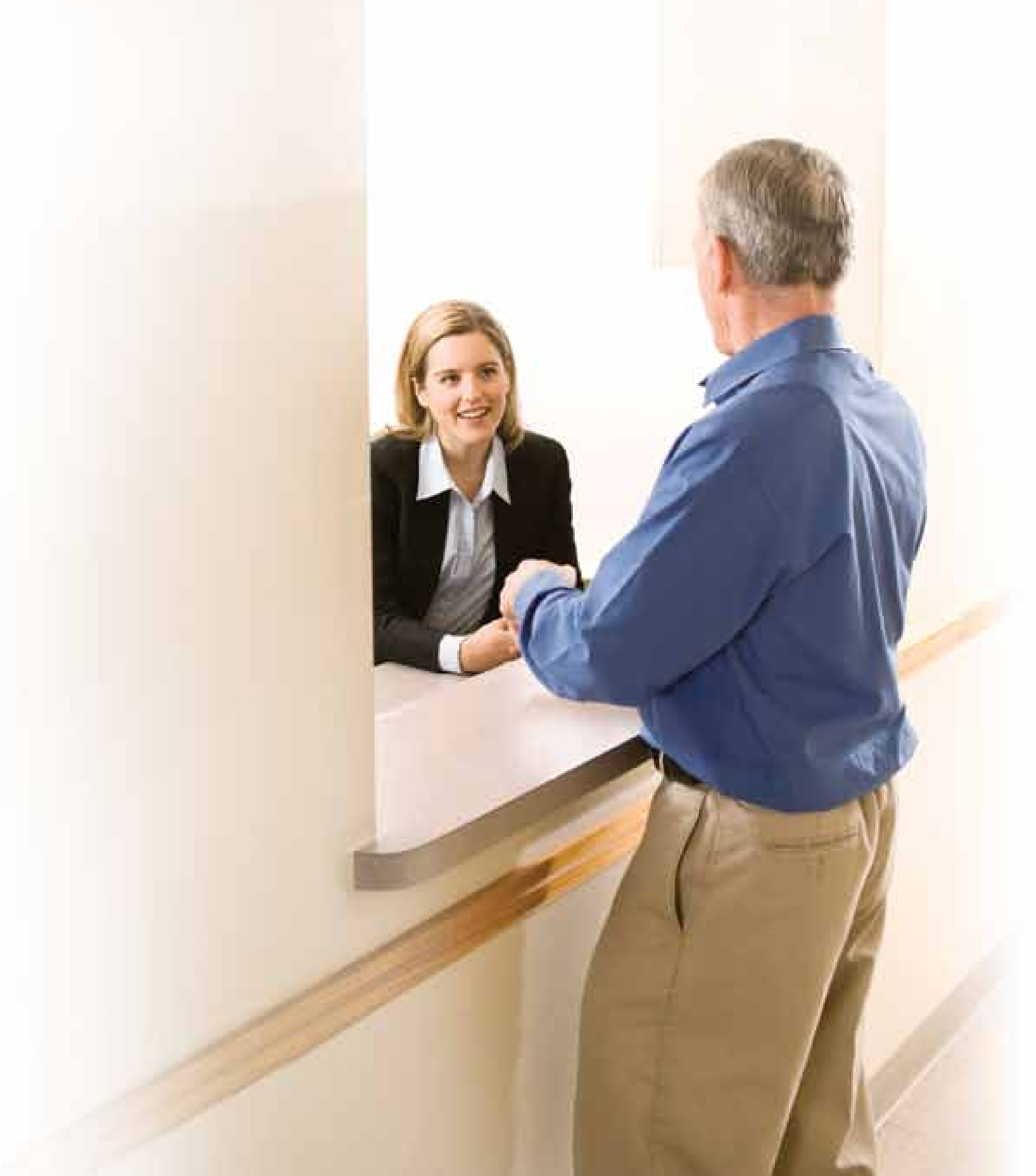
NEXTGEN®

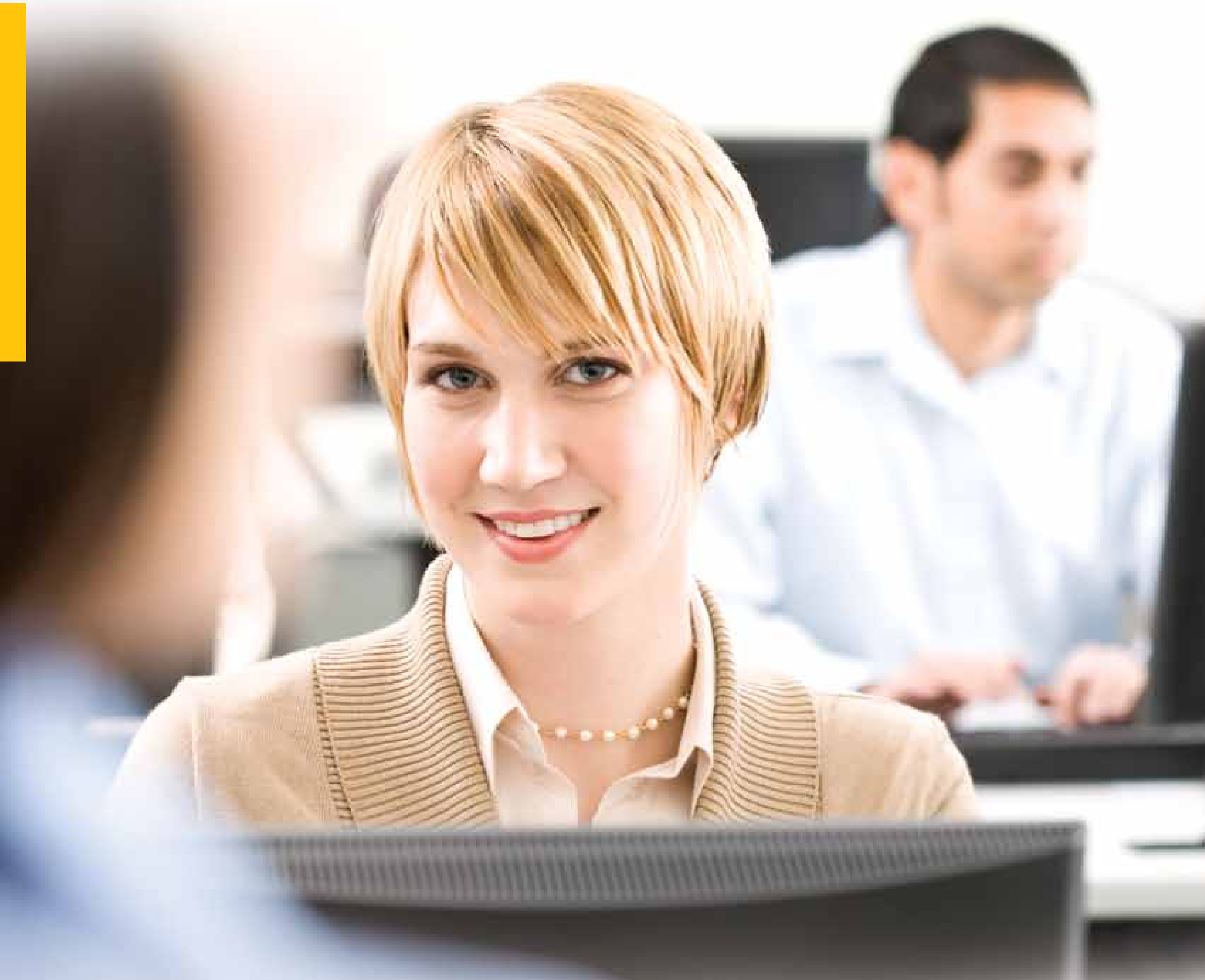
Practice Management

Succeeding in the Business of care



Leadership.
Innovation.
Support.

Helping your practice prosper by automating business processes.



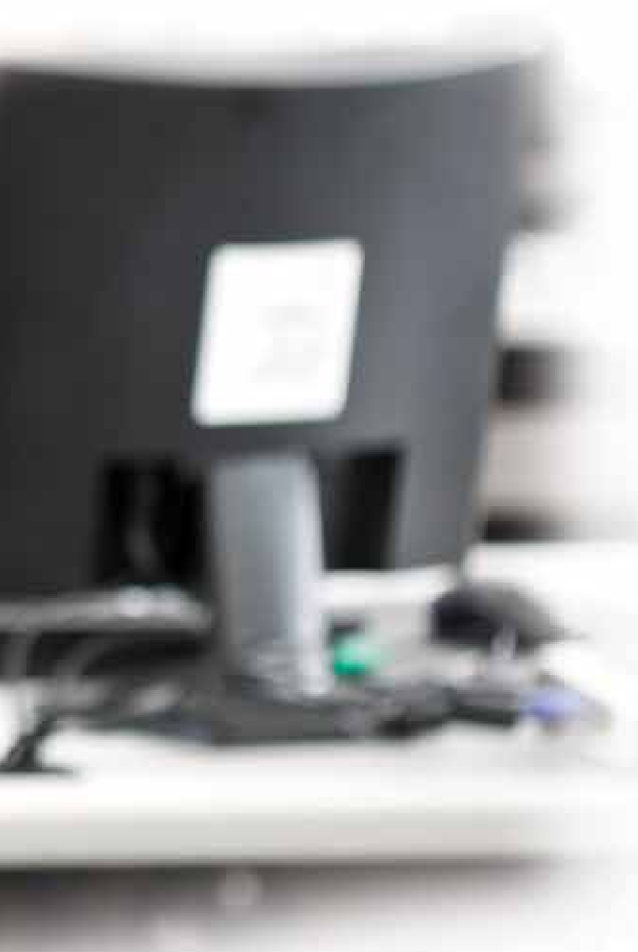
What Is Automation?

We're all familiar with ordering products online. You enter your credit card information, submit your order, and a package shows up a few business days later.

By hitting "submit order," you've triggered actions that initiate the order fulfillment process. The vendor's computer system is programmed to automatically send you a confirmation email, process your credit card charge, and route the item number to the warehouse.

Can you imagine if each step in this process were handled manually by employees using paper? Hundreds of times each day? That's how most medical practices continue to operate today.

As consumers, we've come to expect the efficiency and quality service that automation affords – or we take our business elsewhere. Why would your patients expect any less from your practice?



NextGen Practice Management for Office Automation

Most of today's practice management vendors define automation as electronic billing and claims capabilities. But, streamlining workflow between the front- and back-end office, running reports, or identifying errors in the system still rely on human interaction to manage.

Unfortunately, humans are subject to distractions, lack of communication, or workload issues that can cause even a hard-working staff to spin its wheels – or worse, let denials fester in A/R unnoticed, costing your practice money.

From front-end scheduling to back-end collections, NextGen® Practice Management can automate administrative workflow for the entire practice. The NextGen Healthcare implementation and training team will help your practice configure your system to match your practice's business rules so NextGen Practice Management will deliver performance similar to ordering an item online.

An action, such as a claims denial, will trigger the system to communicate automatically and immediately with the staff members you have designated to fix the problem. This communication is done through tasking.

In fact, NextGen Practice Management can help prevent errors from recurring by routing an error back to its source for correction.

Scheduled Processing: Background Business Processor

NextGen Practice Management includes a feature called the Background Business Processor (BBP) that allows labor-intensive business tasks to run automatically at a scheduled time.

Scheduled tasks may include:

Encounter billing

Statement processing

Electronic claims generation

Batching and sending eligibility verification or claims for status checking

Appointment reminders

Collection letters

Memorized reports, and more

In fact, many practices elect to schedule reports and other work to run after hours to save resources during business hours. When staff members arrive to work the next morning, reports will be sitting in designated staff members' email, and a list of tasks concerning claims errors, patient eligibility rejections, appointment reminders, and more will be waiting in their WorkLog queues.

Use Tasking to Automate Workflow

When configured by you to follow your practice's business rules, the NextGen Practice Management WorkLog Manager monitors administrative activities occurring in your practice.

Transparent to end users, WorkLog Manager responds to events in the system by sending a task in real time to a designated staff member with instructions on what to do next; how to do it; and when to do it.

Most importantly, the system tracks whether the task has been completed, making staff accountable and allowing managers to monitor productivity. WorkLog Manager will even prioritize and update tasks or, upon completion of a task, will assign subsequent tasks to other users.

To illustrate the power of how NextGen Practice Management WorkLog Manager can automate your practice, here are a few practical examples:

Appointments

When an appointment is created for a new patient, a task can be sent to a designated user within the practice to mail a new patient packet and verify insurance prior to the appointment.

Denial Management

During electronic remittance posting, denial reason codes will automatically trigger a task to be sent to a staff member within the practice to research and follow up on the denial.

Collections Management

For example, your practice's collection rules specify follow-up on accounts over 30 days past due. A Blue Cross Blue Shield account that ages to 31 days will trigger a task to the appropriate BCBS collections staff for follow-up.

Auto-Worker

In line with NextGen Healthcare's strategy for complete automation, WorkLog's Auto-Worker feature can be programmed to perform tasks, such as small balance write-offs and reclassification of A/R, without taking staff time.

Grow Your Cash Flow with Automation

By automating end-to-end office processes through NextGen Practice Management, practices can reduce A/R days, improve collections, decrease denials, boost efficiency, strengthen accountability, and expand their business without adding full-time staff members. Here's how:

Reduce A/R Days

Overdue claims can sit in A/R for 30, 60, or even 90 days until an employee manually runs an aging report and begins follow-up. With NextGen Practice Management, a task requesting immediate follow-up is sent to a claims specialist the instant an unpaid claim becomes overdue.

Improve Collections

When the insurance shifts from primary to secondary, NextGen Practice Management automatically submits the secondary claim electronically. As another example, electronic eligibility verification allows the front desk to troubleshoot coverage issues before the patient presents for service.

Decrease Denials

NextGen Practice Management checks claims for errors or missing information before electronic submission. When the system identifies an error, it generates a task and sends it to the appropriate claims specialist to fix.

Boost Efficiency

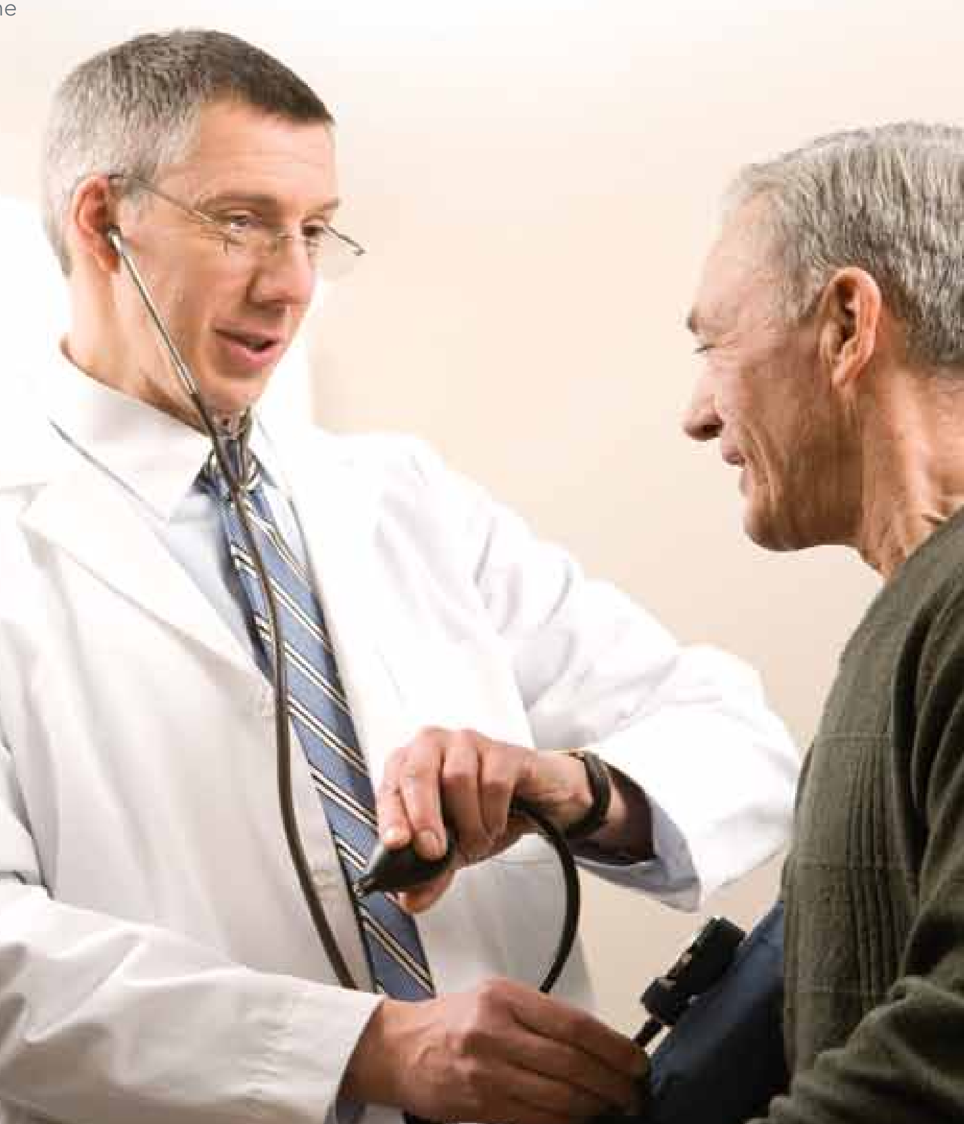
Verifying patient eligibility with a payer or checking the status of a claim can be done in real time, with results appearing in seconds. Or, your practice may choose to send a batch of patients for eligibility verification days before their appointments to fix any issues in advance. Claims status checking can also be batched, with the returned results triggering tasks for follow-up.

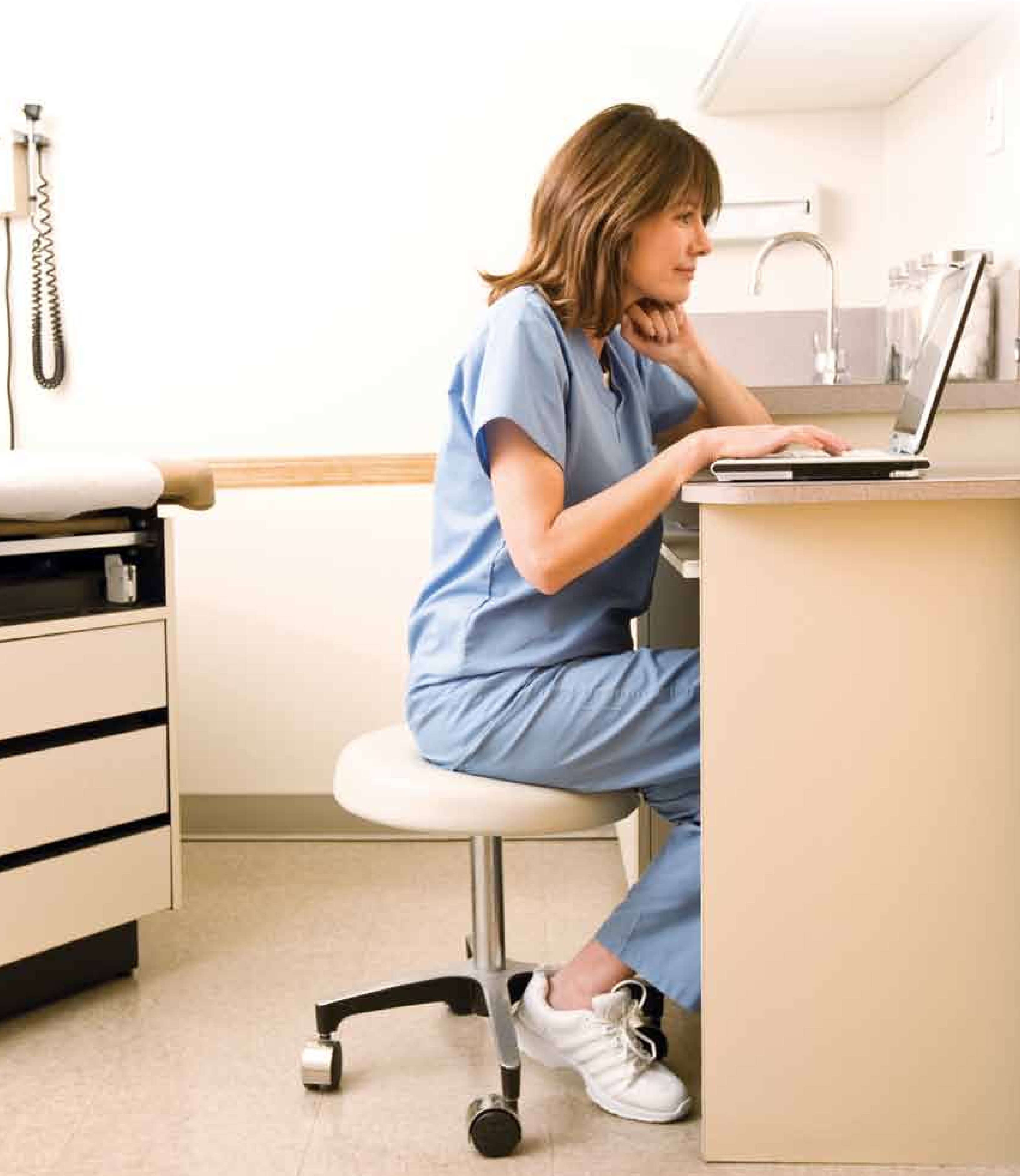
Strengthen Accountability

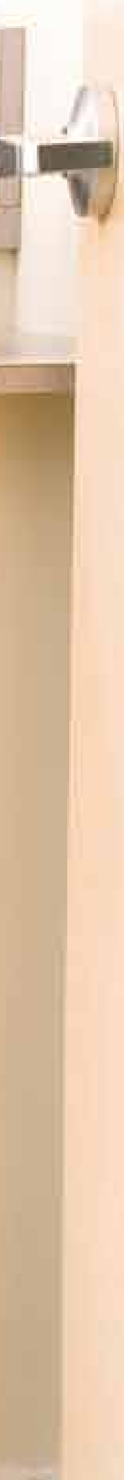
NextGen Practice Management's automated tasking system provides productivity transparency. Tasks can be monitored by the minute per user or manager for many aspects of your business, from scheduling to patient follow-up. Productivity reports can be easily generated to determine how many tasks were completed, how many are outstanding – and who are your top performers.

Expand Business

Through automated tasking, staff can focus on only the issues that need their attention while the system does the work. As a result of the manual time saved, staff responsibilities can be re-allocated for improved efficiencies, or physicians can be added without overloading existing staff.







Improve Staff Productivity with Automation

As front-desk personnel attempt to quickly check in and check out large volumes of patients, steps are bound to be missed. NextGen Practice Management uses "intelligent check-in/checkout" to automate the process and help ensure nothing is forgotten.

Much like Microsoft wizards, a computer-guided process walks front-desk personnel through each step of patient check-in and checkout in accordance with your specific practice workflow preference. Configurable by practice, location, and user, you decide the order of steps based on your practice's business rules. And as always, the NextGen Healthcare implementation and training team will assist you with setting up your workflow.

For example, during check-in, the system could instruct front-desk staff to verify demographic information, issue a privacy notice to new patients, scan and enter insurance information, and finally, collect the co-pay or overdue payment.

At checkout, the system could be configured to prompt the staff to re-verify information collected at check-in, schedule a follow-up appointment or put the patient on a recall plan. The process can also include charge entry, running edits to check for potential claim errors, collecting overdue payments, and producing an electronic receipt.

This step-by-step guidance is especially helpful in training new employees. Automation through tasking and intelligent check-in/checkout allows management to standardize workflow and establish better process control. Staff merely need to do the work that the system is telling them to do.

Analyze Your Business with Real-Time Reporting

NextGen Practice Management puts reporting at your fingertips. Straight from the application, you can generate built-in standard reports or use the application's reporting tool to easily create custom reports.

Reports for financial analysis that are built into the system include aging analysis reports by encounter or line item; billed encounters; receivable analysis by age, month, or type; scheduling reports by practice or physician; and many more.

Reports are interactive, providing drill-down capabilities into the patient's account, allowing the user to review or edit appointments, charges, payments, or claim errors right from the report. Standard reports are viewed on screen and can be customized prior to printing or exporting to ASCII, Excel, or HTML.

Also, managers can discover areas to target for operational improvement thanks to WorkLog Manager. A report can be generated to show all open tasks and reveal how much actual work has been assigned and completed from month to month. This information can help determine when responsibilities need to be shifted.

Want to maximize the power of your NextGen Practice Management purchase? Ask us about the revenue cycle management services offered by NextGen℠ Practice Solutions. We will show you how our "best practices" can result in optimizing your practice's bottom line.

Combine Administrative and Clinical Automation

Practices can expand automation to the clinical side of their business by adding NextGen® Ambulatory EHR to the system. Together, NextGen Practice Management and NextGen Ambulatory EHR combine to create one complete solution for practice automation.

With NextGen Ambulatory EHR's point-of-care charge entry, charges entered by the physician will automatically flow to the Practice Management, eliminating the need for paper fee tickets. Using "intelligent checkout," the charges are presented automatically at checkout and payment can be collected on the spot. Or, because the system instantly checks the claim for accuracy, it could alert staff that information is missing to avoid a denial.

Centralize Your Enterprise

NextGen Healthcare takes scalable enterprise architecture to a new level by allowing multiple-location healthcare organizations to capture, store, and share data on one database, while supporting advanced security to protect individual preference settings for practices to operate independently.

From internal medicine to neurosurgery, this advanced enterprise architecture is why NextGen Practice Management can support such a broad range of specialty business requirements operating on a single system.

Most ambulatory solutions using enterprise technology require multiple databases to achieve this. But, multiple databases mean multiple backups, multiple interfaces, duplicate maintenance, separate reporting for each database, and more.

That's why NextGen Healthcare constructed its unified Practice Management and EHR systems to accommodate the future of interoperability using a single database for both solutions. With NextGen Healthcare, your enterprise organization can:

- Automate centralized business operations, such as billing, receivables management, and collection activity
- Reduce costs of IT and system administration
- Share demographic, clinical, and administrative data for better patient outcomes, while complying with privacy laws
- Streamline referrals within the enterprise
- Generate reports at any level of the organization

Summary of NextGen Practice Management Features

Some features may require additional purchase or incur separate charges.*

Advisor Screen

- At-a-glance, customizable tool for managing appointments, tasks, current accounts receivables, encounter billing, statements, claims, and pending letters

Appointment Scheduling

- Centralizes scheduling for multiple locations
- Resource-based scheduling (by doctor, exam room, equipment, etc.)
- Advanced appointment search by resource, day, time, and distance from patient's home or employer to nearest office location
- Accommodates resources with different time intervals (from 5 minutes to 60 minutes)
- Schedule multiple events/appointment types in a customized, defined sequence
- Set up appointments on a daily, weekly, monthly, and yearly recurring interval
- Group multiple resources together on a single view within the appointment book
- Color-coded appointment categories and locations for easy identification in the appointment book
- Hide patient names in the appointment book for HIPAA compliance
- Bump list and wait list options available through the WorkLog Manager
- Cut-and-paste functionality for easy rescheduling
- Complete appointment history, including details (date, time, resource, location, user) about rescheduled appointments
- Easily apply master schedule to each resource on a daily, weekly, monthly, or yearly basis
- Block all resource schedules for holidays at one time
- Customized fee tickets (e.g., encounter forms or superbills) by practice, location, resource, and/or appointment type
- Utilization reporting

Real-time Transaction Services

- 278 On-demand Referrals
- 270/271 Eligibility Requests/Responses
- 276/277 Claim Status Checking
- On-demand, batched, or automatic through Background Business Processor

Medical Necessity

- Perform immediate medical necessity checks from an appointment or a patient encounter

Registration

- Customizable computer-guided sequences for check-in/check-out
- Streamline registration by capturing demographics, provider, HIPAA-privacy notice, employer, and insurance information in one place
- Scan and store multiple insurance card images
- Maintain a complete insurance history of past, present, and future policies
- Capture data for UDS reporting (for Community Health Centers and FQHCs)
- Multiple sliding fee schedules
- Customizable registration fields
- Built-in audit trails for demographic modifications and HIPAA compliance

Electronic Claims/Billing

- Advanced, real-time claim edits including an options subscription to the 3M hosted edits
- Direct claims submissions to payers/clearinghouses using HIPAA-compliant 837 format
- 997,277u and other Functional Claim Acknowledgement Support
- National Provider ID (NPI) support
- PQRI Edits
- Pre-loaded and customizable claim edits by practice, payer, region, and state
- Support for configurable state taxes at the procedure level

Image Integration

- Posting payments from digital EOB images acquired
- Posting charges from digital fee ticket images acquired in ICS
- EOB and fee ticket images stored in patient's record
- OCR support

Accounts Receivable

- HIPAA-compliant 835 ERA support
- Automatic balance shift to secondary, tertiary insurance, and patient responsibility
- Automated charges entry from NextGen EHR (when installed with NextGen Practice Management)

WorkLog Manager

- Automates collections and follow-up processes using tasking
- Creates and completes tasks automatically based on practice's business rules
- Tasks include practice's instructions for what to do next; how to do it; and when it needs to be completed
- Generate tasks directly from a report
- Provides productivity transparency based on completed tasks

Reporting

- Generate reports right from NextGen Practice Management system
- A library of built-in standard reports
- Customized report writer
- View reports on screen with drill-down capabilities into patient's account
- Print or export reports to ASCII, Excel, or HTML standard formats
- Automatic report generation through the Background Business Processor

Letters

- On-demand, batched, or automated through Background Business Processor. Letter types include:
    - Appointment reminders
    - Collection letters
    - Budget/Payment plan letters
    - Recall letters

Statements

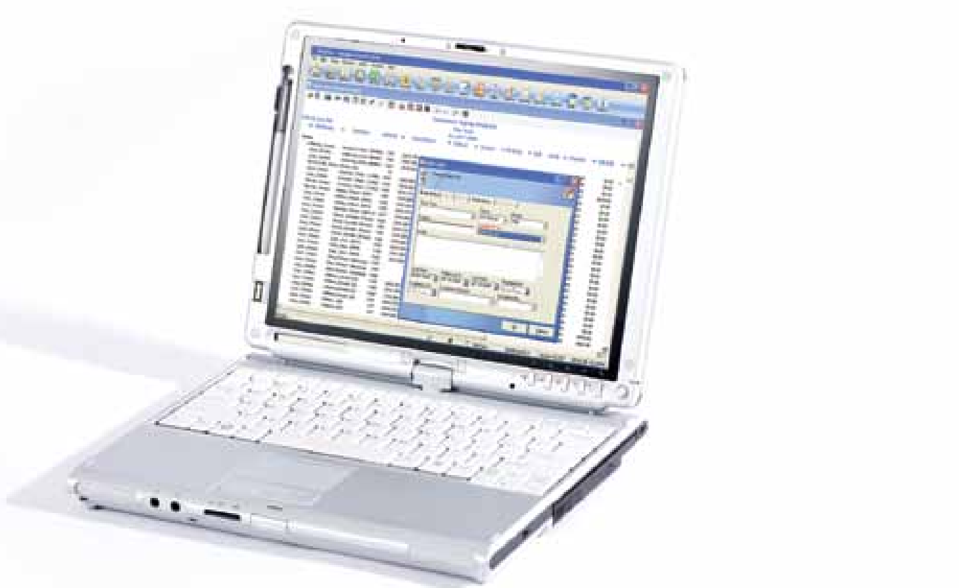
- Family billing
- Print statements or export statements to a third party
- Assess late fees
- Customizable statement messages for patient and insurance balances
- Send tasks to follow up on issues based on number of statements sent
- Generate company/employer statements and invoices

Contract Management

- Upload and maintain payer fee schedules for facility and non-facility
- Automate payment posting
- Automated adjustments to reflect net A/R at time of charge entry
- Identify payment discrepancies through reporting
- Uses RVU and GPCI to calculate and update fee schedules
- Support of different fee schedules for providers and locations within a practice

Case Management

- Roll up multiple encounters into a single case for work-related accidents, auto accidents, etc.
- Distinguish case-related appointments from other medical services to ensure encounters and insurance information are captured appropriately
- Print statements that include only case-related encounters
- Case management data included in multiple reports



*See your sales executive for further details.

Publicly traded (NASDAQ:QSII)

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