

DENTAL ASSISTANT SPECIALTY

Patient Administration



Volume 5

**381st Training Squadron
2931 Harney Road
Fort Sam Houston, TX 78234**

QTP 4Y0X1-5

DENTAL ASSISTANT SPECIALTY

Volume 5: Patient Administration

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INTRODUCTION

1. Volume 5, *Patient Administration-Procedures and Programs*, Qualification Training Package (QTP) contains modules on patient administration functions such as documenting treatment data, management of Service Treatment Records and Air Force Dental Assurance and Readiness Program. This QTP enhances the 5-skill level and 7-skill level on-the-job training (OJT) for dental assistant journeyman and craftsman. Trainers and trainees may use the training references listed in each module to compliment training. Trainees, trainers, supervisors, and task certifiers must use all QTPs to conduct upgrade training. Before initiating any training, review your responsibilities as a supervisor/trainer for conducting OJT per AFI 36-2201, Chapter 6, *Air Force Training Program On-The-Job Training Administration*.

2. QTPs are instructional packages designed to help you conduct and evaluate your field training. Once you begin upgrade training, you are required to use the QTPs. QTPs provide continuity to the trainee's upgrade training and are divided into the following volumes: 1) *Basic Skills and Infection Control*; 2) *Clinical Skills-Radiology*; 3) *Clinical Skills-Chairside Assisting*; 4) *Clinical Skills-Preventive Dentistry*; 5) *Patient Administration*, 6) *Logistics Management* and 7) *Budget and Financial Planning*. Developers designed the QTP modules to assist you in preparing for and conducting training. Each module segments the major tasks into teachable elements. Your goal is to provide enough training and guidance so trainees can do all task related steps, without assistance. QTPs also aid OJT task certifiers in evaluating the trainee's demonstrated performance. If you have local training requirements not covered by a QTP module you *should* develop "steps in performance" and "performance checklists" supporting and standardizing those tasks. When you are satisfied the trainee meets standards, as prescribed in the QTP performance checklist, you must document each task completion in the QTP tab. If you are recertifying on a task supported by a QTP, you must use the appropriate module to complete the recertification process.

3. Typically, you will manage each module by training the tasks and then, evaluating performance. Your local steps in performance may vary from the method listed in the QTP module. If this is the case, you may make changes to the first half of each module, (i.e. steps in task performance); however, the "performance checklist" is considered a *standard* and cannot be altered. You may train each QTP volume/module in any sequence; however, when conducting training, use an organized and methodical approach. This organized and methodical approach will reduce your training time and enhance your efforts.

4. The QTPs are tools for assessing/certifying the Dental Assistant initially and each time they arrive at a new duty station. Trainees, trainers, supervisors, and task certifiers must use the QTP as a tool for standardizing annual refresher training. Our goal has been to publish a useable document for both the trainee and trainer. We value your first hand expertise and solicit your feedback on how we can improve our product. Direct all inquiries to:

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MODULE 1: DOCUMENT TREATMENT DATA

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Schedule Patient Appointments

OBJECTIVE: Provided all necessary equipment and supplies, schedule patient appointments IAW the performance checklist.

CFETP/STS REFERENCES:

4.2.12 Schedule patient appointments

EQUIPMENT REQUIRED:

1. Computer (CAC-enabled) with CDA access
2. Dental health record or electronic health record (EHR) equivalent
3. Dymo printer with paper
4. Identification card

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-200, *Health Insurance Portability and Accountability Act*
3. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
4. Air Force Dental Service (AFDS) Dental Clinical Practice Guidelines (CPGs)
5. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
6. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
7. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*
8. Corporate Dental Application (CDA) User Guide
9. DoDM 1000-13 V2, *DoD Identification Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals*

PERFORMANCE CHECKLIST TASK: Schedule Patient Appointments

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|--|----|-------|-------|
| 1. Verify patient identification card over dental health record or EHR | | | |
| 2. Verify info in patient’s dental health record or EHR: <ol style="list-style-type: none"> I. Treatment plan/disposition II. Type of appointment/s needed(if pros, coordinate with dental lab turnaround time or any other specialty coordination) III. Appointment time (duration/increment) needed & provider (for continuity or specialty care) IV. Treatment/specialty coordination, if necessary (e.g., lab coordination for pros cases, oral surgery, or endodontics) | | | |
| 3. Turn-on computer and Dymo printer | | | |
| 4. Launch/log-in CDA Web via Internet Explorer/CAC access | | | |
| 5. Select Web Scheduler to access clinic’s schedule | | | |
| 6. Select the date of appointment by clicking Calendar tool | | | |
| 7. Right click on an open time slot in Scheduler grid, then select Create Appointment | | | |
| 8. Select Type (most commonly used: DoD identification number, SSN or IRS Tax ID) drop-down arrow for patient identifier to be used and click Verify : <u>Type of patient identifiers that can be used:</u> <ol style="list-style-type: none"> a. Social Security Number (SSN) b. IRS Tax ID c. Foreign National/Military ID d. Individuals without an SSN (Dependents Only) e. DoD Contractor who did not give SSN to DEERs f. U.S. Military Service Number | | | |

| | | | |
|---|--|--|--|
| g. DEERs EDI Number | | | |
| 9. Enter patient info (patient DEERS info/demographics will automatically be populated) | | | |
| 10. Verify info is correct (items highlighted in yellow) and update/confirm by selecting the Update button | | | |
| 11. Select the Provider, Appt Type, Start Time & End Time through drop-down lists in Patient tab | | | |
| 12. Select Auto Email and/or SMS (with cell provider) check each box <i>only if</i> patient chooses automated notification to the patient sponsor's email or cell provider saved in the patient's CDA profile (optional and unless local policies or patient prohibit this info release, patient/s[dependent/s] 18 and above must have a DD Form 2870 written authorization in health record) | | | |
| 13. Select Save/Print to schedule and provide a copy to patient | | | |
| 14. Provide another printout with patient's signature of confirmation (right click saved appointment and select Print Reminder) to be filed in left side of patient's dental health record | | | |
| FINAL RESULT | | | |

MODULE 2: SERVICE TREATMENT RECORDS

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Initiate Records

OBJECTIVE: Provided all necessary equipment and supplies, initiate Service Treatment Records (STR) IAW the performance checklist.

CFETP/STS REFERENCES:

4.1.3 Initiate records

EQUIPMENT REQUIRED:

1. Authorized stamps (e.g., FLY, PRP, base)
2. Dental forms (e.g., SF Forms 603/603a, AF Forms 696, 935 series [as needed], 1418 [as needed], 745 [as needed], 966 [as needed], 2100B-2190B [with DD Form 2005 either printed on paper or back of folder], SF 513 [as needed], DD Form 2870 [as needed], DD Form 2813 [if present])
3. Defense Enrollment Eligibility Reporting System (DEERS) eligibility system access or printout of patient information
4. Marking tape (red and black)
5. Identification card
6. Pencil, black pen or felt-tipped marker and red permanent marker (as needed)
7. Dental radiographs in envelope or digital media (if present)
8. Self-adhesive labels (e.g., Notice of Privacy Practices [NoPP] sticker, most recent year of treatment [for civ/retiree/dependent])
9. Local forms (as needed, e.g., FLY, AUoF, SDP [PRP, SCI, PS], High Caries, policies/memos)
10. Civilian/private sector treatment reports (if present and requested by provider)

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-200, *Health Insurance Portability and Accountability Act*
3. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
4. Air Force Dental Service (AFDS) Dental Clinical Practice Guidelines (CPGs)
5. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
6. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
7. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*

PERFORMANCE CHECKLIST TASK: Initiate Records

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|--|----|-------|-------|
| 1. Confirm patient identification while checking identification card (if current/valid) | | | |
| 2. Check DEERS eligibility for non-military | | | |
| 3. Direct patient to complete AF Form 696, DD Form 2005 and NoPP sticker/stamp | | | |
| 4. Select AF Form 2100B-2190B jacket based on terminal digit filing system (last two digits of SSN): <ol style="list-style-type: none"> a. 00-99: Orange (AF Form 2100B) b. 10-19: Green (AF Form 2110B) c. 20-29: Yellow (AF Form 2120B) d. 30-39: Gray (AF Form 2130B) e. 40-49: Tan (AF Form 2140B) f. 50-59: Blue (AF Form 2150B) g. 60-69: White (AF Form 2160B) h. 70-79: Brown (AF Form 2170B) i. 80-89: Pink (AF Form 2180B) j. 90-99: Red (AF Form 2190B) | | | |
| 5. Labeling on AF Form 2100B-2190B jacket (left to right, top to bottom all using black pen or black felt-tip marker <i>except Rank and dates</i>): <ol style="list-style-type: none"> a. Print name of patient (enter last, first and middle initial [prefix if applicable]) on upper left hand corner of folder b. Patient Identification Block (print first name, middle initial and last name) c. Print patient’s relationship code/family member prefix (FMP) as reflected in DEERS [e.g., 20-sponsor, 30-spouse, 01-Child, etc.) in the two circles next to SSN d. Write patient’s SSN, Foreign Identification Number (FIN) or “Pseudo” SSN on SSN block as reflected in DEERS e. On right edge of folder, blacken out or place black tape over the last digit of patient’s SSN (apply to front and back cover and ½ in square block along top right edge of folder [PRP/PSP use red tape or red permanent marker]) | | | |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> f. Stamp or label PRP/PSP or SP using 2-inch red block letters on top left corner of front jacket (if applicable) g. Stamp or label Aerospace or fly program members using 2-inch black “FLY” block letters on top left corner of jacket and using 1-inch wide black tape, block out starting at bottom of “9”block and end at the bottom of the right corner of front jacket (if applicable) h. Blacken out of place black tape over patient status block: S (for Active Duty) or R for (Reserve) [as needed] located on right edge of folder below SSN block i. Blacken out most recent year of treatment adjacent to patient SSN on right edge of folder (as applicable to non-military) j. On center of jacket labeled, Specify Service & Grade for Military & Retired Military Member, select applicable category, blacken corresponding box k. Use pencil for the following entries: <ul style="list-style-type: none"> I. Service and grade of active duty and retired military members (enter country for non-US military) II. Date individual was placed on PRP III. Date of last exam for Food Handlers IV. Dated DD Form 2005 was signed by patient V. DEERS eligibility/insurance coverage IAW local policy l. On bottom right corner of front jacket, place either a stamp or adhesive label identifying Dental Treatment Facility/custodial responsibility | | | |
| <p>6. Verify completion of forms and attach on fasteners of 2100B series:</p> <p>On right side of jacket in descending order:</p> <ul style="list-style-type: none"> a. AF Form 745 b. AF Form 966 c. AF Form 696 d. Envelope for radiographs and/or digital media e. Hardcopy of extraoral images <p>On the left side of jacket in descending order:</p> <ul style="list-style-type: none"> a. Dental appointment slip b. AF Form 1418 c. SF 513 d. Active treatment plan e. Authorized printouts from MHS GENESIS f. SF 603A g. SF 603 h. AF Form 935 i. AF Form 935a j. AF Form 935B | | | |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> k. AF Form 1417 l. OF 522 m. Memoranda of Understanding n. Civilian/private sector treatment reports o. DD Form 2813 p. DD Form 2005 (when form is not printed on back cover of 2100B series) | | | |
| FINAL RESULT | | | |

MODULE 3: DOCUMENT TREATMENT DATA

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Review and Make Entries on Patient Treatment Forms

OBJECTIVE: Provided all necessary equipment and supplies, review and make entries on patient treatment forms IAW the performance checklist.

CFETP/STS REFERENCES:

- 4.2.1 Review and make entries on patient treatment forms
- 4.2.1.1 Nomenclature
- 4.2.1.2 Utilize abbreviations
- 4.2.1.3 Utilize charting abbreviations

EQUIPMENT REQUIRED:

- 1. Dental forms (e.g., SF 603/603a, AF Forms 696, 935 series [as needed], 1418 [as needed], 745 [as needed], 966 [as needed], SF 513 [as needed], DD Form 2870 [as needed])
- 2. Pencil
- 3. Black or blue pen

TRAINING REFERENCES:

- 1. AFMAN 47-101, *Managing Air Force Dental Services*
- 2. AFI 41-200, *Health Insurance Portability and Accountability Act*
- 3. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
- 4. Air Force Medical Service (AFMS) Dental Clinical Practice Guidelines (CPGs)
- 5. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
- 6. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
- 7. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*

PERFORMANCE CHECKLIST TASK: Review and Make Entries on Patient Treatment Forms

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee's abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee's performance using this checklist.
4. Once completed, the supervisor must certify performance in the member's AFTR.

| Step-by-step procedures (Charting Missing and Existing Restorations) | GO | NO GO | NOTES |
|--|-----------|--------------|--------------|
| 1. Instruct the trainee to chart the following missing teeth and existing restorations using black or blue-black ink in Section 4 of SF 603: | | | |
| • #1 Missing tooth | | | |
| • #2 Combination restoration, Am/ Gold | | | |
| • #3-5 Ceremo-metal fixed partial denture | | | |
| • #6 3/4 Gold Crown | | | |
| • #7 Primary tooth D present | | | |
| • #8 Distal nonmetallic restoration | | | |
| • #9 Nonmetallic all-ceramic crown, implant | | | |
| • Retained Primary cuspid H between #10 & #11 | | | |
| • #11 Root Canal, ceramo-metal crown complete ceramic coverage, cast gold post and core | | | |
| • #12-14 Ceramo-metal fixed partial denture | | | |
| • #15 Mesio-Occlusal-Lingual gold inlay | | | |
| • #17-19, #30-32 Extracted, replaced by removable partial denture | | | |
| • #20 Mesio-Occlusal-Distal amalgam (MOD) | | | |
| • #21 Root canal and overdenture with gold coping | | | |
| • #22 Facial nonmetallic restoration | | | |
| • #23 Disto-Incisal nonmetallic restoration with pins | | | |
| • #25 Root canal, root-end resection and with lingual nonmetallic restoration | | | |
| • #27 Complete gold crown | | | |
| • #28 Root canal and overdenture abutment with gold coping | | | |
| • #29 Distal-Occlusal-Lingual amalgam restoration ceramo facings only with pins | | | |
| 2. Check charting against the following figure below: | | | |
| FINAL RESULT | | | |

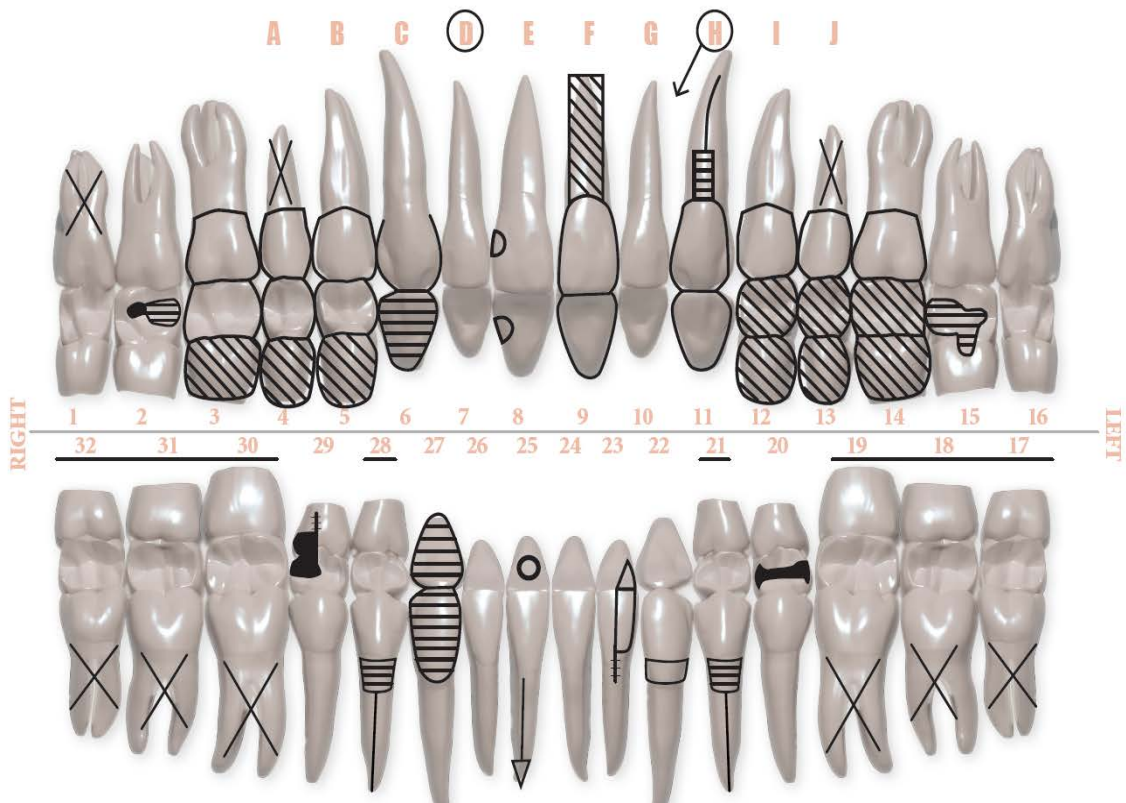


Figure 1-1. Image from 2013 METC Dental Charting Reference

PERFORMANCE CHECKLIST TASK: Review and Make Entries on Patient Treatment Forms

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures (Charting Diseases and Abnormalities) | GO | NO GO | NOTES |
|---|----|-------|-------|
| 1. Instruct the trainee to chart the following missing diseases and abnormalities using black or blue-black ink in Section 5 of SF 603: | | | |
| • #1A Supernumerary tooth #1 | | | |
| • #2 Mesio-Occlusal caries | | | |
| • #3 Disto-Occlusal caries | | | |
| • #4 Extraction indicated | | | |
| • #6 Mesial facial and lingual caries | | | |
| • #7 Periapical radiolucency | | | |
| • #8 Fractured crown | | | |
| • #9 Fractured root-extraction indicated | | | |
| • #10 Periapical radiolucency and sinus tract, underfilled root canal filling | | | |
| • #11 Resorbed root | | | |
| • #14 Defective restoration-outline area of caries restoration to be replaced and defective area (MO) | | | |
| • #15 Periapical radiolucency involving #15 and #16 | | | |
| • #17 Unerupted tooth | | | |
| • #20 Residual root requiring removal | | | |
| • #22 Facial- Watch | | | |
| • #23-26 Inclusive, gingival crest-continuous line; alveolar crest-continuous line | | | |
| • #32 Impacted tooth with an arrow indicating mesial inclination | | | |
| 2. Check the charting against the following figure: | | | |
| FINAL RESULT | | | |

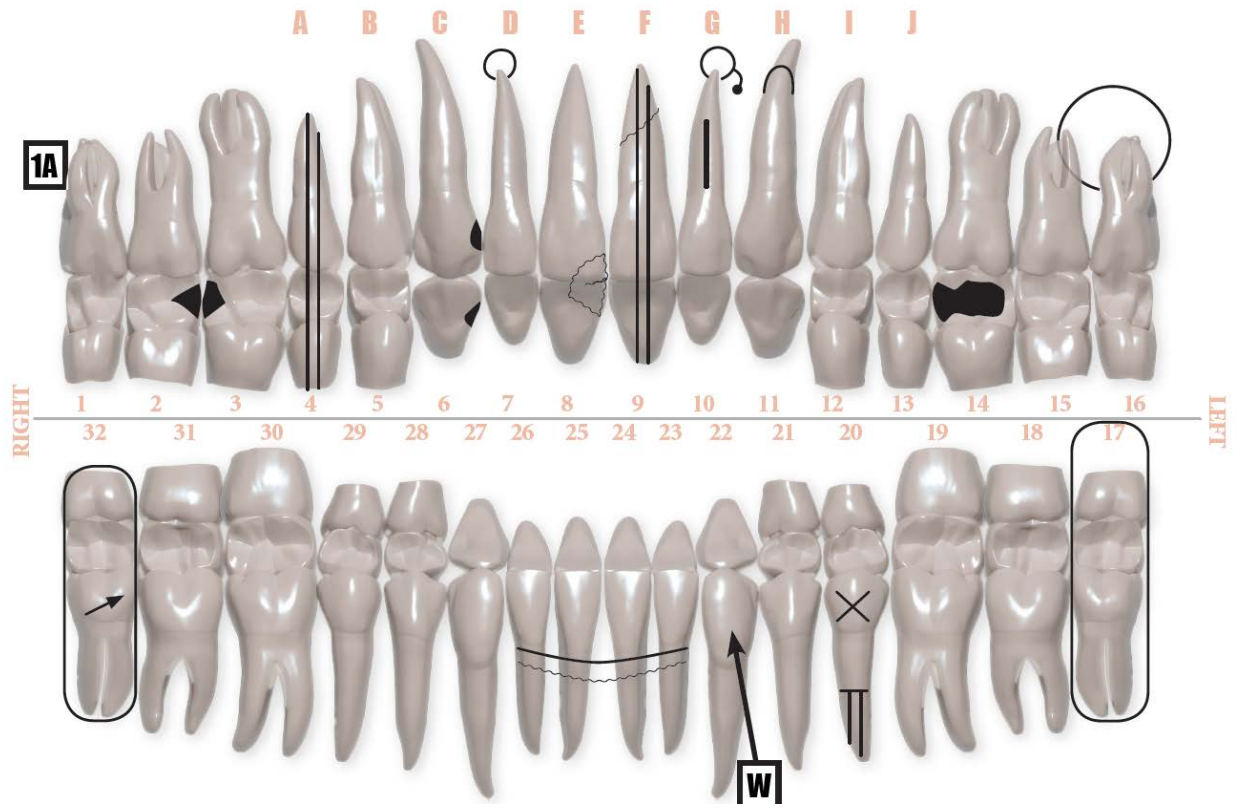


Figure 1-2. Image from 2013 METC Dental Charting Reference

MODULE 4: MANAGEMENT OF DENTAL HEALTH RECORDS

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: File Records

OBJECTIVE: Provided all necessary equipment and supplies, file dental health records IAW the performance checklist.

CFETP/STS REFERENCES:

4.2.3 File records

EQUIPMENT REQUIRED:

1. Dental health records
2. Record filing system

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
3. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
4. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
5. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*

PERFORMANCE CHECKLIST TASK: File Records

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|---|----|-------|-------|
| 1. Determine which section in the dental health record will be filed into based on local policy (e.g., FLY, AUof, SDP [PRP, SCI, PS], Class 3, High Caries, Perio Maint) | | | |
| 2. File dental record in terminal digit sequence <ol style="list-style-type: none"> a. File records according to groups of digits, working from right to left through the social security number and the family member prefix code b. File the record in numerical sequence starting with the last two digits c. A record labeled “03-149-68-4238” would be filed as follows: <ol style="list-style-type: none"> 1. File first under 38 and then within that group, under 42 2. Work left through digit groups 68, 149, and 03, until there are no duplications | | | |
| FINAL RESULT | | | |

MODULE 4: MANAGEMENT OF DENTAL HEALTH RECORDS

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Inventory Dental Service Treatment Records (STR)

OBJECTIVE: Provided all necessary equipment and supplies, inventory STR IAW the performance checklist.

CFETP/STS REFERENCES:

4.2.4 Inventory Dental Service Treatment Records

EQUIPMENT REQUIRED:

1. Computer (CAC-enabled) with Corporate Dental Application (CDA) access
2. Dental health records (e.g., 15 records, at least one from each patient category)
3. Record filing system
4. Local instructions/regulations (e.g., AFI 41-210, AFMAN 33-363, DMG)

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
3. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
4. AFMAN 33-363, *Management of Records*
5. Air Force Records Information Management System (AFRIMS)
6. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
7. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*

PERFORMANCE CHECKLIST TASK: Inventory Dental Service Treatment Records (STR)

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|---|----|-------|-------|
| 1. Review local and AF instructions/procedures for STR inventory | | | |
| 2. Request Dental Class Roster (sorted by terminal digit) from CDS | | | |
| 3. Review all records to determine proper custody, correct dental classification for active duty against the Dental Class Roster and other local requirements (if any) to include status of non-active duty personnel (Non-Service Treatment Records [NSTRs]) <ol style="list-style-type: none"> a. Records of active duty Air Force personnel not assigned must be looked up in CDS to determine member’s current base and mailed off b. Refer to AFI 41-210 for disposition of other services’ records or undetermined status c. Retired/separated service members’ records are forwarded IAW AFI 41-210 | | | |
| 4. Annotate CDA Records Tracker system to reflect records destination | | | |
| 5. Following review of each active duty Air Force record, document the correct dental classification on the Dental Class Roster (Updates will be completed after completion of inventory) | | | |
| 6. Retained records of non-active duty family members may be forwarded to sponsor’s gaining facility | | | |
| 7. NSTRs that have a retention period of 2 years (after the end of the calendar year of the last date of treatment) or more may be removed to a staging area until they can be destroyed or forwarded to the repository (IAW AFIs 41-210, 33-364 and AFRIMS) | | | |
| FINAL RESULT | | | |

MODULE 4: MANAGEMENT OF DENTAL HEALTH RECORDS

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Transfer Records

OBJECTIVE: Provided all necessary equipment and supplies, transfer dental health records IAW the performance checklist.

CFETP/STS REFERENCES:

4.2.5 Transfer records

EQUIPMENT REQUIRED:

1. Computer (CAC-enabled) with Corporate Dental Application (CDA) access
2. Dental health records (e.g., 15 records [with orders to new location])
3. Record filing system

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
3. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
4. AFMAN 33-363, *Management of Records*
5. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
6. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*
7. Corporate Dental Application (CDA) User Guide

PERFORMANCE CHECKLIST TASK: Transfer Records

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee's abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee's performance using this checklist.
4. Once completed, the supervisor must certify performance in the member's AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|---|----|----------|-------|
| 1. Review medical/dental regulations, policies and/or local procedures for records transfer | | | |
| 2. Obtain records of members that have recently outprocessed the dental treatment facility (DTF) | | | |
| 3. Pull dental records of departing personnel and applicable family members and perform (final) quality control checks: <ol style="list-style-type: none"> a. Review and correct dental record administrative discrepancies b. Identify patients requiring a dental clearance exam (schedule as needed) c. Identify patients requiring a dental separation exam (schedule as needed) d. Identify patients with pending dental appointments (maintain custody of dental records until appointment/s are completed) | | | |
| 4. Prepare records for transfer to Medical Records section | | | |
| 5. Launch/log-in CDA Web via Internet Explorer/CAC access | | | |
| 6. Launch Record Tracking in CDA; annotate if record is mailed or hand carried (e.g., PRP or FLY) to next assignment | | | |
| 7. Forward dental records to the MTF IAW local policy/AFI 41-210 (records are mailed NLT five duty days following member's PCS/PCA or date of separation for RC) | | | |
| FINAL RESULT | | | |

MODULE 4: MANAGEMENT OF DENTAL HEALTH RECORDS

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Retire Records

OBJECTIVE: Provided all necessary equipment and supplies, retire dental health records IAW the performance checklist.

CFETP/STS REFERENCES:

4.2.6 Retire records

EQUIPMENT REQUIRED:

1. Dental health records (e.g., 15 records preferably from different patient categories [e.g., retiree, American Red Cross, USAF Cadets])
2. Record filing system

TRAINING REFERENCES:

1. AFMAN 47-101, *Managing Air Force Dental Services*
2. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
3. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
4. AFMAN 33-363, *Management of Records*
5. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
6. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*

PERFORMANCE CHECKLIST TASK: Retire Records

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee's abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee's performance using this checklist.
4. Once completed, the supervisor must certify performance in the member's AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|---|----|----------|-------|
| 1. Review medical/dental regulations to include local policies for retiring dental health records | | | |
| 2. Collect records identified for retirement during inventory of STR (as evaluated in QTP 4 page 16) | | | |
| 3. NSTRs that have a retention period of 3 years (after the end of the calendar year of the last date of treatment) or more may be removed to a staging area until they can be destroyed or forwarded to the repository (IAW AFIs 41-210, 33-364 and AFRIMS Disposition Schedule) | | | |
| 4. Prepare records for shipment to MTF IAW local policy | | | |
| FINAL RESULT | | | |

MODULE 5: AIR FORCE DENTAL READINESS ASSURANCE PROGRAM

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Monitor Periodic Dental Examinations

OBJECTIVE: Provided all necessary equipment and supplies, monitor periodic dental examinations IAW the performance checklist.

CFETP/STS REFERENCES:

4.3.1 Monitor periodic dental examinations

EQUIPMENT REQUIRED:

1. Computer (CAC-enabled) with Corporate Dental Application (CDA) access
2. Dental health records (as needed)
3. Record filing system

TRAINING REFERENCES:

1. AFMAN 10-250, *Individual Medical Readiness*
2. AFI 47-101, *Managing Air Force Dental Services*
3. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
4. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
5. Air Force Policy Directive 47-1, *Dental Services*
6. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
7. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*
8. Corporate Dental Application (CDA) User Guide
9. DoDI 6025.19, *Individual Medical Readiness (IMR)*

PERFORMANCE CHECKLIST TASK: Monitor Periodic Dental Examinations

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures | GO | NO GO | NOTES |
|---|----|-------|-------|
| 1. Review dental local instructions/regulations for monitoring Air Force Dental Readiness Program (AFDRAP) | | | |
| 2. Launch/log-in CDA website via Internet Explorer/CAC access | | | |
| 3. Request AFDRAP month/roster report in CDA website | | | |
| 4. Print AFDRAP roster and verify Dental Readiness Class (DRC) | | | |
| 5. Notify/schedule due or overdue AFDRAP appointments in CDA through Unit Health Monitor (UHM) or member IAW local policy | | | |
| 6. Update records with erroneous information using CDA Readiness Change Classification (as needed, e.g., DRC, oral cancer screening [OCS], periodontal screening and recording [PSR], caries risk, disposition) | | | |
| 7. Request a combined Patient Status Roster prior to closing AFDRAP month (7 th of the following month and check again after closeout) | | | |
| 8. Screen dental records against patient to determine status of “unknowns” through UHM | | | |
| 9. Request a combined Dental Class Count Roster | | | |
| NOTE: AFDRAP management success/IMR rating must at least meet or exceed AFDS goal- SHARP-7 metric/standards (At least 90% combined exam/pro appointments with DRC Class 1 and 2 [> 95%]) | | | |
| FINAL RESULT | | | |

MODULE 5: AIR FORCE DENTAL READINESS ASSURANCE PROGRAM

DENTAL ASSISTANT SPECIALTY QTP

TASK NAME: Monitor Dental Readiness Class 3 and 4

OBJECTIVE: Provided all the necessary equipment and supplies, monitor Dental Readiness Class (DRC) 3 and 4 IAW the performance checklist.

CFETP/STS REFERENCES:

4.3.3 Monitor dental readiness class 3 and 4

EQUIPMENT REQUIRED:

1. Computer (CAC-enabled) with Corporate Dental Application (CDA) access
2. Dental health records (e.g., Class 3 patients)
3. Record filing system

TRAINING REFERENCES:

1. AFI 10-250, *Individual Medical Readiness*
2. AFMAN 47-101, *Managing Air Force Dental Services*
3. AFI 41-210, *TRICARE Operations and Patient Administration Functions*
4. Air Force Dental Service (AFDS) Dental Management Guide (DMG)
5. CDC 4Y051P Volume 1, *Dental Assistant Journeyman*
6. CDC 4Y071 Volume 1, *Dental Assistant Craftsman*
7. Corporate Dental Application (CDA) User Guide
8. DoDI 6025.19, *Individual Medical Readiness (IMR)*

PERFORMANCE CHECKLIST TASK: Monitor Dental Readiness Class 3 and 4

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction and allowed sufficient supervised practice, evaluate the trainee’s abilities using this performance checklist.
2. The trainee must perform all parts of the task *without* assistance.
3. The evaluator will evaluate the trainee’s performance using this checklist.
4. Once completed, the supervisor must certify performance in the member’s AFTR.

| Step-by-step procedures (Monitor DRC 3) | GO | NO GO | NOTES |
|--|----|----------|-------|
| 1. Review dental local instructions/regulations for monitoring DRC 3 | | | |
| 2. Launch/log-in CDA website via Internet Explorer/CAC access | | | |
| 3. Request a current Class 3 roster in CDA website | | | |
| 4. Review/verify DRC dental record for each Class 3 patient (to include current AF Form 469 and documentation) | | | |
| 5. Schedule each Class 3 patient who doesn’t have an appointment | | | |
| 6. Conduct follow-up action for broken appointments IAW local policy | | | |
| 7. Report percentage of Class 3 patients to (Dental Service Report) DSR Manager/leadership as required by local guidance | | | |

FINAL RESULT

| Step-by-step procedures (Monitor DRC 4) | GO | NO GO | NOTES |
|---|----|----------|-------|
| 1. Review dental local instructions/regulations for monitoring DRC 4 | | | |
| 2. Launch/log-in CDA website via Internet Explorer/CAC access | | | |
| 3. Review/verify each dental record listed in roster | | | |
| 4. Update records with erroneous information using CDA Readiness Change Classification (as needed, e.g., DRC, oral cancer screening [OCS], periodontal screening and recording [PSR], caries risk, disposition) | | | |
| 5. Notify/schedule due or overdue AFDRAP appointments in CDA through Unit Health Monitor (UHM) or member IAW local policy | | | |
| 6. Conduct follow-up action for broken appointments IAW local policy | | | |

FINAL RESULT