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EXACT PRACTICE MANAGEMENT GUIDE

England & Wales

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WEBEDI

PLEASE NOTE: If you have previously done NHS work under your previous PMS you will need to inform us of the highest COT number (claim reference) that you have sent in order for us to ensure that there are no duplications leading to rejected claims.

Setting up your WebEDI Account

Please use the link below to view a guide on generating a new site number through compass:

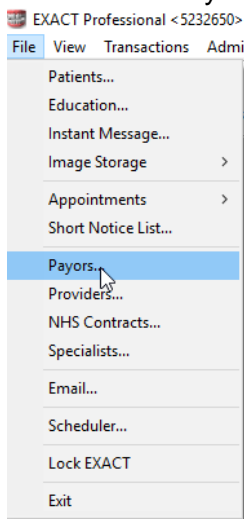
<https://www.nhsbsa.nhs.uk/sites/default/files/2018-12/How%20to%20create%20a%20WebEDI%20account.pdf>


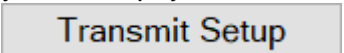

Adding your NHS details in Exact

Adding your WebEDI account and site number

In order to add your WebEDI username, password and site number into Exact please follow the steps below:

1. Go to File > Payors



2. Click on the  button
3. Click on your NHS payor in the list then select OK.
4. Click on 
5. Ensure the check in is  then select 'Next>'
6. Click on 'Next>' again
7. You will then see the screen shown below which will enable you to enter your WebEDI details and site number

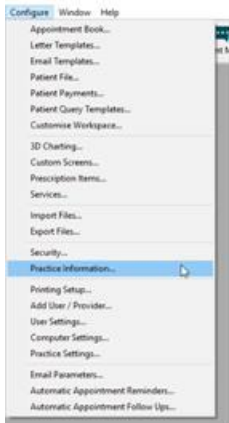
From your WebEDI registration please enter:

User Name	20111110142132950
Password	*
Site Number	1502

8. Once you are happy you have entered the correct information click 'Next>'
9. Select 'Finish'

Adding your location number

1. Go to Configure > Practice Information



2. This will open the 'Practice Information' screen you will see field for the 'NHS Location Number' shown below where you can enter your Location ID. Please not in Exact your location number needs to be six characters e.g if a location number is 1234 you will need to enter 001234

Practice Information

Practice Name: NHS England Register

Physical Address Registered Address

Address: Medicare South
Bailey Drive
Gillingham

Postcode: ME8 0PZ

Practice Phone: 01634 266 800

Practice Fax:

Practice Website:

Practice Email Address: support@soeuk.com

Country of Registration:

Registration Number:

Title Line 1:

Title Line 2:

Title Line 3:

Practice Image: Browse...

NHS Location Number: 001234

NHS Organisation:

Practice ID: 5232650

3. Once you have entered your location number select OK.

NHS Contracts

Adding an NHS Contract

Please use the link below to view a video which details how to create a new NHS Contract within Exact.

<https://www.youtube.com/watch?v=eJXUHtUjhT0>

Rolling over your contract

Please use the link below to view a video which details how to roll over your NHS Contract in Exact. This will need to be done each contract year.

<https://www.youtube.com/watch?v=2om99AyFYSc>

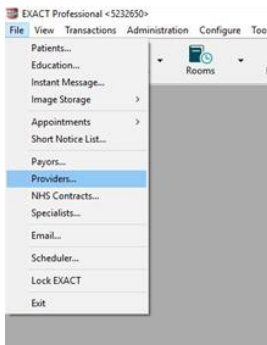
Increasing the NHS band fees

Please use the link below to view a video which details how to update the NHS band fees within Exact. **Please note: These are not the correct fees and you will need to refer to NHS fees released for your contract year.**

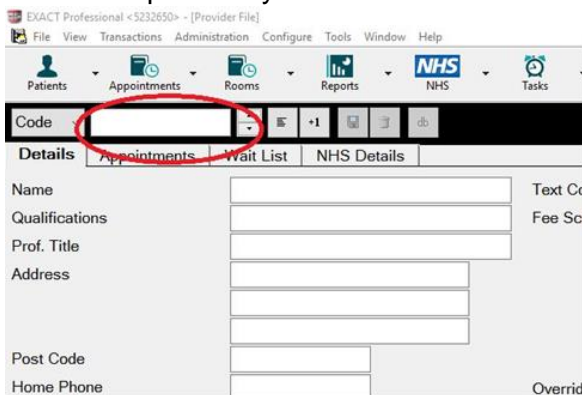
<https://www.youtube.com/watch?v=Ho21iNnFcek>

How to add providers contract number and pin

1. Go to File > Providers



2. Chose the provider you need to add the NHS details for in the code box



3. Click on the **NHS Details** tab
4. Click on **+1** below the personal no box and enter the contract number and pin number. I would advised to set the Activation date to when the performer started at the practice.

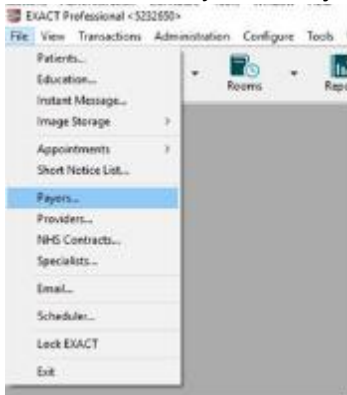
PLEASE NOTE:

Unless a provider is added onto your contract for the boards end and you have received confirmation of this they should not be added to carry out NHS work. If you send claims for a provider before the board have carried out the necessary work there end it will result in rejection responses on all COTs sent.

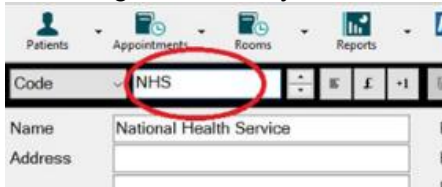
TRANSMISSIONS & RESPONSES

How to Transmit

1. Go to File – Payors or if you have one, the ‘NHS’ button along the top.



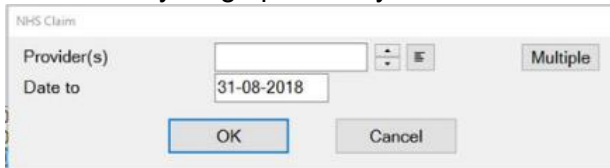
2. To the right of 'Sort by name/Sort by code', find NHS.



3. To the right of this screen, click on the button that says 'Claim'.

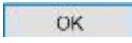


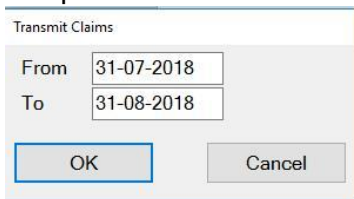
4. On the next screen, select the providers you wish to bundle claims for, leave blank for all providers, or select multiple to the right. The date field is set to today's date, so it will bundle everything up to today. Click 'OK'.



5. The system will bundle the claims, and once finished, will prompt you to print the list of claims, press print if you would like to print, or cancel to skip this.

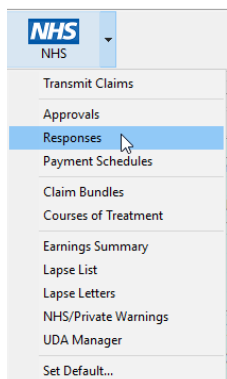


6. If you get a message saying 'No Claims Found', nothing is ready to send, and if you get a message saying 'There are too many claims for the bundle...', once finished, you will need to press the 'Claim' button and bundle again, to bundle these extra claims ready to transmit.
7. You will then get the 'Transmit Claim' screen click , the transmission is complete.



Viewing NHS Responses

You can view NHS responses by clicking on 'Unresolved Responses' from the claims central screen shown in the 'How to Transmit' section. Alternatively, you can access NHS responses from the NHS button on the workspace by clicking on the drop down arrow and selected responses as shown below.



Dealing with NHS Responses

Response	EXACT	
125	<p>Unacceptable combination of treatments on a claim Reg 11 with Band 1, 2 or Urgent</p> <p>More than one of the following entered on the same FP17O claim:</p> <ul style="list-style-type: none"> - Assess and review - Assess and refuse - Assess appliance fitted - Treatment abandoned - patient failed to return - Treatment abandoned – patient requested - Treatment discontinued - Treatment continued - Repair to appliance - Reg 11 <p>NICE guidance recall interval present / Treatment on Referral indicator present</p>	<ol style="list-style-type: none"> 1. Resubmit the COT 2. Copy the banded treatment and the reg 11 onto two new COTS 3. TC the original COT as a deletion 4. Wait 48 hours 5. Transmit the two new COTS. <ol style="list-style-type: none"> 1. For UOA resubmit the COT 2. TC the new COT and remove the indicators from the FP17
128	<p>Invalid quantity associated with treatment code Zero recall interval or value greater than 24 months recorded against NICE guidance</p> <p>Invalid value submitted for Ethnic Origin</p>	<p>Call dental board 0300 330 1348</p> <ol style="list-style-type: none"> 1. Resubmit the COT with the wrong code 2. TC the new COT, ensuring the ethnicity is entered on the FP17 <p>Transmit the claim(s) to the Board. We would recommend calling the Dental Board about an hour after transmission, on 0300 330 1348, to check the claims have been received and the ethnicity code is correct. You will need to provide the Dental Board with the claim bundle number and the practice postcode</p>
312	<p>No significant treatment on a claim</p>	<ol style="list-style-type: none"> 1. Resubmit the COT 2. Add the banded treatment (you may get this response if you mark urgent treatment as a continuation – in that case you will need to remove the check in continuation of treatment on the exemption screen) 3. TC the COT
401	<p>Claim overlaps / duplicates an existing claim for the same patient, the same contract or performer FP17 submitted that contains overlapping dates with an FP17 that has already been processed</p>	<p>Go to the patients transactions (£ button) and check the date of the last FP17. If the dates of the new COT and the last do not overlap, then Also check in the Chart History that there is not already a Course of Treatment that has been created on the same day with the same treatment.</p>

If the courses do overlap, contact the board as you may not be paid for both courses.

**If new sites get this response it is usually because they have sent the claim off in both systems.
Get the site to check the old system and if there is one there.
Resubmit the COT and TC again as a deletion. Site will be paid for the one in the old software.**

FP17 submitted that contains duplicate patient and duplicate details to a FP17 that has already been processed.

1. Resubmit the COT
2. Correct the planned and completed dates on the services
3. TC the COT

869 Further treatment within 2 months Invalid.

If there are more than two months between courses of treatment, remove the further treatment indicator. If the dates are incorrect, amend them.

1. Resubmit COT
2. Copy the treatment to a new COT ensuring the dates are correct
3. Click exemptions box on the new COT and remove the check in further treatment.
4. TC the COT

The previous course of treatment is a lower band than the further treatment

If the original COT is a band 1 the new COT cannot be marked as a continuation if the new COT has a higher band.

1. Resubmit the COT
2. Remove the continuation of treatment check on the exemptions window
3. TC the COT

The original course of treatment was urgent

If original should be urgent:

1. Resubmit the new COT
2. Remove the check in continuation of treatment from the exemptions window.
3. TC the COT

If the original COT should not be urgent:

1. Resubmit the original COT **(if this COT is outside of the 2 month window call the board as it may remove UDA's from you)**
2. Resubmit the COT the response was received on.
3. TC the original COT making sure it is not an urgent code and shows the correct UDA's
4. Wait 48 hours
5. Charge through the newer COT with the continuation of treatment ticked.

870 Free repair/replacement within 12 months invalid

The date of acceptance is more than 12 months after the date of completion of the previous course of treatment

1. Resubmit the COT
2. Remove the free replacement check on the service (this will now have a patient charge)
3. TC the new COT

Treatment band 2, 3 or urgent are not selected on the FP17

Dentures, bridges or orthodontic appliances are not available for free repair or replacement if lost or broken.

(Free repair is only available for fillings, root fillings, inlays, porcelain veneers or crowns.

This will not normally apply if:

1. within the 12-month period another dentist has carried out any treatment on the same tooth that has been restored, or
2. the patient was advised at the time of the restoration that it was temporary or a different restoration was more appropriate, but the patient insisted on a different form of restoration, or
3. the repair or restoration is a result of trauma)

The FP17 with free repair/replacement contains a higher band than the original FP17

A free repair can only be selected for the same service on the same tooth e.g a bridge cannot be marked as a free repair for a filling.

The claim will need to be resubmitted and the free repair/replacement removed from the exemptions.

Follow steps above.

@012 Invalid or missing contract number and / or performer number

The 10 digit contract number is incorrect

Check the location is correct and the contract number is correct in the drop down on the FP17
If the contract number is correct in Exact you will need to contact the board.

If the contract number is wrong because you have multiple contacts at the practice

1. Resubmit the COT
2. TC the COT making sure the correct contract is on the FP17.

The six digit performer number is incorrect

1. Go to File-> Providers Bring up the provider in question and click on NHS details tab
2. Check that the performer number is correct.
3. **If it is correct or you are not sure of the number, call the board and ask why this was sent.**
4. If the number is wrong, change the performer number then:
 - a) Resubmit the COT
 - b) TC the COT.

@212 Claim already present based on claim reference number

Call the board on 0300 330 1348 to check the claim ref.

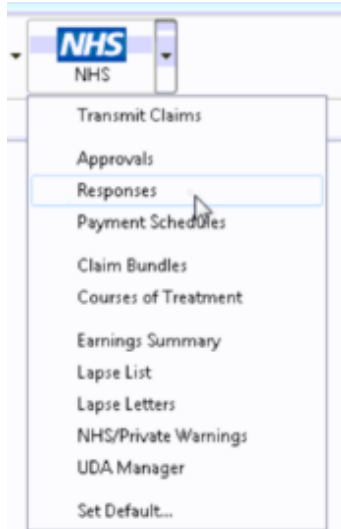
If the treatment has been charted on a resubmitted COT that has been resubmitted copy all the treatment onto a new COT and TC.

(If the original should not have been claimed for send as a deletion and put treatment onto a new COT wait 48 hours and TC again)

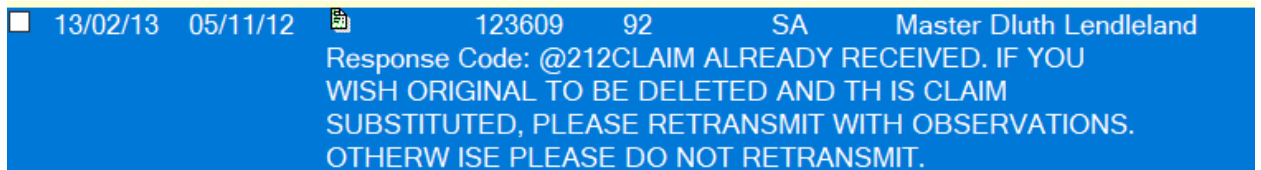
@285	Treatment dates are outside the period of the contract or the performer's tenure	<p>If the dates are already correct contact the board on 0300 3301348</p> <ol style="list-style-type: none"> 1. Resubmit the COT 2. Amend the dates to ensure they are correct or change the contract that has been put on the FP17 3. TC the COT
@307	Invalid Location ID	<p>Check the location number in Exact (configure > practice information) is incorrect make the change (this number needs to be 6 digits – if your location number is shorter add the required amount of 0's in front e.g. 1234 becomes 001234.</p> <p>Confirm with the DPB/PCT the claim numbers needed to</p> <ol style="list-style-type: none"> 1. Resubmit the COTs 2. TC the COT again.
@320	No band on a further treatment claim	<ol style="list-style-type: none"> 1. Resubmit the COT 2. Double click on the service and ensure there is a band – if there is not you will need to give the service a band or chose a service with a payor code. 3. TC the treatment again. <p><i>If this should not be further treatment e.g if it is urgent you will need to remove the further treatment option on the exemptions screen</i></p>
@329	KPI treatment codes on a claim for non-PDS Plus contract	<p>Call the board on 0300 330 1348 to confirm the correct contract them</p> <ol style="list-style-type: none"> 1. Resubmit the COT 2. Copy the treatment to a new COT number 3. TC the original COT as a deletion 4. Wait 48 hours 5. Transmit the new COT
@330	SQ Ind claim where original cannot be found	<ol style="list-style-type: none"> 1. Resubmit the COT 2. Copy treatment to a new COT ensuring the dates are correct 3. TC the original COT ensuring there is a tick in the delete claim box 4. Wait 48 hours then TC the new COT ensuring the invoice date is correct (set user settings to prompt for date when charging)
@331	SQ Ind claim where original has already been deleted or is in error	<ol style="list-style-type: none"> 1. Resubmit the COT 2. Copy treatment to a new COT ensuring the dates are correct 3. TC the original COT ensuring there is a tick in the delete claim box 4. Wait 48 hours then TC the new COT ensuring the invoice date is correct (set user settings to prompt for date when charging)

How to Resubmit Responses

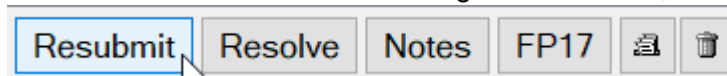
1. To amend / resolve any responses you receive;
2. Click into responses under the NHS drop down.



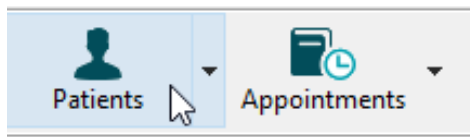
3. Highlight the responses you want to deal with;



4. Click on **Resubmit** in the bottom right hand corner;



5. Once you have resubmitted, click on to the **Patient** icon at the top of your screen and it will load the patient that you have resubmitted the treatment for and allow you to amend the treatment.



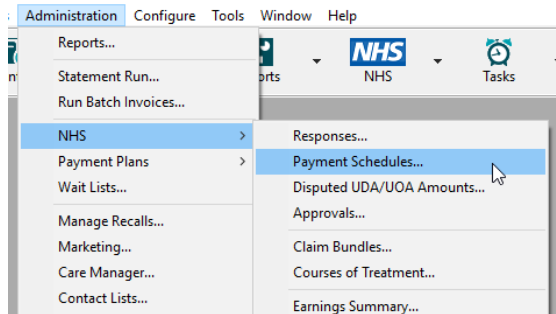
6. Before you TC the treatment back through, please check that you have “**prompt for date when charging**” checked under your **user settings**;
You can turn this on by going to configure > user settings then making sure there is a tick in **Prompt for date when charging** which shows under the chart section on the left hand side.

NHS SCHEDULES

Viewing NHS Schedules

NHS Schedules will be received once a month, and you will notice they come in when you transmit. To deal with the schedule:

1. Go to - Administration - NHS - Payment Schedules.



2. It will ask you to select dates and providers, to do the most recent for all providers, leave the screen as it is and click ok.

A screenshot of a dialog box titled 'Payment Schedule List'. It contains three input fields: 'Date From' with the value '03/12/2019', 'Date To' with the value '03/03/2020', and 'Dentist' which is empty. Below the fields are two buttons: 'OK' and 'Cancel'.

3. A list of schedules will appear, with dates and schedule numbers that will relate to the paper version.

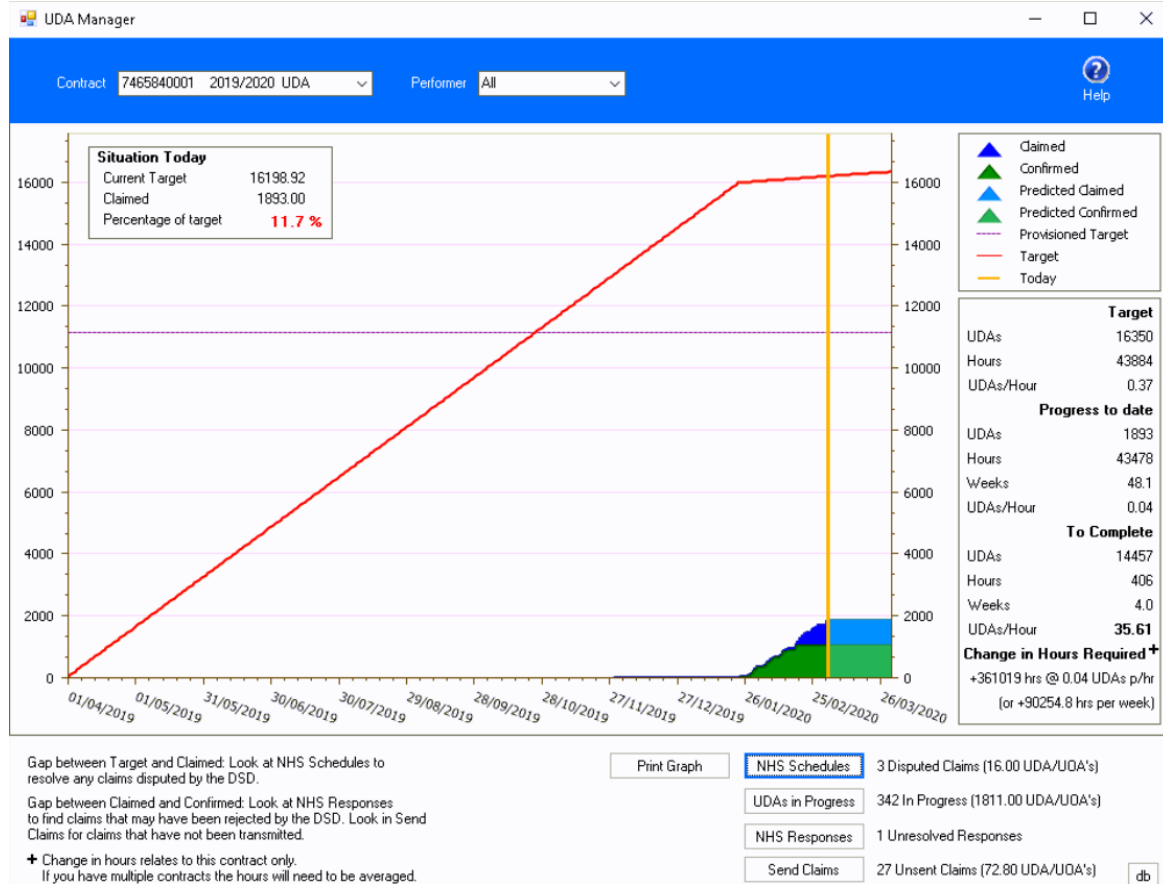
Schedule Reconciliation

4. Double click on the schedule you wish to check.
5. This screen will display differences. If its blank, there are none. If it has entries:
 - 5a. if you agree with the difference, which you can check by double clicking, click the 'adjust' button at the bottom. This will adjust the amounts on the system, and you are accepting what the board has paid you.
 - 5b. If you disagree with the difference, contact the NHS board to discuss the claim. If they accept that the claim should be paid you can resubmit and send the claim again,
6. Once the differences have been dealt with, by adjusting it will auto tick, but if disagree you can tick the box on the far left. Once empty, the schedule has been dealt with, close the screen (small cross on the top right), and then highlight the schedule you have just done, and click 'Process Payments' on the bottom left. This will clear the open amount, and put a tick in the box on the far left. The schedule is now processed.

If a response has come back but is not part of a schedule you can resubmit and resend

UDA MANAGEMENT

UDA Manager



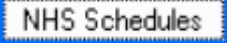
The UDA manager allows you to display a graph of UDA performance against targets.


To load the UDA Manager go to Administration > NHS > UDA Manager. .


When this is clicked the UDA Manager screen will open and will default to all the practice totals if there is more than one provider on the NHS contract. To switch to individual target overview, you can use the drop down box beside 'Performer'. You can also switch between different contract periods using the drop down beside 'Contact'


The graph shows the current situation as at today with the **yellow vertical line**, the **claimed UDAs** showing in blue, **Confirmed UDAs** showing in green all compared against the **red target line**.

This **target line** is based on overall target compared to a dentist's available diary space. To ensure this is as accurate as possible please make sure the overall contract target is correct, the correct dentist sub-targets are correct and also the appointment book rotas are correct for the dentists who are working on the contract.

The  button at the bottom of the graph allows you to look at the “Disputed UDA / UOA amounts” screen which is pulled from the schedules screen. It shows the claims that are disputed by the NHS Dental Board, with the figure of the total number of UDAs/UOAs next to it.

The button under this is the  which will show a full report of all open courses of treatments.

The  button displays the “NHS Responses” screen, this is to show clearly the claims which are currently rejected by the board and will not be paid, this screen allows you to try to resolve them before the 2 month cut off period – the total next to this will be the amount of responses in the list.

If there are any claims that haven't yet been transmitted you can click the  button and any unsent claims will be sent to the Dental Board.

The final button on the list is to “Print” the current UDA graph.

UDA's in Progress

The UDAs in Progress report selects all open NHS courses for one or more specified providers, and produces a report with details as follows:

- NHS Courses with no further planned work
- NHS courses with no future appointments
- Other open NHS courses

Totals for the above.

For each of these, the patient names, courses of treatment, last appointment date and the UDAs or UOAs are listed.

To run the UDAs in Progress report

The Print UDAs in Progress Report window displays:

1. Select Providers:

If you've clicked the **UDAs in Progress button in the UDA Manager screen**, this field will be defaulted from the UDA manager, and will display the code of the selected Provider.

Otherwise, you can enter the code of a provider, or use the **Multiple** button to choose more than one provider code, or leave the field blank to include all providers.

2. **Show Detail:** Check (tick) this checkbox to include details on the report, otherwise only summary totals will be shown.
3. Select **Print, Preview, Export** or **Cancel**.

TC'ing Incomplete Treatment

When TC'ing treatment that contains planned items you need to ensure you do not tick the items that have not been completed.

1. Go to Patient File > Chart Tab – you should see the COT on screen
2. Ensure all charted items that have been completed have been ticked – leave any items not completed unticked
3. Click TC
4. The following message will appear (depending on the maximum banded treatment charted):



5. Select the band you wish to claim for – this is based on the actual treatment completed. If the treatment is a band 2 and you have only completed an Exam (0101) then you can only claim for a Band 1 treatment
6. Complete any messages that pop up until you get the FP17 on screen
7. Check the FP17 – ensure that the 'treatment incomplete' box has been ticked (top left under the 'Completion/Last Visit' date)
8. Click 'Send Claim'
9. The COT will be TC'd as incomplete and the treatment that was not completed will be moved to the 'misc.' tab. If the patient comes back for this treatment in the future it can then be moved to a new course of treatment.

If you have a Band 3 treatment where the lab work is required, and the patient has not returned for the fit you are able to claim a Band 3 treatment.

Please note that the above statement is subject to change and you should contact the Dental Board for confirmation when claiming this type of treatment

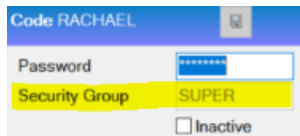
If you require further assistance regarding the rules and regulations for NHS, response messages or checking claim bundles have been received, please contact the Dental Board.

USER SETTINGS

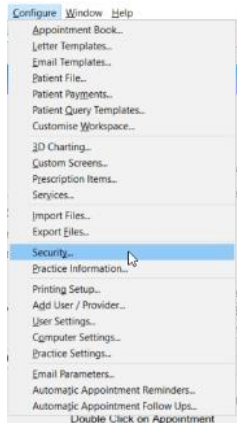
Adjusting Security

A users security defines what they have the ability to do one the system, these are divided into groups that users are a part of. If you adjust a security setting it will amend it for **all users in that group**. You will need to be a super user or admin user to amend security groups

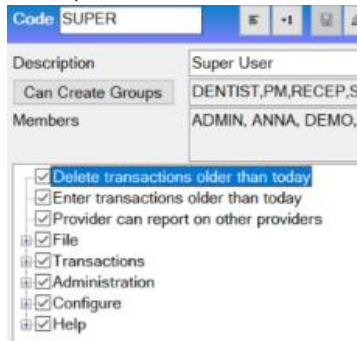
1. First to find out what security group someone is in, go into **configure > user settings**
2. Find the user you want to look at and you can then see the security settings underneath the users name and password;



3. Then go into **Configure > Security**



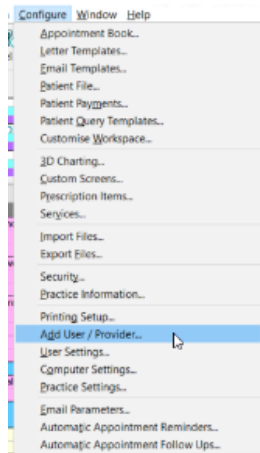
4. Using the **Code** section find the group you want to amend. Everyone listed underneath is in this security group and everything ticked it what they have the ability to do;



5. You can then click in these subsections and amend the security settings for that group.

Adding New Users

1. To add a new user or Provider into Exact you must first click on **configure > Add User / Provider;**



2. Then on the first window on the Add User Wizard, put in the way you want the user to appear on the appointment book and user name when logging in.
3. When selecting if they require an appointment book, if they are a provider but aren't starting yet, still click yes – this is what makes them a provider and not an admin user.

A screenshot of the 'Add User Wizard' window. The title is 'Please enter the initials of the user that you wish to add'. There is a text input field labeled 'New User' containing the text 'AB'. Below this is a question 'Does this user require an appointment book?' with two radio buttons: 'Yes' (which is selected) and 'No'.

4. Click **Next >** and the next screen will want you to select the security group that the provider requires and add in a temporary password for them to just get logged in (make sure you tick **“User must change password at next login”**)

A screenshot of the 'People - Security' window. The title is 'People - Security'. The main heading is 'Enter the security settings for this user below'. Below this is a paragraph: 'The security group determines which areas of EXACT a user has access to. Which security group should this user belong to?'. There is a dropdown menu for 'Security Group' with 'DENTIST' selected. Below this is another heading: 'Choose from below to implement your password policy'. There are three checkboxes: 'User must change password at next login' (checked), 'Cannot change password' (unchecked), and 'Password never expires' (unchecked). Below these is a text input field for 'User must change password every' with the value '30' and the unit 'days'. At the bottom is a text input field for 'Enter a password for them to use on their next login' with the placeholder text '**'.

- Press **Next** > and the next page will be for any additional details you wish to add such as the providers name and qualifications. This is the section where you fill in the provider type;

What kind of work does this provider do?

Provider Type

- Press **Next** > and this page you can add in the providers address / telephone numbers and an email address if they would like to receive an email every time an appointment is made with them.
- Press **Next** > and this section is where you can pick the providers appointment book colour and text colour.
- Press **Next** > where you will be asked to tick which recall type the provider will set, either dentist or hygienist
- Press **Next** > and you will be prompted to add in the providers working rota, make sure you start this as the correct date that the provider is starting with you.

Rota Length (Weeks)

Start Date Tue

Extend to Sun

Week 1

Starting:	Works On:	Day Start	Day End	<input checked="" type="checkbox"/> Lunch	Length
	<input checked="" type="checkbox"/> Mon	08:00am	05:00pm	01:00pm	01:00
18/02/2020	<input checked="" type="checkbox"/> Tue	08:00am	05:00pm	01:00pm	01:00
19/02/2020	<input checked="" type="checkbox"/> Wed	08:00am	05:00pm	01:00pm	01:00
20/02/2020	<input checked="" type="checkbox"/> Thu	08:00am	05:00pm	01:00pm	01:00
21/02/2020	<input checked="" type="checkbox"/> Fri	08:00am	05:00pm	01:00pm	01:00
22/02/2020	<input type="checkbox"/> Sat				
23/02/2020	<input type="checkbox"/> Sun				

- The next two pages will asked you which appointment book (if you have more than one) that you want the provider to show in and how they want their stickman (patient at the door) settings to show.
- Press **Next** > and this is where you can add in the provider NHS details and press **Finish**, this will then add the new provider to the diary and open their rota from the dates you selected.

REPORTING

Adding Reports to Favourites

When you are in Exact Reports you have the ability to add reports that you use frequently into your favourites tab, this will be for the user that is currently logged in and each user will have to add their own favourites in.

1. Go into reports and highlight the report you want to add into your favourites, and press the star icon in the bottom right hand corner;



2. You can then choose or add the group as monthly / weekly or daily, depending on the frequency that you run it. With a description if you would like.

A screenshot of a form titled "Enter the name and description of this report". It has two text input fields: "Name" with the value "Allocated Payments" and "Description" with the value "Use To Pay Performers". Below these is a section titled "Group on Favourite Reports" with a dropdown menu showing "Check", "Monthly" (highlighted), and "Weekly".

3. You will then be able to fill out the relevant fields that you use when running the report, like performer and date ranges.

A screenshot of a form for configuring a report. It includes fields for "Provider(s)" (RACHAEL), "From" (Start of last month), and "To" (End of last month). There are radio buttons for "Simple Summary" (selected), "Summarise by Patient's Dentist", and "Summarise by Who Got Paid". A dropdown menu shows "Details and Summary". There are checkboxes for "Hide Advance Payments" (checked) and "Include NHS and Other Payor Payments" (unchecked). At the bottom, there are fields for "Number of Copies" (1) and "Printer" (Printer).



4. This will then save into the favorites tab to be run easily with the prefilled dates / performers in place


Appointment Analysis Report

This report is used to print a summary of appointments, and should be run on a regular basis, usually weekly. As the information is taken from the appointment book, it is important to ensure the status of each appointment is accurate, by ensuring patients are being checked as having arrived, being moved into the chair, appointment complete, etc. This is accomplished by using the 'Arrivals Door' feature.

Preston & Price Dental Surgeons															
Appointment Analysis															
Printed On:		18/11/2005 17:58													
Printed By:		32542													
Provider(s):		All Providers													
From Date:		18/11/2005													
To Date:		18/11/2005													
Breakdown By Provider:		X													
Use Rosters:		X													
Daily Summary:															
Weekly Summary:															
Monthly Summary:															
Date	Days	Pts. Seen	Hours Avail.	Unbooked - Hrs.	Extra %	Hours Worked	Hours Used %	Failed Pts.	Failed Hrs.	Failed Val.	Cancelled Pts.	Cancelled Hrs.	Cancelled Val.	New Pts.	New Val.
18/11/05															
AP	1	0	07:00	00:00	00.0	00:00	00.0	3	00:40	0.00	0	00:00	0.00	0	0.00
CEX3	1	0	24:00	24:00	100.0	00:00	00.0	4	00:00	0.00	0	00:00	0.00	0	0.00
JCS	1	0	07:30	00:30	00.7	00:00	00.0	3	01:00	00.00	0	00:00	0.00	0	0.00
WGP	1	0	06:30	04:00	75.7	00:00	00.0	4	01:40	0.00	0	00:00	0.00	0	0.00
SW	1	0	24:00	23:30	97.9	00:00	00.0	1	00:30	0.00	0	00:00	0.00	0	0.00
Sub Totals	5	0	68:50	45:00	94.4	00:00	00:00	11	03:50	00.00	0	00:00	0.00	0	0.00

1. Leave the **Provider(s)** field blank to summarise the Appointments for the whole practice.

An individual provider can be selected from a list by using either the  button or the  button.

2. Clicking the  button will allow a combination of providers to be selected.
3. The 'From' and 'To' Date fields are used to define the date range for the report.
4. Other fields / options:

Option	Field
Breakdown by Providers	This will separate the report into sections broken out by provider, with subtotals for each day.
Use Rosters	This will show any rostered time that is being used within the appointment book.
Daily, Weekly or Monthly Summary	This report can be summarised by day, week or month. Select the option required by clicking on the appropriate option.

The report includes the following:

1. Number of failed or cancelled appointments
2. Number of new patients
3. Number of patients seen
4. Estimated value of treatments. In order for the value to appear, treatment must be book from planned treatment, or the booked service must have a value associated with it (set under Configure > Services).

- Average wait time (from the 'Arrivals door').

Open Transaction Reconciliation

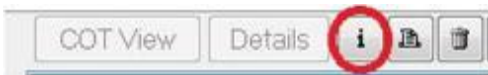
The Open Transaction Reconciliation identifies money that could be paid to a provider but it is currently unallocated. The report will show all payments and receipts that have been entered into Exact that are unallocated from the beginning of use.

The debit column shows any invoice that a payment has not been allocated to. The credit column shows any payment that has not been allocated to an invoice, the amount of the payment and the amount left of that payment that can be allocated (if this is less than the total amount of the payment it means it has been partially allocated to another invoice.)

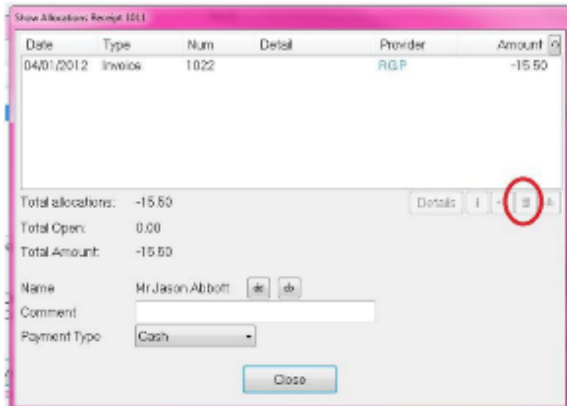
It is best to run this report before running the allocated payments report to ensure everything is allocated. When the payments are allocated together you will need to re-run the allocated payments report to view the updated totals.

Manually Adjusting Allocations

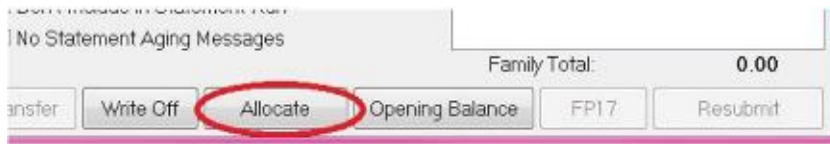
- Go to the patients £ and find the selected invoices/payments that are allocated incorrectly.
- Highlight one of the invoices and select the 'i' button on the bottom right corner of the transactions screen.



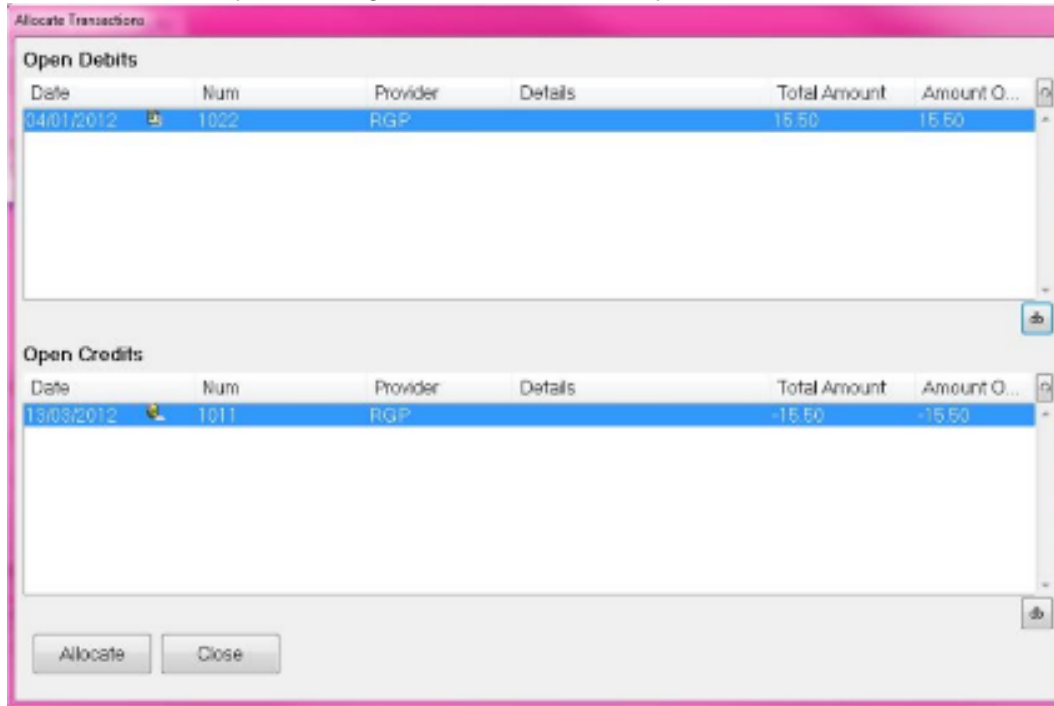
- This will then show a screen showing what allocations are on this invoice, in this screen you highlight the allocations and click the dustbin icon in the bottom right of this screen, this will remove the allocation from that invoice.



- Go through all of the invoices/payments that have incorrect allocations and do the same process as above for them. Then once all of the allocations are removed click on the allocate button on the transactions screen.



5. This will then give you a screen showing the invoices on the top that require an allocation and on the bottom the payments that have been made to allocate to the invoice.
6. Go through each invoice and select the payment to allocate to it and click the allocate button.
7. Continue manually allocating the invoices until they are all allocated



Allocated Payments Report

This report shows receipts (payments) allocated to invoices. Use it to show all payments that have been allocated during the specified period, summarised by Provider and Payor, in order to pay Providers for work that they have done that has been invoiced to and paid by the patient. The report summarises by Treatment Payor Type, which gives practices the choice to pay Providers at different percentage rates for treatment completed under different Payor Types. The option is also available to pay on advanced payments which are deposits. The report has a **detailed** section that shows more information per payment than is shown on the summary screen, which enables a practice to access more detail.

- Simple Summary
- Summarise by Patient's Dentist
- Summarise by Who Got Paid

Simple Summary

The report will include a summary of the total allocated for each provider selected, by payor.

The summary is broken down by Provider into allocations and advances.

All payor types are listed for each Provider. For each of these payor types it shows any adjustments, payor invoices, patient invoices, and a total, for both the allocated and advance payment sections of the summary.

Summarise by Patient's Dentist

The report will include a summary of payments for work done for other Providers' patients. This may be useful if a dentist has covered for sickness or to see how many Providers are referring to a hygienist.

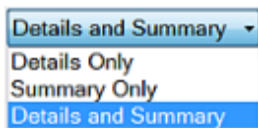
Both the detail and summary sections are the same as for the Simple Summary option above, except there is a Pats Prov. column that in each of the detail lines shows who the patients Provider was.

Summarise by Who Got Paid

This shows the allocations to Providers to whom the payments were made.

The summary section is the same as the Simple Summary option above, except that it has an extra column for Trns Provider and the report is broken down by the Provider to whom the payment for treatment was allocated, and shows under this the Providers who were actually paid for the treatment. It may include Providers who were not included in the selection criteria, if those Providers made or received allocations from one of the specified Providers.

For the report layout, specify either Details, Summary, or Details and Summary in the printout:



In this report you will need to decide if you are paying with advanced payments included (deposits are paid to the dentist) or not. If you are only paying the dentists for work completed click on 'Hide Advanced Payments'

Option to hide advance payments:

Hide Advance Payments

Option to include NHS and other Payor Payments:

Include NHS and Other Payor Payments

Why is there a negative figure in the Advance Payment Column?

A patient has made a payment under Dentist A's name. Part of this payment has been allocated to an invoice that Dentist A has carried out today. The other part has been paid in Advance for treatment the patient is going to have done in the future.

In this scenario when you run the allocated payment report there will be a positive figure under the Advanced Payment Column.

The patient returns a month later for the rest of their treatment. This treatment has been carried out by Dentist B. The payment that was paid in the previous month under Dentist A has now been partly allocated to Dentist B too.

When you run the Allocated Payment Report now for Dentist A you will see that there is a negative figure under the Advanced Payment Column because this amount has been allocated to Dentist B not A.

Which total should I pay on?

You have 2 options on which total to pay your associates on and this is individual to each practice.

1. Total Column - The total column is the total number of allocations including any adjustments
2. Patient Invoice - This column ONLY shows Invoices that have been paid - for example work done. This does not include any adjustments

The resulting report shows:

1. Total Current Receipts
2. Total Receipts Allocated to Invoices (adjustments, payor invoices and patient invoices)
3. Total Unallocated Receipts (advance payments)
4. Total Extra Items sold.

Managing Advanced Payments

If you are collecting advanced payments you will need to have 'prompt for payor on allocated' set up so that the reception can select whether this is an NHS payment or any other payor. You can do this using the steps below:

Configuration option to prompt users to specify a Payor when payments are unallocated:

Configure > Patient Payments Prompt for payor on unallocated

List Outstanding Treatment Report

When to use this report:

It is recommended that this report is run at regular intervals, at least once a month or once a week, for each Provider.

Purpose:

This is used to print a report listing the patients who have:

- Unclaimed complete treatment plans (all items charged but not TC'd)
- Incomplete treatment plans (plans which are partially charged)
- Incomplete treatment plans with uncharged items (plans which have items which are ticked but not charged).
- For these three options, you can include
- All treatment plans (will show all three options above)
- Only plans with completed treatment

NOTE: A Course of Treatment/Treatment Plan may have chart items whose planned or completed dates span a range of dates. In the case where some of the chart items have planned or completed dates **outside** the date range selected for the report, use the **Include all other treatment in the same COT/Treatment Plan** checkbox to specify whether those chart items will be included or not.

To run the 'Outstanding Treatment' Report


1. Select Administration > Reports > List Outstanding Treatment:
2. The Sort Patients By option allows the report to sort on a number of criteria:
3. Use the Select Patients field to select or define a query for the patients in the 'From' and 'To' date range.

In the case where some of the chart items have planned or completed dates *outside* this date range, use the **Include all treatment on matching COTs/Treatment Plan** checkbox to specify whether those chart items will be included in the Report or not.

For example: If you run the report for a date range over the last month with this option de-selected, it will display any COTs *with their information* from the last month only, and any COTs prior to the last month will display as headings only. However, if you select this option it will

show those matching COTs prior to this last month *with their treatment item information*, and COTs within the last month also *with their treatment item information*.

TIP: A useful query to use would be for patients with no future appointments booked. That way any patient who appears on the list will either need to be invoiced for completed work or scheduled for another appointment.

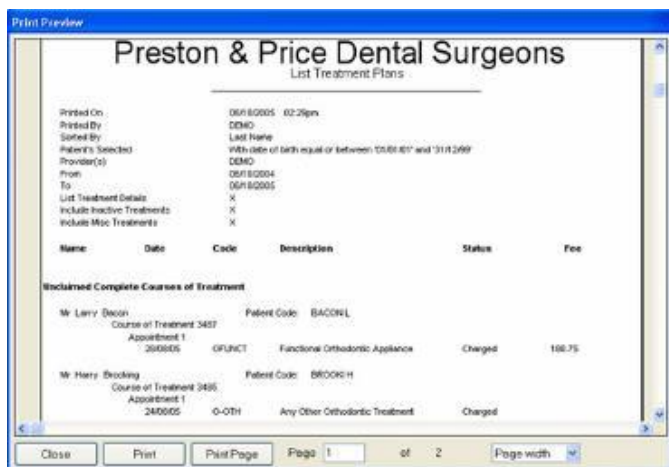
4. Optionally select a **Provider** from the list by clicking in the field and using the  button. The report will then print for the selected provider only. Use the **Multiple** button to select more than one provider.
5. Alternatively, you can select a **Provider Category** rather than one or more providers.
6. Use the Treatment **From** and **To** dates to specify the date range for the planned or completed treatment. Other options are:

Tick	To
List Treatment Details	Include the Treatment Plan details in the report.
Include Inactive Treatments	Include any treatment that has been marked as inactive.
Include Misc Treatments	Include any miscellaneous treatment carried out.

Report Output

The example below shows an **Outstanding Treatment** report for all patients, with all checkboxes selected. Included in this report are:

- Patients who have had Treatment completed in the last 2 months that was not charged; e.g. the treatment has been saved in the **Chart** tab but the **Charge** button has not been pressed.
- Treatment that remains planned on the patients chart tab.
- Treatment details.



Ideally, the report will be run with each option selected.

For the **Treatments not completed** option, once the list has been printed, where the patient does not have any further appointments they can be contacted and if necessary the Course of Treatment closed and sent to the Payor as incomplete treatment.

For the **Treatments completed but not charged** and the **Treatments completed but not claimed (TCed)** options, there will be duplicates in the report, as TCing treatment also acts as a method of charging. If the treatment has not been TC'd then it may not have been charged also.

When selecting these options it may save time when cross-referencing patients to run one of the reports, deal with the patients who appear on the list, and then run the other option separately.

Stock Sales Report

This report is used to print a list of the stock sales for a practice over a period of time. The resulting report shows the following:

- Open stock
- Number sold per item
- Stock on hand
- Unit Cost
- Total value sold.

Configuration

1. In the 'Configure' menu, click on 'Services'.
2. Double-click each service that is to be set up as a stock item, to open the 'Edit Service Item' window.
3. Make sure there is a tick in the 'List as Stock Item' checkbox: List as Stock Item
1. You can also enter the appropriate quantity in the "Number in stock" field, and in the "Full Stock Number" field.
4. Save the stock item record.

To Run the 'Stock Sales' Report

1. From the 'Administration' menu, click 'Reports' and select 'Stock Sales':
2. The 'From' and 'To' Dates can be changed to print the 'Daily Activity' report for a previous date or date range. If a date range is selected a report is printed for each day.
3. The level of detail required is selected by ticking the check boxes.

Tick	To show
Show Stock Summary	Opening and current stock.
Show All Stock Items	A list of the stock items sold.
Summary Provider Sales	Breakdown of stock sales by provider.

MANAGING LAB WORK IN EXACT

Configuring Lab Work Done/Due Reports

Setting up your lab companies


1. Go to File > Specialists
 2. Click **+1** located at the top of the screen - this will bring up an 'add specialist' box
 3. Complete the details as specified (how much information is entered is your choice)
 4. Tick the 'Lab' box Lab - located on the bottom right hand side of the window
 5. Click OK
- Repeat this for each Lab you need to add

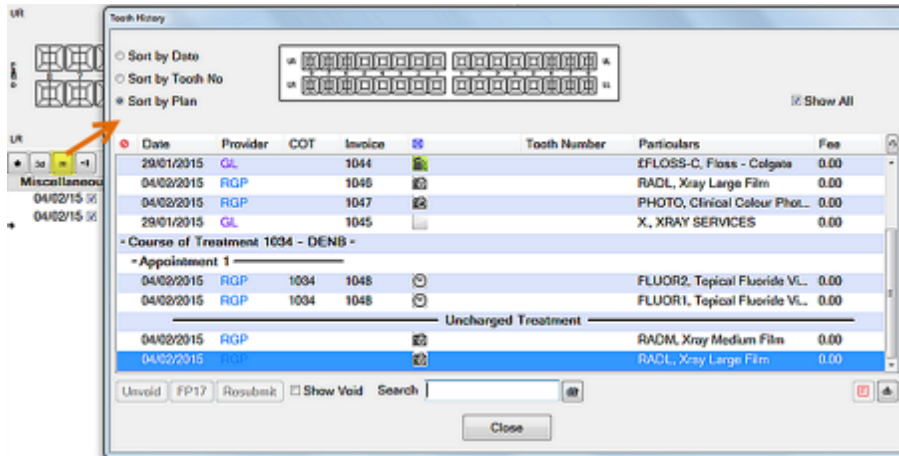
Setting up Services as lab items

1. Select Configure > Services:
2. Double-click the service to open the Edit Service Item window.
3. Select the Fees tab and tick the box for Lab item:

	Price 1	Price 2 (Default)	Price 3	Time	Service Cost
Per Item	0.00	0.00	0.00	00:00	0.00

4. Click OK to close this window.
5. Set up the laboratories that are used as follows:
 - a. Select File > Specialists.
 - b. Click the +1 button to open the Add Specialist window:
 - c. Enter a Code, and a description for the code in the First name field, then enter as much information as required.
 - d. Recommended: an address, phone number and e-mail address.
 - e. Be sure to check the Lab checkbox.
 - f. Click OK.
 - g. Repeat the above procedure until you have entered all laboratories' details.

- h. If entering the service cost once the treatment has been charged or TC'd, click the History  button within the Chart tab to view the tooth history:



6. Double-click on the service item to enter a service cost for. You will see that the service cost is the only field available for editing. Enter the cost and click 'Close'.

Edit Chart Item: MLAB- Laboratory Fee

Provider	INDIA	Fee Schedule	DEF
Planned Date	27/02/2020	Price Code	Price 2 (Default)
Estimated Time	00:00	Fee	0.00
Completion Date		Payor Portion	0.00
Actual Time	00:00	Patient Portion	0.00
Last Edited By	INDIA		
<input type="checkbox"/> Do Not Charge			
Laboratory Code	DENTECH		
Lab Expected Date	28/02/2020		
Service Cost	700.00		

Clinical Note | Invoice Notes



Clinical notes will not print on the patient's invoices and estimates

OK Cancel

7. With both the service configured and the lab details set up, the next time the service is charted, you will be prompted for a lab and due date.



MLAB Laboratory and date

Enter the name of the laboratory the work is going to and the date at which the work is expected back.

Laboratory Code  

Expected Date

Service Cost

8. Select the lab you wish to use by choosing a laboratory from the list  or by using the  button.
9. Select the date the lab work is due back and click 'OK'.
10. When the lab item arrives, double-click on the appropriate service item and enter the cost of the lab item.

Lab Work Due Report

This report is used to print a list of patients who have pending lab work currently listed against their patient record.

For the 'Lab Work Due' report to run effectively, initially a certain amount of configuration is required to set up the laboratories that are used by the practice and set a prompt against the services that require lab work.

To Run the Lab Work Due Report

1. Select Administration > Reports and select Lab Work Due:
2. Use the From and To date fields to define the date range for the report.

Print Preview example:

NHS England						
Lab Work Due						
Printed On	17-07-2018	11:12				
Printed By	SOEUK					
From	17-07-2010					
To	17-07-2018					
Date	Lab Code	Name	Phone	Patient Name	Service Code	Lab Fee
14-04-14	TEST3			Sevelda Rotttooth	BNDN/PREC	0.00
--End Of Report--						

Report fields include: Date, Lab Code, Name, Phone, Patient Name, Service Code, Lab Fee.

Lab Work Done Report

This report is used to print a list of patients who have lab work currently listed against their patient record (i.e., laboratory work has been done for them recently)

For the report to run effectively, initially a certain amount of configuration is required to set up the laboratories that are used by the practice and set a prompt against the services that require lab work. Once this has been done, then both lab work done and lab work due can be reported.

To 'Run the Lab Work Done' Report

1. From the 'Administration' menu, click 'Reports' and select 'Lab Work Done':
- 2.
3. You can report lab work done for all providers by leaving the **Provider(s)** field blank, otherwise enter or select a provider's name. To report on more than one provider, click the button then select the providers required.
4. Alternatively, you can select providers who belong to a particular Provider Category; leave the **Provider(s)** field blank, then enter/select a Provider Category.
5. To choose patients with a particular Payor, enter/select the appropriate Payor code.
6. The 'Summary Only' checkbox is used to limit the report to summary only: details are omitted.
7. The 'From' and 'To' date fields are used to define the date range for the report.

Lab Work Done						
Printed On	17-07-2018 10:57					
Printed By	SOEUK					
Provider(s)	All Providers (CONTRACT, DENTIST, DN, DO, DS, FRAN, GH, HS, HYG, IT, KA, KS, NJ, PD, PN, RJ, SA, THERAPIST, VDS, VS, ZH, ESTOCK)					
Payor						
Summary Only	17-07-2010					
From	17-07-2018					
To						
Date	Provider	Payor	Lab Code	Patient	Service	Cost
08-11-11	CONV	Private		Mr Orcslayer	Bonded Full or Jacket Crown Non-prec	0.00
08-11-11	CONV	Private		Mr Orcslayer	Bonded Full or Jacket Crown Non-prec	0.00
08-11-11	CONV	Private		Mrs Rotmouth	Bonded Full or Jacket Crown Non-prec	0.00
18-11-11	SA	NHS		Miss Sundpate	Bonded Full or Jacket Crown Non-prec	0.00
12-12-11	SA	NHS		Mrs Owlhoot	Bonded Full or Jacket Crown Non-prec	0.00
16-12-11	SA	NHS		Mrs Beasthunter	Bonded Full or Jacket Crown Non-prec	0.00
12-01-12	RJ	NHS		Mrs Binorhin	Bonded Full or Jacket Crown Non-prec	0.00
12-01-12	RJ	NHS		Mrs Anwar	Bonded Full or Jacket Crown Non-prec	0.00
Summary						
By Provider	Name		# Items	Cost		
	CONV		3	0.00		
	SA		3	0.00		
	RJ		2	0.00		
By Service	Name		# Items	Cost		
	Bonded Full or Jacket Crown Non-prec		8	0.00		
By Payor	Name		# Items	Cost		
	Private		3	0.00		
	NHS		5	0.00		
	Total		8	0.00		
--End Of Report--						

MANAGING WHITE SPACE

Care Manager

Please use the link below to access a video guide for using Exact's Care Manager

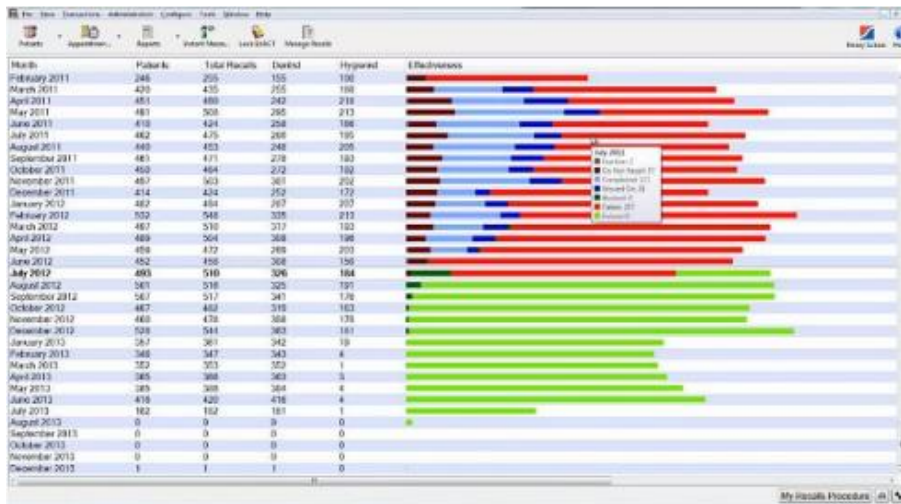
<https://www.youtube.com/watch?v=uvpU10fjsdY>

Recalls

Monitoring the graphic display

This is a Live, real time display, so if you change a recall date, the list updates immediately. You can double-click any month for a detailed Month View.

The main screen displays figures and a colour graphical display per month:



By default the current month is identified in bold:

May 2012	459
June 2012	452
July 2012	494
August 2012	501
September 2012	507

Detail:



For each month you can see numbers for Patients, the Total Recalls, and the Total figure split between Dentist and Hygienist.

Note that Therapist recalls could constitute part of either the Dentist or the Hygienist figures, depending how you have configured the Recall Manager.

The Effectiveness graphic display has significant usage of colour, and you can mouse over any line to see a detailed tooltip breakdown of recall types. See Interpreting the Effectiveness display

Interpreting the colour display

Recall Manager provides automated, live, real time status information. The data in the graphical display is Live, so as you change recall dates in EXACT, it updates instantly, providing a visual snapshot of your recall effectiveness at any moment:

Because recalls are a critical element to the success of most dental practices, this display can be used as an instant snapshot of business health. Over time you can use it as a dynamic barometer to gauge the effectiveness of your recall policies.

For example, the predominance of red in this screen would be worrying:



Roll over any graph area for tooltip Effectiveness statistics display:



Colour	Representing	Good or bad Indicator?
Dark green	Booked: Patients with recalls whose appointments have been booked.	Committed business - this is the best recall status. The more dark green in the display, the better.
Light green	Future: Patients with recalls in the future who do not have appointments.	Still good. Patients remain as likely revenue for the future.
Light blue	Completed: Patients who completed treatment.	Indicates work done .

Dark blue	Moved On: Patients with appointments that have been postponed.	Okay. "The appointment did not happen, but we haven't lost them yet; they are still in the system."
Grey	Inactive: patients who are permanently lost to the Practice.	Lost - there will be no further business from these patients.
Dark red	Do not recall: whether due to a patient decision or a Provider decision.	Not lost just yet. We will not recall them, but these patients may still choose to come back for further treatment.
Red	Failures: Patients who failed to be recalled, with no further planned recalls or appointment bookings.	"The life blood of the Practice draining away". These patients were allowed to walk away. NOTE: The Recall Display should not show much red. If the Practice hasn't seen patients for a few years, or if they are otherwise lost to the Practice, they should either be de-activated (grey status), or the Practice should have a marketing drive to bring them back; they should not be left at "red" status.

If your appointment book is showing a lot of white space it would be helpful to look at patients that have failed their recall.

Old UDA/UOA Report

Shows UDAs/UOAs claimed and completed over time, grouped by the date of TC.

From the reports list select the performers required for the report, can use to select specific providers. (Leaving blank will print the report for all providers in the practice)

- The report is run per contract you have entered in Exact
- You can select to show detail which will give the patient name and the COT number.
- The report can be run to group daily, weekly or monthly.

Performer ZH	Date From	Days	Target	Claimed	Confirmed
	01-04-14	30	141.51	0.00	0.00
	01-05-14	31	113.21	0.00	0.00
	01-06-14	30	113.21	0.00	0.00
	01-07-14	31	141.51	0.00	0.00
	01-08-14	31	113.21	0.00	0.00
	01-09-14	30	141.51	0.00	0.00
	01-10-14	31	113.21	0.00	0.00
	01-11-14	30	113.21	0.00	0.00
	01-12-14	31	141.51	0.00	0.00
	01-01-15	31	113.21	0.00	0.00
	01-02-15	28	113.21	0.00	0.00
	01-03-15	31	141.51	0.00	0.00
Total for Performer ZH		365	1500.00	0.00	0.00
Total for contract 5664700001 (UDA) effective 01-04-2014 - 31-03-2015			14099.00	14.00	0.00

--End Of Report--

The report will show the date from which will be the first of the month if run monthly or every seven days from the first day the contract started. It will give the details of how many days are in that period.

The target column will show the providers target as of that period/date. Then the claimed column shows how many UDA's have been TC'd through Exact and the confirmed column shows how many UDA's were confirmed by the board.

Short Notice List

The Short Notice List allows you to collate a list of patients who would like to be notified of sooner appointments or of any opening slots if they have had to cancel. Once a space appears you will be able to hover over the gap in the appointment book and click on the puzzle piece icon to alert patients on any appointment spaces that become available.



Enabling the Short Notice List

If the short notice list is not visible on the appointment book you may need to turn this on. In order to do this you will need to be logged in as an administrator or SUPER user.



1. Go to configure > practice settings
2. Add a tick in the 'Enable Short Notice List' box located at the bottom left hand side.

Adding the Short Notice List tab


After you have ensured the Short Notice List is enabled you may need to add it to your appointment book.

1. Click on the spanner  at the bottom of the provider column window
2. Put a tick in 'Select tabs for your activity bar'
3. Select 'Next >' twice
4. Select 'Short Notice List' in the 'Available Tabs' box then click on the  to move it across into the 'Selected Tabs'
5. Click on 'Finish'

PLEASE NOTE: If you are an administrator you can add this for all users following the steps below:

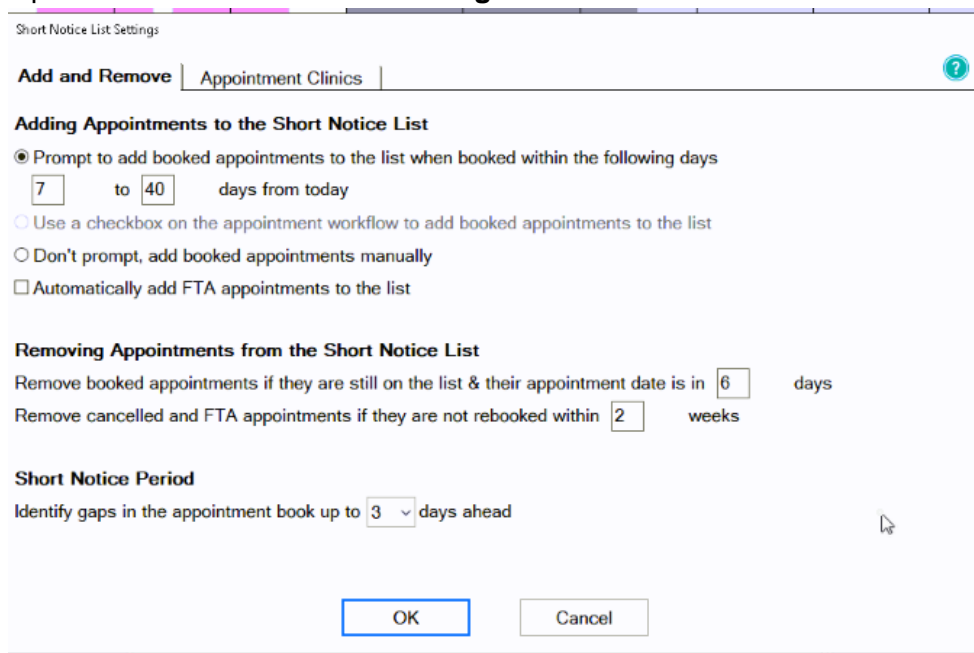
1. Click on Configure > User Settings
2. Click on the  button and
3. Select the user from the list you would like to add the Short Notice List to and select OK.
4. Click on Setup next to 'Multi ApptBook Tabs'
5. Click Next
6. Select 'Short Notice List' in the 'Available Tabs' box then click on the  to move it across into the 'Selected Tabs'
7. Click on 'Finish'

Configuring the Short Notice List

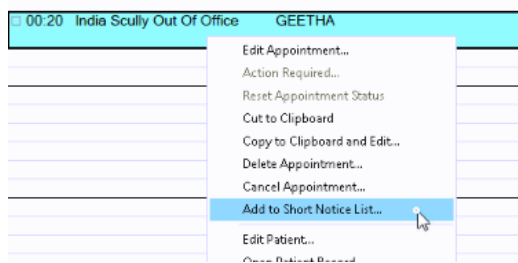
1. Go to the appointment book and go to the short notice tab, there should be a black spanner  in the bottom right hand corner. You may need to be an administrator / SUPER user.

PLEASE NOTE: You can also access the Short Notice configuration by going to Configure > Practice settings and clicking on the spanner next to 'Enable Short Notice List'.

2. Opens on '**Short Notice List Settings**' window.



If you would like to be prompted to add appointments to the Short Notice List if booked within the specified date range (this is usually set to appointments between 7 to 40 days but can be amended for the practice's needs) OR use a checkbox OR don't prompt and add manually. You can add an appointment to the short notice list when cancelling or by right clicking on the appointment and selecting 'Add to Short Notice List'



3. You can Tick/Untick box to add FTA appointments automatically.

4. You can also decide when to remove appointments from the Short Notice List by setting a time intervals in the two removal conditions shown above.
5. You will need to specify the short notice period itself. So the length of time from today it may find an appointment for- **Maximum 5 days**
6. **'Contact'** tab is located to the top middle of the setting screen.

- a) From this section you can decide how patients are contacted. You can select 'No SMS' if you would like to call your patients to advise of short notice gaps, 'Manual SMS' if you'd like to decide which patients you will send an SMS to or 'Automate SMS sending' and the system will send text messages to all who fit the criteria of the available space. .
 - b) Then select the size of groups to contact which will limit the amount of patients on the short notice list that you contact about the space.
 - c) Select the template to send to patients – the default will ask the patient to reply by text message. If you do not have SMS replies you will need to amend this message.
 - d) Enter the time you would like to stagger messages by in minutes – this will allow a gap between sending the text messages to allow the patient to reply should they want it before the next person is contacted.
 - e) To prevent patients from feeling hassled can limit the maximum amount of gap messages a patient receives within 3 days.
 - f) Select timeframe to stop sending SMS if gap within 'x' hours.
7. **'Appointment clinics'** located at the top left of the setting screen.

- a) Select which clinics you would like to prevent gaps being filled

HELPFUL INFORMATION

Who should I contact for help?

General EXACT Queries

Contact the SOEUK Support Desk on 01364 266 800

NHS Queries (PIN Numbers, List Numbers, Transmissions, Regulations)

Contact NHS Switchboard on 0113 825 0000

NHS Local Area Teams

Primary care providers and other NHS organisations can find regional contact details by accessing the link below:

<https://www.england.nhs.uk/about/regional-area-teams/>

Software of Excellence YouTube Channel

Please use the link below to access the software of excellence YouTube channel for helpful how to videos.

<https://www.youtube.com/user/soebestpractice/videos>

Accessing the portal

Please use the link below to view a video guide to accessing the Software of Excellence Customer portal

<https://www.youtube.com/watch?v=J4h5gNas5Uc>