Dental training guide



This information has been copied from the document “dental training guide in progress”

Dental clinic address and hours of operation

Grand Forks Dental Clinic:
212 South 4th Street, Suite 101
Grand Forks ND, 58201

Phone number: (701) 757-2100
Fax number: (701) 757-2103

Hours of operation:

Day	Open	Close
Monday	7:30 AM	5:00 PM
Tuesday	7:30 AM	5:00 PM
Wednesday	7:30 AM	5:00 PM
Thursday	7:30 AM	5:00 PM
Friday	7:30 AM	5:00 PM

As of right now, we are currently not accepting NEW adult (18+) patients due to our limited providers. We ask that, if patients are not already established, to call Monday through Friday at 7:30am for our same-day appointment if they are experiencing bleeding, swelling, cracked/broken tooth, etc. We do not guarantee that we are able to get patients in for a same-day appointment but encourage them to try everyday until we can. An established patient is someone who has been seen in our clinic for routine (Non-emergent) care in the last three years.

Provider capability and availability

Dentist information:

Name	Procedures	Ages seen	Insurance accepted
Dr. Grewal	All procedures	All ages	All insurance, including out-of-state
Dr. Janecke	All except partials	All ages	All insurance, including out-of-state
Dr. Sandry	All except root canals (RCT)	All ages	All insurance, including out-of-state

Dental support staff:

Name	Role	Availability	Ages seen	Notes
Cindell Haugen	Dental Hygienist	Full-time	Any age	
Debra Kolden	Dental Hygienist	Flex	Any age	
Carmen Beauclair	Dental Assistant	Unspecified	5 - 14 years	Adult cleanings: 1 hour
Carrie	Unspecified	Part-time	Any age	
Nicole	Unspecified	Flex - Fridays only	Any age	
Hannah	Unspecified	Flex - Fridays only	Any age	

Procedure types and appointment lengths

Dental procedures overview:

Procedure	Length	Description
Comp/Pano/Bitewings	30 minutes	Exam and X-rays to establish as a patient (ADULTS)
Extractions (Short/Long)	30 / 60 minutes	Removal of tooth
Fillings (Short/Long)	30 / 60 minutes	Restoring tooth damaged by decay
Full Debridement	60 minutes	Removal of thick deposits on teeth
Limited Exam	30 minutes	Focused exam for a specific concern
Partial Impression	60 minutes	Impressions for partial denture (pre-paid appointment)
Periodic Prophy	30 / 60 minutes	Cleaning and exam. See age-based scheduling notes below.
Pulpal Debridement	90 minutes	Removing decay to prepare for root canal
Root Canal (Short/Long)	60 / 90 minutes	Removing diseased tissue from tooth roots (pre-paid appointment)
Scaling/Planing (Short)	60 minutes	Deep cleaning below the gum line
Scaling/Planing (Long)	90 minutes	Deep cleaning below the gum line
Sealants	30 minutes	Preventive treatment to avoid cavities
SDF	30 minutes	Prevents decay in baby teeth (same time as Filling Short)
Crown Prep	90 minutes	Crown preparation (pre-paid appointment)

Prophy appointment guidelines:

- Child Prophy (30 min): For patients 11 years and under
- Adult Prophy (60 min): For patients 5 years and older

Dental clinic checklist

Morning:

- Turn on lights, log into Phone, Epic and Dentrix

- Count the cash drawer – you should have $150.00.
- Check voicemails.
- Chart Prep for following day.
- Confirmation Calls should start by 9am.

Afternoon:

- Review insurances from the morning
- Check voicemails.
- Double check to make sure all patient paperwork has been scanned into Epic and Dentrix from morning appointments.
- Review insurances for the following day

Closing:

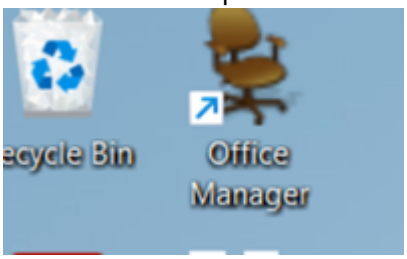
- Close cash drawer.
- Check voicemails.
- Wipe down lobby chairs and tables, workstations, door handles, and front desk.
- Verify all patient paperwork for the day has been scanned into Epic and Dentrix.
- Review insurances from the afternoon
- Shut lights off.

Weekly:

- Dental work-queue.

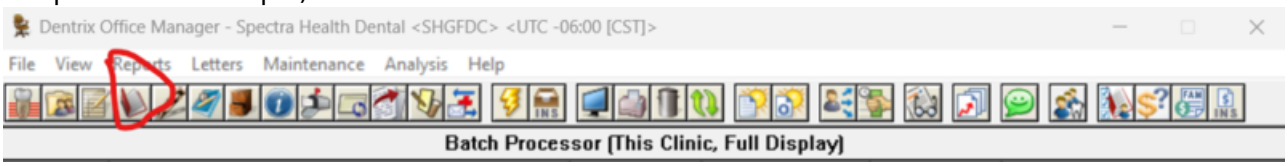
Dental clinic information

The providers in the back only use Dentrix to know their schedules and their patients' information. To log into Dentrix, you will use the following sequence.

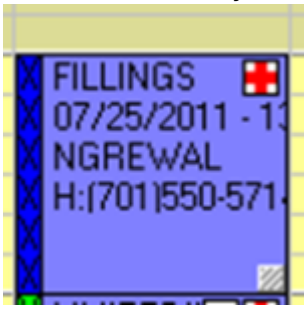
1. Search for and open **Office Manager**. Its' icon is a brown chair.


2. Enter the **Clinic ID** of **SHGFDC** and click **Sign In**


3. Once logged in, select the icon of the red book to open the schedule viewer (it resembles the Snapboard within Epic).

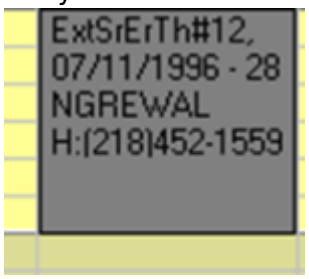


    1. You can tab from page to page using the **F1** and **F2** buttons on your keyboard. Most of our providers are on the **F1** tab.
4. On the left side of the patient's appointment block, there is a colored bar. This bar is updated from EPIC in many cases but in a few you will need to update them yourself.



Color	Meaning
White	No update to the appointment at this time
Yellow	Appointment confirmed (called the day before)
Light Blue	Left a message when calling to confirm the appointment
Green	Patient has signed in for their appointment
Red	Patient has been checked in
Pink	Patient is getting vitals taken (has not seen the dentist yet)
Dark Blue	Patient is with the dentist and undergoing treatment
Purple	Patient cancelled or left without being seen
Brown/Green	Patient no-showed their appointment

If an appointment is greyed out like this, the appointment has been completed, and the patient is likely not in the clinic any longer.



Scheduling in Dentrix

Dentrix is only used as a program for the Dentists to use in the back for charts as well as how they read the schedule. Epic is where all our scheduling will take place and the information will be automatically transferred over to Dentrix for you. That being said, things about appointments that are changed in Dentrix DO NOT transfer over to Epic. Be sure that any permanent changes that need to be made are made on the Epic side of things so that both programs are on the same page. Notes added in Epic do not transfer over- if there is anything the providers need to know please be sure to add them before completion of scheduling or they will need to be added into Dentrix after as well.

When changing an appointment to a provider, you will right click on the appointment in Epic and select the change option. Make any changes that need to be done in there and everything should transfer over to Dentrix after a refresh.

The only time that you would edit an appointments status in Dentrix alone is when a patient calls in the same day as their appointment to cancel it. What we do in this instance is to cancel the appointment using the color codes discussed earlier so that the providers in the back are aware of the change and Epic can track that appointment as a missed appointment appropriately. Please be sure to edit the EOD status to a “same day cancel,” than add in the appointment notes a reasoning for the cancel.

Scanning into Dentrix

There are only a few documents that we give to patients that get scanned into Dentrix.

To start, this is the symbol you will looking for on a patient’s information page to scan into their charts.



This is also where you would go to see if a patient needs the following pieces of paperwork:

- Health History
    - Needed annually so that the providers in the back can keep up to date on any possible complications.
- Other documents that can be found in Dentrix are:
    - triage
    - oral surgery consent
    - treatment plans
    - referrals
    - med clearance
    - prior auths

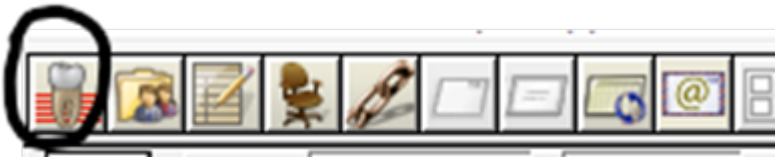
Finding a patient and their chart

When looking for a patient’s chart in Dentrix, you will want to select this icon on the top of the Dentrix schedule. You can search for patients the same way you can in Epic as the information in Epic is transferred over. Chart number is the easiest way to do so, that would be the patient’s MRN.



The tooth icon in the patient’s profile will be how you open the patient’s chart and where you can find the notes for that patient. In these notes, you will find what the patient needs for their next appointment, If they have been seen in the past. You will want to use this to know what a patient needs and not just the word of the patient. It is also where you can find any updates about a prior

authorization that may be in or other notes of import.



Reading a chart

- Red on the teeth – treatment that has been planned and needs to be done.



- Blue on teeth – Work that has been completed here.



- Green on teeth – Work that has been completed elsewhere.



- Outline of the top of a tooth – a crown color coded



- Outline of the top of a tooth without a root – Partial denture tooth color coded



When reading the chart, the teeth will be listed along the outside of the chart. One thing to keep in mind is that the chart, to you, will be backwards. The left side of the chart shows the right side of the patient's mouth and vice versa. This is to emulate the place to look when looking at a patient directly.

At the bottom of the chart are the notes. In the chart notes you will find not only what happened at the last appointment but also what is needed at the patient's next appointment.

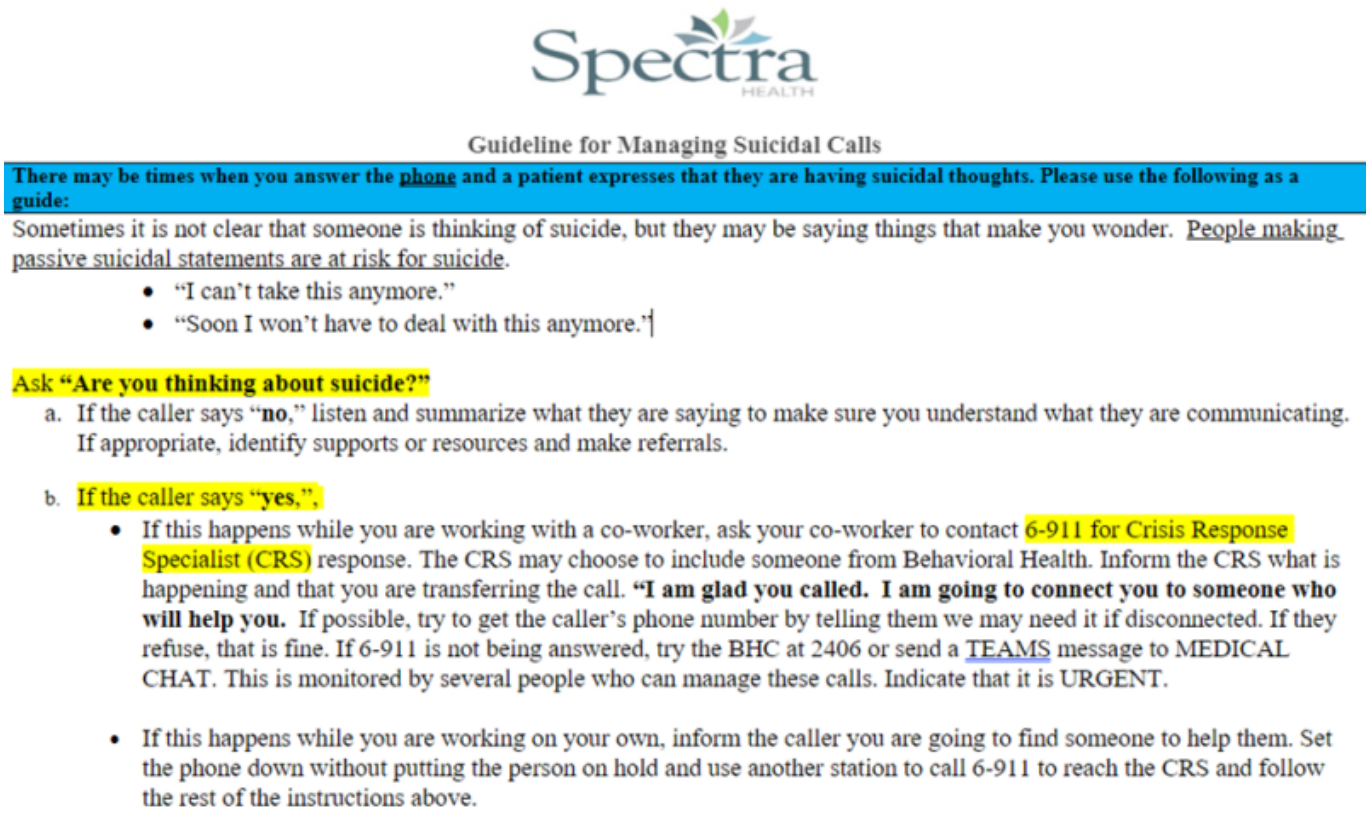
Talking to patients

When speaking with patients, be sure to be welcoming and inviting. Make sure a patient feels welcome and avoid any form of language, body language or tones that make anyone feel they are a burden in any way. Some patients can be aggressive or insistent.

Examples:

- Yelling
- Screaming
- Swearing
- Hitting or slamming things
- Throwing things
- Being disruptive to staff and/or patients
- Not able to be redirected
- Suicidal

In the event a patient is aggressive or in a crisis, please utilize our 6911 crisis line.



Guideline for Managing Suicidal Calls

There may be times when you answer the phone and a patient expresses that they are having suicidal thoughts. Please use the following as a guide:

Sometimes it is not clear that someone is thinking of suicide, but they may be saying things that make you wonder. People making passive suicidal statements are at risk for suicide.

- "I can't take this anymore."
- "Soon I won't have to deal with this anymore."

Ask **"Are you thinking about suicide?"**

a. If the caller says "**no**," listen and summarize what they are saying to make sure you understand what they are communicating. If appropriate, identify supports or resources and make referrals.

b. If the caller says "**yes**,",
   - If this happens while you are working with a co-worker, ask your co-worker to contact 6-911 for Crisis Response Specialist (CRS) response. The CRS may choose to include someone from Behavioral Health. Inform the CRS what is happening and that you are transferring the call. **"I am glad you called. I am going to connect you to someone who will help you.** If possible, try to get the caller's phone number by telling them we may need it if disconnected. If they refuse, that is fine. If 6-911 is not being answered, try the BHC at 2406 or send a TEAMS message to MEDICAL CHAT. This is monitored by several people who can manage these calls. Indicate that it is URGENT.

   - If this happens while you are working on your own, inform the caller you are going to find someone to help them. Set the phone down without putting the person on hold and use another station to call 6-911 to reach the CRS and follow the rest of the instructions above.

Insurances

See also: Insurance and Registration

We accept all forms of insurance though the most common insurance we run into is going to be Medicaid. MNMA (Minnesota Medicaid) always covers dental and medical, though NDMA (North Dakota Medicaid) doesn't always cover dental.

NDMA is simple enough. You will want to put in the search bar "NDMA" and select the coverage option that best fits the visit at hand. From there, put in the subscriber ID as found on the card, either beginning with 3 "0's" or an "ND". From here, the insurance will go through an E-Verification step and let you know if the patient is eligible for the coverage and ask again what coverage you would like to add to the account to verify, though it would only show coverage that the patient qualifies for.

For MNMA, Dental insurance is added by searching "777" and medical through "259". For more info on MNMA, see the below sheet provided by our billing department:

Minnesota Medicaid (MNMA) Dental Insurances

This information has been copied from the document "MNMA Dental Plans".

Minnesota Medicaid (MNMA) has a variety of different plans. As of 7/1/19, most claims will need to be filed directly with MNMA regardless of the plan the patient presents with. You will need to use the patient's 8-digit PMI/MNMA number. The number will be listed on their insurance card regardless of the plan and will always start with a 0. Below is a list of insurances patients will have that need to be

billed directly to MNMA.

If the patient has:

- BCBS BLUEPLUS OF MN/BLUE ADVANTAGE
- HEALTHPARTNERS (MEDICAID)
- UCARE CONNECT/UCARE MINNESOTA/UCARE MSHO/UCARE SENIOR CARE
- MINN MED ASSIST
- MEDICA CHOICE CARE (MEDICAID)/MEDICA DUAL SOLUTIONS
- PRIME WEST HEALTH PLAN
- SOUTH COUNTRY HEALTH
- METROPOLITAN HEALTHPLAN
- ITASCA MEDICAL CARE

Then, their dental insurance will be:

- MINN MED ASSIST DENTAL

But…

As with all things related to Medicaid, it can't be that simple. A very small number of patients will have an **MNMA** plan that we would still bill to **DELTA DENTAL MN (MEDICAID)** or **HEALTH PARTNERS (MEDICAID) DENTAL**. You don't have to worry about adding those dental plans.

If you see a patient that already has one of those dental plans added, just look under "**Group name**" and if you see BB, FF, or LL, you can leave it how it is. If you don't see anything under "Group name," simply type the last day of the previous month under "**Member eff to**" and add **MINN MED ASSIST DENTAL** with a "**Member eff from**" date of the first day of the current month.

You do not need to worry about trying to e-verify the **MNMA** dental because it will ALWAYS come back with "**Plan Mismatch**" or "**Data Mismatch**." To avoid having Epic mess up the insurances, you can use the "**Override Query**" function, then enter the ID and effective date on the next screen.

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Keep in mind, Insurance IS tricky to understand. If you ever have a question on an insurance or how to add/find one, just make sure you get a scan of the card and ask your co-workers in case they have come across it. If all else fails, our billing department is very good at helping find insurance as well so reaching out to them at 1204 would be a good next step when all else fails! To ensure an insurance has been added to a visit, you will want to start by going into the "visit info" tab of the patient's chart found on the left side of the menus when checking a patient in or when in detailed view.

Sign-in vs check-in

Signing a patient in tells the providers the patient is in the clinic and filling out paperwork. Checking in a patient tells providers that the patient is ready to go.

In every case, it is ideal to start by signing in a patient when they arrive and come to check in with you at the desk. Utilize your chart prep to hand any paperwork needed over as well as collect any documents that we need on file such as insurance card and/or ID's.

Once the paperwork has been brought back to you and you have reviewed whether it was all filled out correctly, you can then move to checking in the patient. Once in the check in menus, be sure to verify all the information in the checklist found on the right side of the screen. The goal is to make sure that all the boxes on the list are green and good to go!

Once the patient is checked in please be sure to put patient check-out sheet, stickers, and any other forms the back may need in the correct provider slot on the back wall immediately.

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