs for D4D Technologies in Dallas, Texas. Dr. Severance provides a practical approach to the clinical utilization of digital dentistry and provides an entertaining and educational view of the complete digital landscape.

Overcoming the Fear of Cost in Dentistry

Cathy Jameson discussed how you can help patients overcome their financial fears and accept their treatment plans, even in today's difficult economy. She introduced techniques you can use to become a more effective, convincing professional salesperson and taught the art of the new patient experience. Here are seven tips from Cathy Jameson:

1. The fear of cost is the number one reason people don't go to the dentist. As a team, address this issue. Create ways as a practice to address and overcome this concern. Helping your patients overcome financial fears and accept your treatment plans involves asking important questions, listening intently and employing effective verbal skills and visual aids as well as healthcare patient financing and strong financial arrangement systems.
2. Create trust, need, urgency, and value to help you deal with objections.
3. Carefully communicate. Confirm the patient's responsibility with a signed financial agreement form. Also, you should have the professional, thorough assistance of a financial coordinator.
4. Commit to appropriate education and training time throughout all office roles. Your team needs to reinforce the value of treatment. People must see the value and benefit of treatment before a financial agreement will be obtained.
5. Offer patients a sense of privacy while you are reviewing financial arrangements with them. Ensure their entire interaction with you gives them a clear, consistent, professional image of you and your services.
6. Call the patient by name and have all the necessary information in order to communicate it in layman's terms. Watch the patient's body language for any sign of discomfort or enthusiasm.
7. Remember throughout the process, there is no status quo! You're getting better or you're declining. So, be proactive and stay on a path to improvement. No system of the dental practice is isolated unto itself.

Cathy Jameson is the founder and chief visionary officer at Jameson Management, an international dental management, marketing and hygiene coaching firm. The Jameson Method of Management, developed by Cathy, offers proven management, marketing and hygiene systems for helping dental professionals improve their practices. Cathy earned a bachelor's degree in Education from the University of Nebraska at Omaha and then a master's Degree in psychology from Goddard College. She recently received her doctorate from Walden University. She considers herself a lifelong learner and encourages those around her to be in a constant state of study, growth and action. Contact Cathy at 877.369.5558 or info@jamesonmanagement.com. For more information about Jameson or Cathy's new book, *Success Strategies for the Aesthetic Dental Practice*, visit www.JamesonManagement.com.

Profitable Perio

Stacy McCauley discussed the three most common perio mistakes practices are making and showed attendees how a consistent perio protocol will increase production, increase patient health, and decrease practice stress and liability risk. Here are five tips from Stacy McCauley:

1. Ask yourself why you aren't seeing more perio in your practice, especially considering that estimates from the American Academy of Periodontology and the Centers for Disease Control and Prevention say that up to 80 percent of Americans have some form of gum disease.
2. Avoid becoming a "prophy heavy" practice—a practice with little to no perio therapy being performed in the office.
3. Don't make any of the three common perio mistakes:
    1. Mistake #1: Inconsistencies in perio charting and documentation.
    2. Mistake #2: No protocol on when to start treatment and /or when to refer.
    3. Mistake #3: Not identifying and clearing the obstacles that prevent you from diagnosing and treatment planning perio.
4. Remember that the three common perio mistakes are not only putting the practice at a liability risk for undiagnosed perio, but also costing the practice thousands of dollars in missed production.
5. Understand that non-diagnosis of periodontal disease can potentially compromise patients' oral and overall health.

For over 19 years, Stacy McCauley has entrenched herself in almost every facet of dentistry. As a native Midwesterner, she began her journey in the world of dentistry in 1993 as a full-time dental hygienist. She is currently a lead coach with Inspired Hygiene, an industry-leading hygiene productivity coaching company. To learn more about these three mistakes and more practice tips, please visit www.inspiredhygiene.com

Sean Eyring, Contributing Editor

MAINTAINING INSURANCE PLANS IN DENTRIX: SIX THINGS YOU SHOULD BE DOING

There is more to managing your insurance plans than simply entering plan information into Dentrix. Learn about the ongoing maintenance you should do to keep things running smoothly.

I couldn't wait until I turned 16. My older brother had gone away to college and left his car for me to drive. I had big plans for that Datsun B-210. But soon after I was handed the keys, my big plans suddenly took an unexpected turn. I had planned on spending money to fill it up with gas, but didn't realize there was a lot more money, time, and effort that went into the maintenance of the car. I hadn't planned on having to pay for oil changes, tire rotations, the occasional carwash, or unexpected expenses from accidents or breakdowns. When I made the mistake of complaining about these added expenses to my parents, I was told that this was all part of being a car owner.

Similarly, there is more to managing your insurance plans than simply entering plan information into Dentrix. There are ongoing types of maintenance you should do periodically to keep things running smoothly. From time to time you should purge your database of insurance carriers you either no longer accept or that are no longer attached to any patients in your system, join or remove duplicate insurance plans that may have been entered by mistake by different staff members, reset insurance benefits used, and update coverage tables and payment tables.

Purging Insurance Plans

It is vital to have the most updated and accurate insurance plan information stored within Dentrix. In order to keep your database running smoothly, you should purge your database of insurance plans you no longer accept and insurance companies within your database that are no longer attached to patients.

As a safeguard, Dentrix only allows you to purge insurance plans that don't have subscribers attached, and only after all claims for the plan have been received. Only those insurance plans that meet these criteria appear in the **Purge Dental Insurance Plans** dialog box.

For example, let's say that your practice no longer accepts the BlueCare DHMO insurance plan, and you want to delete it from your database. From the **Maintenance** menu in the Office Manager, click **Reference > Insurance Maintenance.** The **Insurance Maintenance** dialog box appears (Figure 1).

At the bottom of this dialog box, click the **Purge** button, which will open the **Purge Dental Insurance Plans** dialog box.

A list appears showing all insurance plans that are not attached to subscribers and for which there are no outstanding claims. You can select the individual plan from this list you want to delete, and then click the **Delete** button, or to delete all plans visible in this list, you can select **Delete All** (Figure 2).

If the insurance plan you want to delete does not appear on the list, a patient or outstanding claim is still attached to it. You must clear the plan from the patient's Family File before you can delete it. To find the patient to which the plan is still attached, print the Insurance Carrier List for that plan. For more information about generating this list, see the *Removing Duplicate Insurance Plans from Dentrix* section below.

Joining Insurance Plans

Another essential part of insurance maintenance is making sure that you aren't cluttering up your insurance carrier database with multiple, identical plans. Oftentimes your database can have multiple instances of the exact same plan due to different staff entering in information, spelling mistakes, various abbreviations, or simply not checking to see if a plan is already in the system before adding it.

The Join Insurance Carriers utility allows you to quickly move all subscribers from a source insurance plan to a destination plan and merge two insurance plans into one. You can use this utility to move subscribers from a duplicate insurance plan and combine all subscribers into the same group.

As a safeguard, Dentrix only allows you to join insurance plans when all Dentrix modules are closed. After closing all modules, open the Office Manager on a single computer to make the necessary changes.

For example, you notice that your Insurance Maintenance list contains an Aetna plan with a group name of JC Penny and another Aetna plan with a group name of J.C. Penney. Upon closer inspection of each plan, you can see that they are in fact the same plan, but each was entered with an alternate spelling. You want to combine both plans into the J.C. Penney group, which is spelled correctly.

To join these insurance plans, first close all open Dentrix modules on all computers in the network. Then open the Office Manager on one computer, and from the **Maintenance**
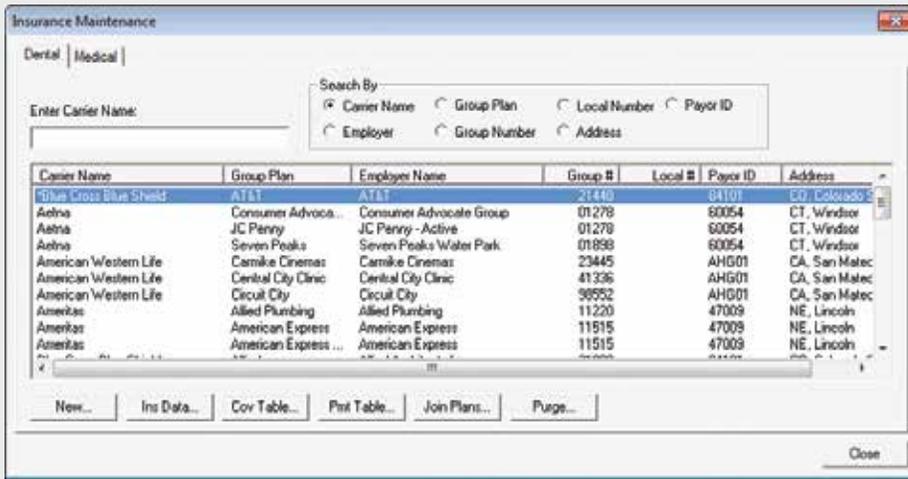
Figure 1 From the **Insurance Maintenance** dialog box you can edit individual insurance plans, join plans, or purge plans.

menu select **Reference > Insurance Maintenance**. When the **Insurance Maintenance** dialog box appears, click the **Join Plans** button at the bottom of the window. The **Join Insurance Plans** dialog box appears (Figure 3).

In this dialog box, select the way you want to join the plans:

- **Employer-based**—Moves all subscribers attached to an insurance plan linked to a specific employer to another insurance plan that is linked to the same employer. **Note:** When selecting Source Insurance Plans and Destination Insurance plans (see steps below), plans will be limited to those sharing the same employer.
- **Plan-to-Plan**—Joins insurance plans, regardless of employers.
- **Subscriber's employer must match Insurance Plan Employer field** (optional)—Moves only subscribers who are assigned the same employer in the Family File.

Then, click the **Source Insurance Plan** search button, and in the **Select Dental Insurance Plan** dialog box, select the insurance plan that you want to join with
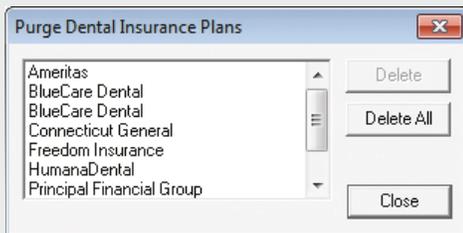
Figure 2 Select individual insurance plans to delete, or select **Delete All** to remove all plans listed in this dialog box.

the destination insurance plan and click **OK**. Do the same with the **Destination Insurance Plan** search button and in the **Select Dental Insurance Plan** dialog box, select the insurance plan that you want to join the source insurance plan with and click **OK**. Be sure to heed the warning that appears at the bottom of the dialog box before clicking the Join button. After you click **Join**, a message appears (Figure 4). To move all subscribers from the source insurance plan to the destination insurance plan, click **Yes**.

A confirmation message appears at the completion of the merge or if no subscribers matching the criteria associated with the source insurance plan exist.

Removing Duplicate Insurance Plans from Dentrix

Often, insurance carriers and plans are inadvertently entered into the system multiple times. This can cause confusion and problems when entering batch insurance payments or updating coverage tables, payment tables, and other insurance information.

There is a way to remedy a situation in which there are duplicate insurance plans that have been entered. First, join the insurance plans (following the steps in the section above), and then purge the duplicate plan that no longer contains any patient information.

For example, let's say you have discovered that you have duplicate versions of the Ameritas insurance plan for employees of American Express. You want to move all subscribers into one American Express group plan, and then purge the remaining duplicate plans.

First, generate the **Insurance Carrier List** and include subscribers. From

the Office Manager, click **Reports > Reference > Insurance Carrier List** and select the desired insurance group range. In the **Select List Types** group box, uncheck **Standard List**, check **Include Subscribers**, and click **OK**. The list is sent to the Office Manager's Batch Processor, where it can be previewed and/or printed (Figure 5).

Use the Insurance Carrier List to find a subscriber who is assigned the *correct* version of the group plan. Select that subscriber in the Family File and double-click the **Insurance Block**. The **Insurance Information** dialog box appears, showing the insurance carrier name. Click the **Insurance Data** button. Since this is the insurance plan you will be keeping, make any corrections to the carrier information and mark the group plan name with an asterisk (*) so that you will be able to identify it from the other duplicates, and click **OK**. From the pop-up box that appears, select the **Change Plan for All** option and click **OK**.

Note: Duplicate plans can look exactly the same, so by marking the plan you want to keep with an asterisk, you'll know which of the duplicate plans you are keeping, and which one(s) you can remove (Figure 6).
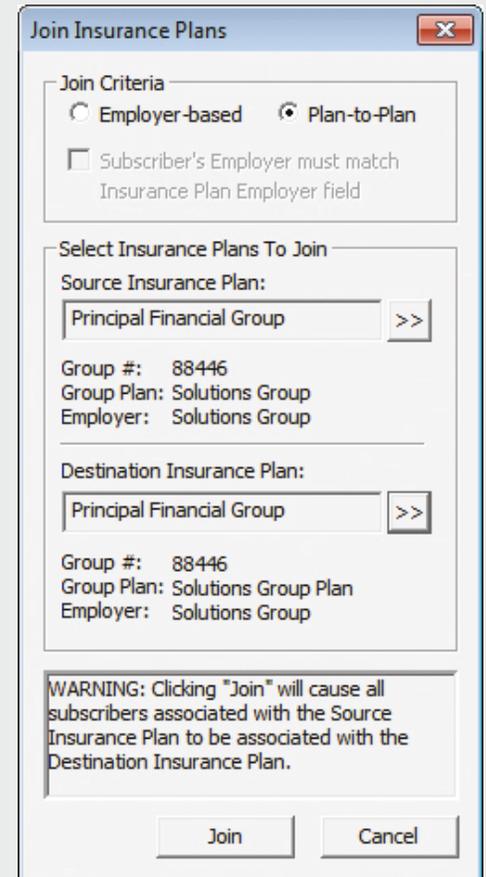
Figure 3 Use the Join Insurance Plans dialog box to select a plan (Source) you want to join with another (Destination).
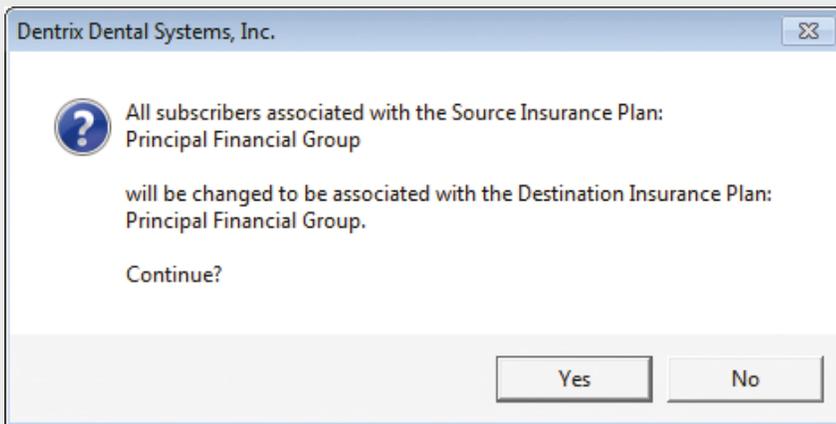
Figure 4 Double check you are joining the correct insurance plans before continuing.

Now that you have designated the plan you want to keep, join the duplicate plans using steps from the Joining Insurance Plans section above. You can then delete the plan(s) that no longer have subscribers attached using the steps from the *Purging Insurance Plans* section above.

Once all duplicate plans have either been joined or purged, return to the **Insurance Information** dialog box, and click the **Insurance Data** button. Remove the asterisk from the **Carrier Name** field, and click **OK**.

By removing duplicate insurance plans, you will avoid the likelihood of data-entry mistakes because you selected the wrong insurance plan.

Resetting Insurance Benefits Used

Another task in managing your insurance plans is resetting insurance benefits used. Most insurance plans are based on 12-month periods. While most insurance benefits expire at the end of each calendar year, individual insurance plans may have a different month in which their benefits reset. It's important to set the plan expiration date properly in Dentrix so that when the benefits reset for that plan you can reset the benefits and deductibles for patients on the plan.

For example, you discover that the Blue Cross Blue Shield insurance plan used by the AT&T employer resets benefits in August, but that information was not entered into Dentrix at the time the other insurance information was.

To edit the insurance plan information, from the Office Manager, select **Maintenance > Reference > Insurance Maintenance**, and select the insurance plan to be edited. Then click the **Ins Data** button at the bottom of the dialog box. Find the field for **Benefit Renewal**, and select the renewal month from the dropdown list (Figure 7). Click **OK** to save your changes.

To purge the benefits used for this plan, from the Office Manager, select **Maintenance > Reference > Purge Dental Insurance Benefits Used**. From the **Purge Dental Insurance Benefits Used** dialog box, select one of the following, and then click **OK**:

- **Insurance Plans with Renewal Month of**—To purge the benefits of all insurance plans that renew on the month that you select.
- **Selected Insurance Plan**—To purge the benefits of a single insurance plan. Click the search button to select the plan that you want to purge.

Note: When benefits are reset, no matter which month is reset, the benefits used and deductible will be reset to zero. If you are resetting benefits for a previous month, you may need to run a utility to recalculate your insurance benefit totals. You should contact Dentrix Customer Support for assistance in running this utility.

Updating Coverage Tables

One of the first things you do when entering a new insurance plan into Dentrix is enter coverage table information. A coverage table can include a schedule of benefits declaring the maximum annual benefits for individuals as well as benefits for the entire family. Coverage tables can also include deductible

Figure 5 Here you can see that you have a duplicate insurance plan that has no subscribers. Join this plan with the duplicate plan that does have subscribers.
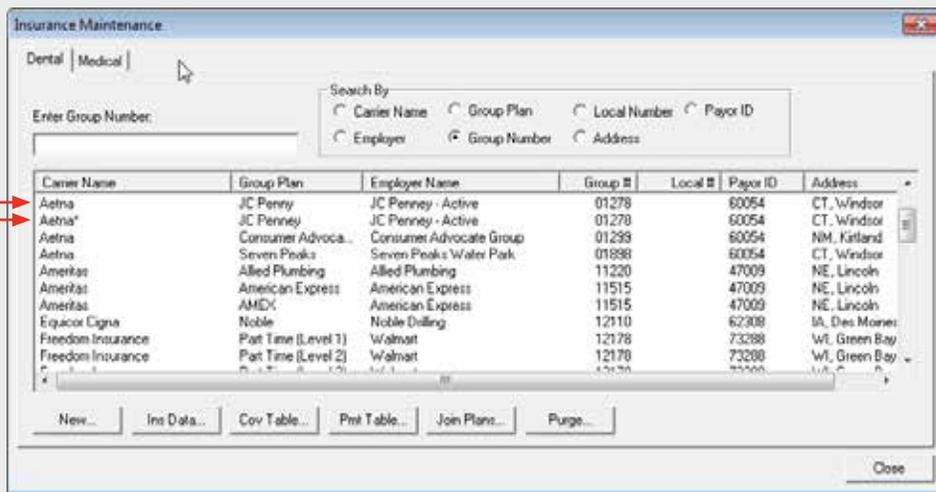
Figure 6 By marking the duplicate plan name you are going to keep with an asterisk, it is easy to identify the plan(s) that need to be purged.

amounts, plan maximums, and the percentage of the "usual and customary fee" that the insurance company will pay. Entering this information into the insurance plan's coverage table will help you have more accurate insurance estimates for claims.

Once you enter this information, you'll want to maintain the coverage table with any new or updated information that becomes available. As you receive new coverage information or changes to plan benefits, you should enter that information into the coverage table. You can access the coverage table information from the **Office Manager > Maintenance > Reference > Insurance Maintenance > Cov Table**. When you are done making changes, make sure to select how you want to apply the changes to the plan. Select the option to **Change Plan for All** if you want to apply the changes to all other subscribers who have the same insurance plan. Select the **Add as New Plan** option if you want to copy all of the insurance information for the current subscriber and add the changed insurance plan without changing the original plan.

Updating Payment Tables

The payment table keeps track of past insurance payments on a per procedure basis. It then uses that information to more accurately predict what the insurance plan will pay for that procedure in the future. Part of an active and accurate collections process should be routine, correct, and comprehensive updating of payment tables.

A payment table is created for each new insurance plan entered into Dentrix. The payment table collects insurance
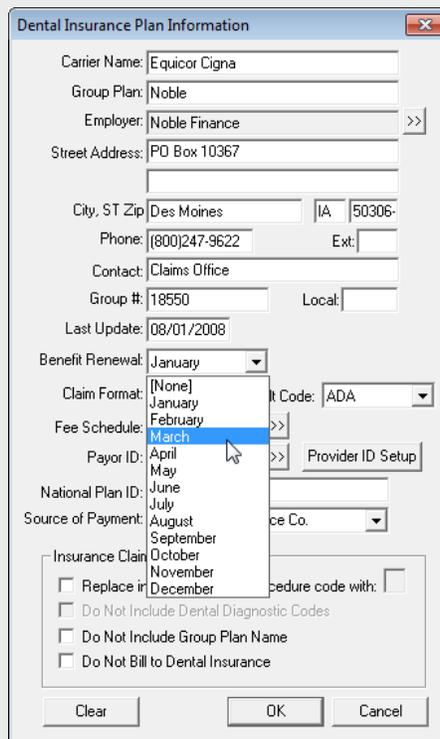
Figure 7 Each individual insurance plan may have a different month in which the benefits reset. Enter the plan expiration month as part of the plan information.

payment information when you enter payments on a claim (by clicking the **Enter Payment** menu on a claim and selecting **Itemize by Procedure**) and then uses that information to override the information entered in the coverage table. To make sure that your patient portion estimates are accurate, you should be posting insurance payments using the Itemize by Procedure option.
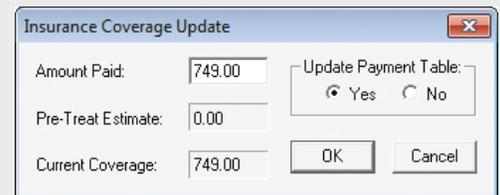
Figure 8 Only choose to Update Payment Table when the payment amount applies to all patients covered by that insurance plan.

As you itemize payments in the Insurance Coverage Update dialog box (Figure 8), you'll enter the procedure's payment amount if it's different from the Dentrix estimate that automatically appeared. To save the paid amount as a reference for future estimates, click **Yes** under **Update Payment Table**.

Note: When you itemize estimates or payments, it is important that you only update the payment table when the payment amount applies to all patients covered by that plan. For example, if the estimated insurance portion is different from the payment amount because money is being withheld toward a deductible, do not update the payment table. Similarly, if a patient has exceeded his or her maximum benefits, or if payment is reduced because of a missing tooth clause or time limitations, do not update the payment table.

For more information about updating the payment table, see *Posting Insurance Payments* in the Dentrix Help.

Just as keeping your car running requires certain ongoing maintenance on the part of the car owner, so does maintaining your insurance plans in Dentrix. For a database that runs smoother, it is vital to plan time in your work schedule for periodic maintenance of your insurance plans.

LEARN MORE

To learn more about purging insurance plans, see the Deleting Insurance Carriers topic in the Dentrix Help. To learn more about joining insurance plans, see the Joining Insurance Carriers topic in the Dentrix Help. To learn more about how to reset insurance benefits used, see the Purging Dental insurance Benefits Used topic in the Dentrix Help. To learn more about updating coverage tables, see the Adding a Coverage Table and Editing a Coverage Table topics in the Dentrix Help. To learn more about updating payment tables, see the Posting Insurance Payments, Adding a Payment Table, and Editing a Payment Table topics in the Dentrix Help.

Billing Statements Made Easier

Learn the benefits of running billing statements every two or three days and how to simplify the process with Dentrix and QuickBill.

■ **Dayna Johnson** | Dentrix Certified Trainer

Do you dread having to run billing statements each month? The mountain of paper sits on your desk while you sort through it, piece by piece, writing personalized messages or stamping a page with color-coded stickers to highlight the past-due balance.

On top of that, the following week is spent fielding phone calls from patients with billing questions. Sound familiar?

What if you could do away with this archaic routine? Well, I'm about to tell you how. For several years now, I have been running billing statements every two to three days. Yes, you read it correctly—*every two to three days*. Why? It has made life at the dental office so much better.

Benefits of Frequent Billing Statement Runs

Running statements every two to three days does several things:

1) It turns a dreaded monthly statement run into a semiweekly routine. Rather than sorting through 100-200 statements during a normal dental practice statement run, you can now look at 10-15 every two or three days. This frees up a great deal of your time because you can spread this task out during the day in between checking out patients. You don't need to set aside several days trying to get a large batch of statements out by a certain day every month.

2) Running statements every two or three days, spreads out the billing calls from patients and eliminates daily billing that feared "week after" phone call fury.

3) My favorite benefit of daily billing is that it will even out the cash flow for the office. If your office has set production and collection goals, daily billing will help keep the two goals more closely in line with each other. For example, if you run statements at the end of every month, you will get an influx of payments at the start of the month. It could appear that collections are good, but then they will start to drop off and eventually get back in line with the production number as the month goes on. Running billing statements every few days evens out the cash flow throughout the month so you always have a good idea of how you're tracking towards production and collection goals.

Dentrix Makes it Easy

Now you may be wondering how to make it happen. Dentrix has an option called **If Not Billed Since** in the **Billing**

Figure 1 Select the **If Not Billed Since** option in this dialog box.

Figure 2 QuickBill billing statements are professionally printed in full color.

Simplify your Life with QuickBill

One more thing . . . QuickBill makes this efficient process even better! With QuickBill, you won't even have to do the printing, folding, stuffing, stamping, or mailing. Just sort through your statements on the computer screen, type in any custom notes you want added to the statements, and then send them electronically. QuickBill can electronically send your billing statements to a clearinghouse where they are professionally printed, folded, and mailed

for you (Figure 2). They even include a remittance envelope. The best part is that each statement will only cost you 26 cents more than the cost of the stamp.

Isn't it about time to reduce your overhead and get the cash flow back into your A/R? **DM**

Learn More

To learn more about QuickBill, refer to the article "Simplify Billing with QuickBill" in the Summer 2011 issue of Dentrix Magazine. To learn more about billing statements in Dentrix, see the Billing Statements Overview topic in the Dentrix Help. See "How to Learn More" on page 2 for instructions on accessing these resources.

Dayna Johnson, founder and principal consultant of Rae Dental Management, helps dental offices improve patient care, increase collections and reduce staff headaches by implementing efficient management systems. With 18 years experience in the business and technical side of dental offices, Dayna's passion for efficient systems is grounded in both personal understanding and professional expertise. Dayna can be reached at dayna@raedentalmanagement.com or visit her website at www.raedentalmanagement.com.

Statements dialog box that can help (Figure 1). Select this option and Dentrix will only generate statements for patients who have not received a statement since this date. It is very important that you do not change this date from its default of one month ago. If you leave it set to the default, Dentrix will only generate statements for those families or patients who have not had a statement generated in the last 30 days. For example, if you are posting an insurance check today for the Smith family who has a leftover balance, and you send them a billing statement from the Ledger today, then tomorrow when you run your normal billing statements, the Smith family would not get a bill. Selecting this option is the key to running billing statements every few days. It's really that simple.

Maximize the Value of Every Patient Visit

Take advantage of the powerful search features in the Treatment Manager to increase your revenue and maximize provider productivity.

■ **Christy Rasmussen** | Dentrix Profitability Coach

I s your office getting the full benefit out of the Dentrix Treatment Manager? Most offices aren't taking advantage of the powerful search features in the Treatment Manager that allow you to find patients who meet specific criteria to increase your revenue and maximize provider productivity.

To demonstrate how the Treatment Manager can help you, let's look at an example of patients who need sealants. You can run the Treatment Manager to show all of the patients who are coming in for continuing care and who also have sealants planned. Then, you can contact those patients and add the sealants to their continuing care appointment to increase your production without adding a lot of time to the appointment.

If you want to narrow your search even further, you can use the Treatment Manager to find patients who meet the criteria above and are insured patients who are 14 years old or younger. Most insurance companies cover sealants at 100 percent until age 14, so those patients are even more likely to accept the treatment and add sealants to their existing appointments.

To search for specific patients in the Treatment Manager, from the Patient Chart or Appointment Book, click the Treatment Manager button on the toolbar. The **Treatment Manager View** dialog box appears (Figure 1). This is the place where you enter the search criteria to filter the Treatment Manager list.

To set up the search parameters, under **Next Appt**, change the From date to today's date and change the To date to two months in the future so that the only patients who have an appointment scheduled within the next two months will appear in the list. Then, under **Procedure Code**, select D1351 in both the **From** and **To** boxes so that you are searching for that specific sealant procedure code.

Figure 1 The Treatment Manager View dialog box is the place where you enter the search criteria to filter the Treatment Manager list.

Next, in the Insurance group box, hold down the CTRL key on the keyboard and click to highlight **Primary**, **Secondary**, and **Primary w/o Secondary** to specify that you only want to search for patients who have one of those types of insurance. Finally, in the **Patient Age** group box, enter 0 in the **From** box and 14 in the **To** box so that only patients who are between 0 and 14 years old will appear in the list. Click **OK** to run the list.

The specific patients you searched for will appear in the list, along with important information about the patients and their treatment plans and insurance benefits. And, since the Treatment Manager is an interactive module, you can highlight any of the patients and click the **More Info** button to view their contact information, or you can open any patient-specific modules for the selected patient, such as the Family File or Ledger.

The Treatment Manager helps you find the patients that are most likely to schedule treatment since they are already taking the time to come in. Use the Treatment Manager to make the most of each patient's appointment time and increase your revenue. **DM**

LEARN MORE

To learn more about the Treatment Manager, see the Treatment Manager Overview in the Dentrix Help or visit the Dentrix Resource Center to view the Treatment Manager and Collection Manager webinar recording. See "How to Learn More" on page 2 for instructions on accessing these resources. To learn about Dentrix profitability coaching, visit www.Dentrix.com/ProfitabilityCoaching.

HITECH Act: The Power Behind the HIPAA Punch

Discover how the HITECH Act gives power behind the punch of HIPAA compliance and learn what to do to make sure your office is compliant.

■ **Olivia Wann,** RDA, JD | Owner, Modern Practice Solutions

I've often heard dentists say that HIPAA compliance is not a big deal because there are no HIPAA police. The HITECH Act, signed into law February 17, 2009, changed that by giving HIPAA's Privacy Rule additional protections. Are you

I like to think of HIPAA's Privacy Rule as a fence with a gate that ensures the protection of patient's protected health information (PHI) while allowing the flow and exchange of information. The HITECH Act acts like a guard at the gate.

the HIPAA punch. Additionally, HITECH paved the way for periodic audits with the Office for Civil Rights (OCR) conducting the investigations.

What is Protected Health Information?

Conduct a risk assessment of your data and then determine the level of compliance your practice has achieved versus what is necessary to implement. Keep in mind that the core of HIPAA compliance involves understanding what PHI is. According to the code, PHI is defined as individually identifiable health information transmitted or maintained by electronic media.[2]

The practical requirements regarding the meaning of "protected information" may vary state to state based on the state's statutes. For example, Tennessee's "protected information" means first name/initial, last name and social security number or driver's license/ID card number, or first name/initial, last name and account credit card/debit number with a password that would permit access to the account. However, Texas defines "sensitive personal information" as first name/initial and social security number, driver's license/ID card number, or account/credit card/debit number with a password that would permit access to the account. However, Texas also includes information that identifies an individual and relates to their physical/mental health/condition, provision of health care, or payment for provision of healthcare.[3]

Assess Your Risk of a Data Breach

As you can see, it is highly important that your dental practice assess not only the federal requirements but also your individual state's requirements, particularly when determining the breach notification requirements. You must also assess the type of information

> **Are you prepared for a HIPAA complaint, data breach, or perhaps a compliance audit? Whether you are a dentist or a consultant, you must seriously embrace the additional protections in the HITECH Act.**

prepared for a HIPAA complaint, data breach, or perhaps a compliance audit? Whether you are a dentist or a consultant, you must seriously embrace the additional protections in the HITECH Act.[1]

It introduced enforcement provisions for the HIPAA Privacy Rule, including breach notification requirements and increased fines and penalties for non-compliance. Basically, HITECH gave the power behind

being collected through the patient registration process. Keep in mind: if you collect it, you protect it. Therefore, do not collect information you do not need. For example, if a patient pays for their services in full with cash and is reluctant to provide you with a social security number, you should question why your office even needs the number.

Analyze the flow of information, from the registration process to the transaction of services and billing insurance plans. PHI may be stored on flash drives, external hard drives, computers, laptops, mobile phones, CD-ROMs, and other media devices. Conduct a thorough analysis of how data is transmitted and stored in your practice and prepare an inventory of where the data is stored. Most dental practices are at risk for a data breach with information stored electronically. Common breaches include: 1) lost, missing, or stolen laptops or other portable devices; 2) improper disposal of documents and outdated computers; 3) hacking; and 4) third-party mistakes. Prior to HITECH Act, there was no federal requirement to notify patients of a healthcare privacy breach.

In addition to the federal HIPAA requirements, most state legislatures have also enacted breach notification laws. Currently, the only states that lack data breach notification on a state level are Alabama, Kentucky, New Mexico, and South Dakota. Obviously, you need to take heed to avoid a compliance blunder. Consult with your information technician, consultant trained on HIPAA compliance, or healthcare attorney in conducting a risk analysis. If you use Dentrix PowerPay or PowerPay LE, you can conduct your own risk analysis using the PCI Manager created in partnership with Moneris and Trustwave. Browse to www.dentrix.com/pci-compliance for more information.

If a breach occurs, you must file a breach report as required by the HITECH Act's Breach Notification Rule. Blue Cross Blue Shield of Tennessee reported that 57 unencrypted computer hard drives containing the PHI of over one million individuals had been stolen from a leased facility in Tennessee. They agreed to pay $1,500,000 to settle HIPAA violations. This enforcement action is the first resulting from a breach notification. They also agreed to a corrective action plan which includes reviewing, revising, and maintaining their privacy and security policies and procedures, training employees, and performing monitor reviews to ensure compliance.[4]

Breach notification may be a costly process. As indicated earlier, the notice requirements vary state by state. For example, Tennessee requires written notice of a breach. Or, the practice can provide email and substitute notice if they demonstrate that the cost to provide notice to affected parties would exceed $250,000, the affected class of persons to be notified exceeds $500,000, or the business does not have sufficient contact information for the affected parties. Substitute notice consists of electronic mail notice if the business has the email addresses, conspicuous posting of the notice on website if a website is maintained, and notification to statewide media.[5]

Protect Your Data

Data that is transmitted or stored must be encrypted. Encryption is the process of transmitting information using an algorithm to make the data unreadable. Therefore, make sure your stored data, such as your external hard drive, is encrypted and your offsite backup is encrypted. Dentrix eBackUp encrypts your data when you back it up, so you don't have to go through two separate steps of backing up data and then encrypting it. For more information about Dentrix eBackUp, visit www.dentrix.com/ebackup.

Safeguard Your Practice from a Breach

According to the Department of Health and Human Services, more than 30,000 healthcare data breaches affecting more than 7.8 million people were reported to the Office of Civil Rights from September 23, 2009 to December 31, 2010. To protect your file server, assess the physical security of your building. Consider updates such as an alarm system and a secure file server closet. From a technical perspective, enable passwords in Dentrix and require individual log-ins and password rights that limit users' rights to their job duties. Additionally, use a commercial grade firewall that offers greater network security than a typical setup for home use. You should also ascertain whether you have adequate insurance coverage to cover cybertheft.

Business associates are third parties (such as consultants, accountants, trainers, hardware technicians, and others) who have access to your database. Obtain a business associate agreement that provides you with reasonable assurance that this individual or group will appropriately safeguard the PHI it receives or creates on your behalf. If, for example, a hardware technician removes a notebook computer from your office to repair at their location and it is stolen, who is responsible for the breach notification process? Ironing out these wrinkles when you contract third-party services will prevent much grief and stress later on.

Avoid HIPAA complaints and pass a compliance audit by having the necessary policies and procedures in place that address HIPAA's Privacy and Security Rule as well as the HITECH Act. A binder full of blank templates does not satisfy compliance requirements. Provide and document training for employees, including clinical and administrative team members. Obtain an acknowledgment of your HIPAA policies for their personnel records in addition to standard confidentiality agreements.

Your goal should be to close the gap in your HIPAA compliance program to minimize the possibility of a data breach and help your practice sail through a compliance audit. **DM**

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[1] *The HITECH Act was enacted as part of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5. Codified at 42 U.S.C. § 17932*

[2] *42 U.S.C. § 160.202*

[3] *Tenn. Code § 47-18-2107 and Tex. Bus. & Com. Code §§ 521.002, 521.052, 521.053, & 521.151*

[4] *www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/bcbstagrmnt.html, accessed on August 23, 2012*

[5] *Tenn. Code § 47-18-2107*

Don't Get Burned by Hot Deals

Make sure you get the right equipment for your practice at the right price and avoid getting burned by hot deals.

■ **Brian Calverley** | Henry Schein TechCentral

You've probably seen the Sunday paper ad inserts for very low price PCs offered by big box stores and manufacturer. Is that $399 discount computer a viable option for your practice? How do you make sure you get the right equipment for your practice, at the right price, and avoid getting burned by hot deals? Let's look at some of the potential pitfalls of under- or over-purchasing new computer equipment.

Understand the Price

To begin, make sure you know the "whys" behind a PCs rock-bottom price. Is it an outdated system the vendor is trying to clear out to make room for more powerful units? Is it a consumer- or business-quality PC?

Do the components, including the Windows operating system (OS), meet your computing power needs for digital dentistry? Can you get replacement parts and service?

Replacing a low-quality PC can be costly, not only in terms of the hardware, but also in terms of unexpected downtime and productivity loss. It pays to be an educated buyer when it comes to computer technology, and you should understand what you are buying in today's crowded PC marketplace.

Choose Your Windows Version

One way vendors lower their PC prices is to include the most basic version of Microsoft Windows, known as Windows Home Edition. We frequently see complications when a practice attempts to use the Windows Home Edition to run their business applications in a networked environment.

Home Edition is tailored for basic home use, not business, and often does not support business software. On the other hand, Windows Ultimate Edition, the OS designed for large networked systems, is overkill for most dental software. Stick with your software vendors' recommendations for the right foundation. You'll also avoid frustration when you call your software vendor for support. With Home Edition on your PC, you'll run into support roadblocks because your vendors won't guarantee their software will work with anything but their list of supported operating systems. Stick to Windows 7 Professional or, in the case of Windows 8, Pro Edition for the right mix of features, power, and the widest range of software compatibility. Before upgrading your computer systems to Windows 8, or any 64-bit version of Windows, ensure all of your digital hardware and software are compatible, per the vendor, to avoid major problems and headaches.

Visit the Dentrix Resource Center at www.dentrix.com/resource-center and click the Manuals tab to download the most current version of the Dentrix system requirements.

> **Replacing a low-quality PC can be costly, not only in terms of the hardware, but also in terms of the cost of unexpected downtime and productivity loss.**

Know Your Processors

Processor speed and memory capacity are additional areas where retailers use razzle-dazzle to try to make products look more attractive. Don't get caught up in the gigahertz speed comparisons of yesteryear. Today it is all about the number of cores in the processor. Intel is the reigning king with its "i" series of processors. Computers with Intel's Core 2 Duos can still be found in entry-level computers. However, if you plan on purchasing a machine with a three-year (or possibly longer) lifespan, invest in an i5 or i7 processor. These components have four processing cores and are much faster than their two-processor predecessors. Keep in mind that most software vendors only recommend Intel-based chipsets on their hardware requirements lists.

Remember Memory

When it comes to system memory, known as RAM, 8 GB is the wise choice. Even though many applications can't take advantage of more than 4 GB of RAM today, they will in the future. If you plan to use your computers for more than three years, investing now in RAM means you'll be better prepared for future software upgrades. Also, 64-bit versions of Windows utilize the extra memory for faster overall computing.

Count Your Ports

Take time to understand the number, locations and types of ports a computer has to make sure you have enough of them to plug in your keyboard, mouse, printer, and all of those other dental devices you just purchased.

Go For Business Class

The decision to purchase business-class equipment comes down to both the computing power and the quality of the PCs you trust to run your business. Just because two computers have similar technical specifications doesn't mean you're getting the entire story. The quality of the components manufacturers use in their consumer-level and business-grade computers differs greatly. Dell offers both consumer-class computers and business-class computers.

Typically, business-class equipment has higher mean times between failures and is more reliable. The Dell OptiPlex series, for example, is a line of PCs designed for reliable business use, not light home use. These PCs are designed and tested to last longer compared to low-end PCs. Dell maintains a minimum 18-month life cycle on their business-class lines. This means that if you decide to add more PCs later on or replace your computers in phases, you have a higher chance of getting the same model of computer. Standardizing on one model of computer, or very few models, generally reduces your overall support costs and minimizes your headaches during software patching and upgrades.

Henry Schein Can Help

Henry Schein TechCentral can make it easy for you to get the technology you need to power your digital practice. Contact your Henry Schein sales specialist today to find out how TechCentral solutions can help you with all your technology and computer hardware needs. Visit www.henryscheintechcentral.com or call us at 877-483.0832 for more information. **DM**

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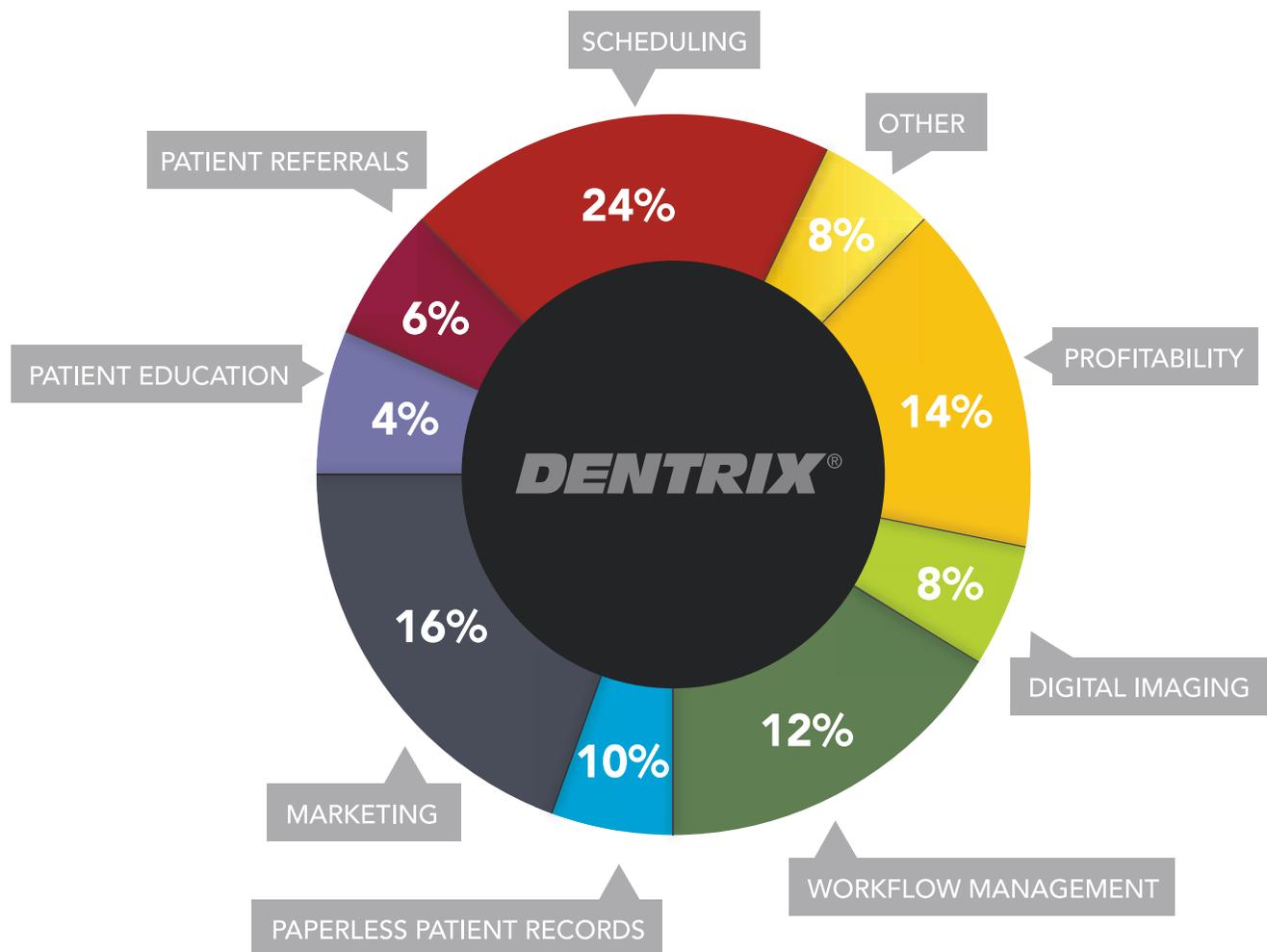
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*Data current as of July 6, 2012.

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