

ASCEND CONVERSION

This document is intended as a basic summary of the fields that are converted during a typical conversion process to Ascend. The details are not 100% guaranteed and may change slightly as improvements continue to be made to the Ascend product.

NEW ORGANIZATION

The first step is to copy select global dictionaries for use in the Organization data. This follows the same pattern that the New Organization Script uses for a typical “New Organization” without a conversion. It also uses information provided from the customer to create the organization record. The Organization Procedure Codes, Medical Alerts, and Recare definitions are for the most part direct copies of the Global definitions in Ascend at the time of conversion.

Organization Record Details

Many of the organization setup details are communicated through the implementation process with an SI representative. These details are used to create the organization during the conversion.

- Organization Name
 - o This is the name used when logging in. We recommend something short and easy to enter
 - Example – use FDC instead of FirstDentalCenter
 - o Cannot have spaces in the name
- Admin Information
 - o Admin Name
 - This name should contain no spaces
 - o Admin Email Address
 - This should not be a general email address. Preferably only available to the Organization Admin.
 - o Password
 - The password is not set by the conversion process, and will be determined by the Admin during the practice welcome process.
- Organization Address – Matches the converted Address (street, city state, zip)
- Organization Time Zone – Supplied by the customer prior to the conversion process
 - o Time Zone offset used on dates which require a Time Zone offset in the Ascend data.
 - o Some dates do not require this

Organization Procedure Code Details

- Procedure Codes are directly matched against the customer data. For those codes that match all of the settings will be the Ascend Global Procedure Code settings. There are no attempts to convert multi-codes, conditions, or Diagnosis Codes.

LOCATION

Location data follows the same pattern as organization data. All pre-sets and definitions closely follow the new organization script maintained by development.

Location Record Details

- Location Address – Matches the converted Address (street, city state, zip)
- Location Claim Address – Matches the converted Address (street, city state, zip)
- Location Claim Pay To Address – Matches the converted Address (street, city state, zip)
- Phone – Converted office Phone (XXX-XXX-XXXX)
- Schedule defaults – match the new Organization Settings

Practice Profile Record Details

- Banner and Menu Text colors defaulted to the same as the New Organization Script
- Pay Balance, Check Forms, Update Info, and View Treatment Plan defaulted to True (New Organization defaults).

PROVIDERS

Providers all inherit Admin rights in the Online User Record, User Access Right, and User Role Records.

Provider Record Details

- Name – First, Last, Middle, Title
- Short Name –4 character ID
- DEA
- NPI
- Provider Number
- State License
- Tax ID Number
 - o Valid Tax IDs will pass the LUHN pattern
- Blue Cross
- Blue Shield
- Medicaid
- Medicare
- Address - Street1, Street2, City, State, Zip
- Phone - Provider Phone number (XXX-XXX-XXXX)
- Appointment Color
- Fee Schedule ID matched where it exists otherwise linked to the location default

OPERATORIES

Operatories are converted in a fairly standard manner.

- Name – Title if available otherwise the four character ID.
- Short Name – Four Character ID

- Location – Currently converted location

INSURANCE CARRIERS AND PLANS

Insurance Carriers are matched directly against the Global Insurance Carrier table in Ascend. In the first pass plans with Insurance Payer IDs that match what is in Ascend will be matched directly. The remaining plans are matched phonetically against the Global Carrier list. Anything left over at that point does not convert. The customer may have a Payer ID in the Insurance Plan record, but if it does not exist in the Ascend Global Insurance Carrier list it will not convert. It is possible that the Payer ID belongs to a different clearing house, or is an alias of the actual base plan. We are planning to at some point make a list of possible alias Payer ID combinations, and possible Carrier name permutations to deliver a more complete Insurance Plan Conversion.

Insurance Carrier Plan matching hierarchy:

- 1- Dentrax Payer ID has an exact match to the Global Insurance Payer ID
- 2- Dentrax Plan Name phonetic match to Global Insurance Carrier Plan Name
- 3- All other plans are not converted

Provider Insurance Carrier Record

- Each Provider is assigned to each converted Insurance Carrier

Insurance Carrier Record

- This will always be a direct copy of the Global Insurance Carrier Record.
- We only convert Carriers that match plans that are to be converted.

Carrier Insurance Plan Record

- Link to the Carrier Record
- Address – Carrier Insurance Plan Address Record created – This is a new addition that allows us to convert the plan information rather than everything adopting the Global Carrier Address which no longer exists.
- Source of Payment – Directly converted
 - o Defaults to Commercial when invalid or unavailable
- Fee Schedule(UCR) – Converted where there is a match otherwise a default
- Plan Notes - When available
- Deductibles and Maximums Record
 - o Annual and Lifetime benefits
 - o Deductibles
 - Current Year – Basic, Preventative, and Major (Other in Dentrax)
 - Previous Year– Basic, Preventative, and Major (Other in Dentrax)

PATIENTS

All patient records are converted unless otherwise specified. Default relationships are established based on the family structure found in the source data.

Patient Record

- Patient ID – A new Patient ID is supplied by the Ascend database.
- External Patient ID – The Patient ID from the source software is stored here at conversion time.
- Guarantor ID – This is populated, but probably unused in favor of the relationship record.
- Primary Provider
- Secondary Provider
- Organization ID – Currently converting Organization
- Preferred Location ID – currently converting Location.
- Name – Last, First, Middle, Title, Preferred
- Status
 - o Archived are defaulted to Inactive since this status does not exist in Ascend
- Gender
- Birth date
- Last missed appointment date
- Number of missed appointments
- First visit date
- Chart number
- Patient Note
- Account Note
- Patient Address Record – Street1, Street2, City, State, Zip
 - o Always have one even if it is empty
- Patient Phone Record
 - o Home Phone (XXX-XXX-XXXX)
 - gets priority for sequence 1
 - o Work Phone(XXX-XXX-XXXX)
 - o Mobile Phone (XXX-XXX-XXXX)
 - o Other Phone (XXX-XXX-XXXX)
 - o Fax (XXX-XXX-XXXX)
- Patient Email Record
- Relationship Record
 - o Guarantor and Contact relationships established based off of Head of House

INSURANCE SUBSCRIBERS

The insurance subscriber records are only converted if the linked Insurance Plan Record matched the Global Carriers (see Insurance Carrier conversion).

Subscriber Insurance Plan Record

- Link to Insurance Carrier Record
- Link to Patient Record (Subscriber)
- Assignment of Benefits
- Release of Information
- Family Benefit Usage Record
 - o Benefit year based on the renewal month
 - o Annual and Lifetime benefits

- Deductibles
 - Current Year – Basic, Preventative, and Major (Other in Dentrix)
 - Previous Year– Basic, Preventative, and Major (Other in Dentrix)

PATIENT INSURANCES

Patient Insurance Records are only built when the appropriate subscriber link is built. If the subscriber does not exist for primary but the secondary does, then the patient’s secondary becomes primary.

- Primary and Secondary will convert
- Subscriber Insurance Plan link
- Insurance relation
 - Defaults to other when unavailable
- Start date
 - Defaults to conversion date when unavailable
- Individual Benefit Usage Record
 - Benefit year based on the renewal month
 - Annual and Lifetime benefits
 - Deductibles
 - Current Year – Basic, Preventative, and Major (Other in Dentrix)
 - Previous Year– Basic, Preventative, and Major (Other in Dentrix)

CLINICAL NOTES

Clinical Note Record

- Patient Record Link
- Provider Record Link
- Locked Date – This is a stop gap to get around the signature requirements currently applied to the Clinical Notes system.
- Note
 - Converted noted will always start with “[This Clinical Note was from a conversion]”
- Note Date / Dated As

APPOINTMENTS

Only appointments that are attached to a patient record will convert. The product is not designed to have unregistered “Non-Patient” appointments.

Schedule Item Record

- Patient Record Link
- Provider Record Link
- Operatory Record Link
- Location ID – currently converted location
- Convertible Status

- Completed
- Broken
- Unconfirmed
- Other Field – Appointment reason / Short description is converted to here
- Appointment Note
- External Schedule Item ID – Contains the original source data ID

Schedule Item Organization Procedure – These will link to codes that are included in the conversion.

- Organization Procedure Link
- Schedule Item Link

RE CARE

Following the new Organization script, default Recare types are converted. It was decided that the conversion will only bring across the Prophy and Perio recare types. This is due to workflow differences in Ascend compared to other traditional recare approaches. All Prophy types are linked to the standard Prophy definition in Ascend. If the office has multiple Prophy types they are all merged into the Ascend Prophy definition. Patient recare intervals are maintained though. If the patient happens to have two different Prophy types then the first read from the database is used.

Recare Availability Record

- Patient Record Link
- Recare Type Link
- Recare Interval Link
 - The interval will copy the default interval for the type applied (not converted)
- Appointment Link
 - When available
- Status – Converts as “ADDED”
- Start Date Time – Due Date
- Posted Date – Date set
- Service Date – Date Set

APPOINTMENT DAY NOTES

Day Note Record

- Date
- Note

MEDICAL ALERTS

Medical alerts are phonetically matched from the source to the Ascend Medical Alert defaults set up during the new Organization script. If the source alert does not match then it is added as a patient only Medical Alert to avoid inflating the default definition list.

Medical Alert Record

- Description – The alert name
- Category ID – Matches the default category unless it is a patient specific alert
- Severity – Matches the default definition unless patient specific then it is set to low
- Active – Always set to true

Patient Medical Alert Record

- Patient Record Link
- Medical Alert Record Link
- Effective Date – Date of the conversion

TREATMENT PLANS AND COMPLETED WORK

Only treatment planned items go into the Tx Plan tables. Everything else is built as existing work. Neither entry should have any direct impact on the patient balance.

Patient Procedure Record

- Organization Procedure Code Record Link
- Location ID – Currently converted location
- Patient Record Link
- Rendering Provider ID – Provider Link

Procedure Tooth

Tooth ranges in the source data are broken down into individual Procedure Tooth record.

- Tooth Code Link
 - o Universal Tooth Numbering System
- Patient Procedure Record Link

Treatment Plan Record

- Patient Record Link

Treatment Case Record

- Treatment Plan Record Link
- Provider Record Link
- Description

Treatment Option Record

- Tx Case Record Link
- Option ID
- Create date
- Visit Record Link

Treatment Plan Patient Procedure Record

- Patient Procedure Link
- Treatment Case Record Link

Visit Patient Procedure Record

- Visit Record link

PERIO EXAMS (ONLY CONVERT FROM DENTRIX AND EASY DENTAL)

Perio Exam Record

- Provider Record Link
- Patient Record Link

Perio Probe Record

- Perio Exam Record Link
- Tooth Code Link
 - o Universal Tooth Numbering System
- Tooth Index
- Tooth Side – Facial, Lingual (one Perio Probe Record each)
- Pocket Depths
- Gingival Margins
- Bleeding
- Suppuration
- Furcation Grades

ITEMS THAT WILL NOT CONVERT FROM ANY SOFTWARE

- Ledger Transactions
- Balances
- Customized Procedure Codes
- Documents
- Clinical Note Templates
- Non-Standard Insurance Carriers (Outside Henry Schein's Global Carrier List)