

# Welcome to the **NextGen Upgrade** **v.5.9.2020.1 Webinar**

The presentation will begin shortly.  
Please note that all attendees are in listen only mode.  
Inquiries may be submitted using the **Questions** window.  
A recording of this webinar will be sent out to all attendees.

Presented by:





# About eMedApps

eMedApps is a Healthcare Information Technology Services company providing practices, clinics and hospitals with a full range of services, as well as a suite of products designed to increase efficiency and facilitate communication.

- Founded in 1999
- Working as partner with NextGen since 2001
- Worked as subcontractor for NextGen
- Serving healthcare clients across USA
- Services and Products for NextGen clients

# NextGen Upgrade

## 5.9.4/8.4.4

### Spring 2020

#### v.5.9.2020.1



**EHR**

# Practice Defined Patient Education Now Available

- Similar integration as HealthWise
  - Brower
  - Button triggers, etc.
  - Fax, Save, Send to Pt Portal
  - Advanced Audit

The screenshot displays the 'Patient Education Browser' interface. At the top, it shows search criteria: 'Internal | Term | English | Age: [45 - 64 Years] | Male'. Below this, there are two main sections: 'Recommended Search' and 'Documents'.

**Recommended Search:** This section lists 'Recommended Search Criteria' including Billing ICD List (Diabetes insipidus (E23.2), Headache (R51)), Problem List (Abdominal cramping (51197009), Allergic rhinitis (61582004), TATT - Tired all the time (2670320)), and Procedures (OFFICE/OUTPATIENT VISIT, ES).

**Documents:** This section shows a tree view of 'Practice Defined' content. The 'Pediatrics' folder is expanded, showing sub-folders for 'Newborn (birth to 1 month)', 'Infant (2 to 23 months)', 'Male', and 'Female'. Under 'Female', the '1 Year Checkup' is selected and highlighted with a red box. Other checkup options listed include 15 Month Checkup, 2 Month Checkup, 6 Month Checkup, and 9 Month Checkup. Below this, there are folders for 'Preschool child (2 to 5 year)', 'Child (6 to 12 years)', 'Adolescent (13 to 18 years)', 'Early adult (19 to 24 years)', and 'Adult (19 to 44 years)'.

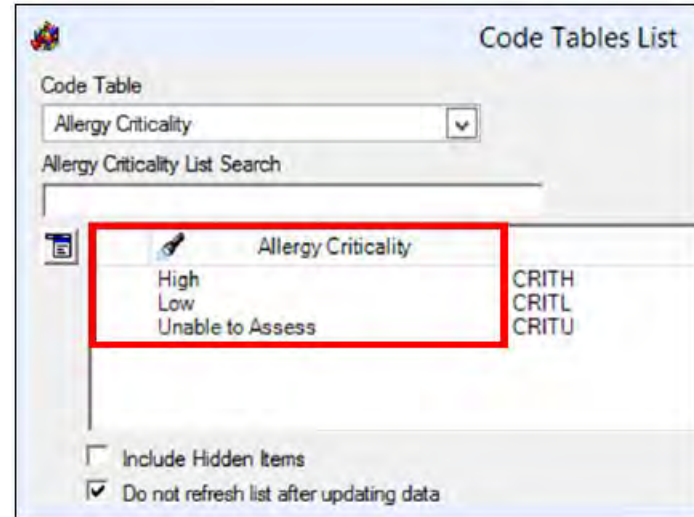
The main content area displays an article titled 'BRIGHT FUTURES HANDOUT - PARENT 12 MONTH VISIT' from the American Academy of Pediatrics. The article includes several sections with checkmarks:

- HOW YOUR FAMILY IS DOING:** Discusses family health, smoking, and alcohol use.
- FEEDING YOUR CHILD:** Discusses feeding practices, including avoiding sugary drinks and ensuring a balanced diet.
- WORLDWIDE TRAVELING:** Discusses travel safety, including using insect repellent and staying hydrated.
- FINDING A DOCTOR:** Discusses finding a doctor for the child, including checking credentials and insurance.

\*\*Configuration Required

# Updates to CCDA R2.1 Validator

- Meets MU3 Standards
- Allergy Criticality Code Table
- Updated Allergy Severity List to contain only:
  - Mild
  - Moderate
  - Severe
  - Unknown
- Removed:
  - Fatal
  - Mild to Moderate
  - Moderate to Severe



# Allergy Module

- Patient's with Non-Supported Values
  - No change on upgrade
  - Edit manually, as needed
  - \* indicates non-supported value

The screenshot displays the Allergy Module interface. At the top, a 'Medication Allergies' table lists various allergies with columns for Date, Description (Criticality), Onset/Sympt, and Resolved. Below the table, an 'Edit Reaction Severities' dialog box is open, showing a list of reactions and their corresponding severity levels. A red arrow points to the 'Edit' button in the dialog box. In the foreground, a 'NextGen' dialog box asks for confirmation to update allergy information.

Date	Description (Criticality)	Onset/Sympt	Resolved
06/11/2019 02:25 AM EDT	EGG (High)	00/00/0000	07/25/2019
06/11/2019 02:25 AM EDT	FENTANYL CITRATE	00/00/0000	00/00/0000
06/11/2019 02:25 AM EDT	FENTANYL CITRATE (High)	00/00/0000	00/00/0000
06/11/2019 02:25 AM EDT	COCOA (High)	00/00/0000	00/00/0000
10/01/2018 01:16 AM EDT	SULFAMETHOXAZOLE (High)	00/00/0000	06/05/2019
08/29/2018 01:21 AM EDT	VINCAMINE (Low)	00/00/0000	06/19/2019

**Reactions:**

- \* Blurred Vision (mild to moderate)
- Burning Eyes (severe)
- Conjunct Edema (moderate)

**Severity:**

- unknown
- severe
- moderate
- mild
- Not Assessed

Buttons: Add, Edit, Delete

NextGen dialog: You are updating allergy information that was entered on a previous encounter. Do you want to continue? [Yes] [No]

# Clinical Reconciliation

- Allergy Criticality Added
- Visible in All Sections
  - EHR
  - Import
  - Reconciliation Summary

The screenshot displays a clinical reconciliation interface. At the top, there are tabs for 'Custom View', 'Full View', 'Import', and 'Reconciliation History'. Below this, there are navigation buttons for 'Medications', 'Med Administered', 'Medication Allergy', 'Problems', 'Diagnostic Codes', 'Procedures', 'Immunizations', 'Vital Signs', 'Family History', and 'Social'. The main area is divided into two columns: 'EHR' and 'Import'. Both columns have a table with columns for 'Action', 'Match', 'Allergy Name (Criticality)', 'Reaction (Severity)', and 'Inhibitor'. In the 'EHR' table, a row for 'PEANUT (High)' is highlighted with a red box around the 'Allergy Name (Criticality)' column and a red arrow pointing to it. In the 'Import' table, a row for 'Lactose' is highlighted with a red box around the 'Allergy Name (Criticality)' column. Below these tables is a 'Reconciliation Summary' section with a table that has columns for 'Allergy Name (Criticality)', 'Causative Agent', 'Reaction (Severity)', 'Interference', 'Identified', 'Resolved', 'Last Modified', and 'Status'. The 'Allergy Name (Criticality)' column in this table is also highlighted with a red box. The table contains several rows, including 'grass pollen', 'Lactose', 'Wheat gluten extract', and 'PEANUT (High)'. The 'PEANUT (High)' row is highlighted with a red box and a red arrow pointing to it. At the bottom of the interface, there are buttons for 'Match', 'Unmatch', 'Confirm', 'Reset', and 'Close'.



# Document Management

- Added the batch number to the batch status report
  - When reports are ran, the performance is not degraded
- Auto launch image batches screen
  - User preference
- New Report 'Patient by document type'

Batch Status

1:08/20 5:24 PM

NextGen Family Practice  
Batch Status  
From 10/8/2019 to 1/8/2020

Bch Name	Bch Nbr	Bch Date	Jans	Scnd By	Bch Status	Post Date
Asdf	250	10/14/2019 11:17 A	1	Admin, NEXTOEN Y	Cancelled	10/15/2019 4:24 A
Cardiology	268	11/05/2019 12:36 A	3	Anderson, Barry	Closed	11/12/2019 3:57 A
Cardiology EKGs	274	11/12/2019 12:43 A	1	Adams, Benjamin	Closed	11/13/2019 3:15 A
Cardiology EKGs	276	11/12/2019 3:47 A	1	Admin, NEXTOEN Y	Closed	11/12/2019 3:50 A
Cardiology Reports	273	11/06/2019 4:30 A	1	Adams, Benjamin	Cancelled	11/13/2019 4:52 A
Courier Batch	251	10/15/2019 4:25 A	2	Admin, NEXTOEN Y	Filing	10/22/2019 4:02 A

Batch Status

1:08/20 5:24 PM

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Cardiology EKGs	276	11/12/2019 3:47 A	1	Admin, NEXTOEN Y	Closed	11/12/2019 3:50 A
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\*\*Configuration Required

# Document Management Filing Process

- Better option to send images for PAQ or bypass PAQ through Patient Status and Location fields
- Reduce the number of scanned images to review and sign in the PAQ

File: Scans, Roger

Document Type <Alt L>  
EKG Pt Status Loc

First Name  
Roger

Last Name  
Scans

Person Nbr  
734

DOB  
008

Date of Birth  
11/04/1965

MRN  
295

Date Of Test  
01/09/2020

Provider Name (PAQ)

Patient Status  
Active

Location  
Internal Medicine Location



# Medications: NCPDP Version 2017071

- NCPDP: National Council for Prescription Drug Programs
- New version 2017071 (old version 10.6). SureScripts will only support 10.6 until 12/01/2020.
- SureScripts maintains pharmacy and provider directories. These directories have been updated to support 2017071.
  - Areas impacted:
    - New admin console (used by NG Support for eRX message management)
    - Pharmacy downloads
    - Provider downloads
    - Provider enrollment and enrollment updates
  - Will not directly impact practices and/or providers
    - **Respond to all eRX messages prior to upgrading**

# Medications: Directories v.6x

- Changes Include:
  - Pharmacy Name increased from 35 to 70 characters
  - Pharmacy Address like 1 and 2 increased from 35 to 40 characters
  - Country Code is now required
  - Practice Name increased to 40 characters
  - PM Chief Pharmacist added to the pharmacy lookup window
  - Any reports modified to include more characters
  - Person Merge allows for the 70 character pharmacy name

**Modify Pharmacy Information**

**General** | Prescribing

Pharmacy: A2 RxCGENESYS Support Test Sto    Store Number:    Phone: (267) 280-5100    Fax: (267) 280-5102    Fax Extra:

Address: 738 Louis Drive    Alternate Phone:    Alt Phone Description:

City: Warminster    State: PA (Penn)    Zip: 18974    Chief Pharmacist:    Hours of Operation:

Country:    County:     Dial "1" for long distance  
 Prescription By Fax  
 Delivery Available

Note:

Who's Who    Hide     OK    Cancel

# Medications: Medication History v.3x

- RxEligibility must be ran prior to receiving Medication History for a patient.
  - SureScripts requires an appropriate eligibility response.
  - Medication History button will remain disabled until one of the following responses are returned:
    - Eligible
    - Multiple Eligibilities
    - No Eligibility
    - Patient Not Found
  - Single request is now sent for both claims and pharmacy data
    - Up to 300 medications can be returned in a single request
    - Increased data from 50 to 500 per page
  - Clinical Reconciliation Module updated to support these standards

Population Health Sync

re Ave Unit 13C MRN: 2992 Address Type: PCP:  
ID 83201 Patient Portal: Pharm: Referring:  
Enc. Insurance: Rendering: 2 Reporting, Provider

Prescription History 1 of 1

⚠ Medication history provided may be incomplete.

Source	Medication	Last Fill Date	Prescriber	Pharmacy
Pharmacy	12 HR cetirizine HCL Refill: 0 Quantity: 12 Subst	11/9/2019		Bannockburn Pharmacy
Payer	Amoxicillin 125 N Refill: 0 Quantity: 100 Subst	11/9/2019	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
Pharmacy	buspirone HCL 10 Take 1 tablet by m Quantity: 60 Subst	11/26/2019	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
II Payer	Cotempla XR-OD Refill: 0 Quantity: 30 Subst	12/11/2019	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
Payer	Flulaval Quadrival Refill: 0 Quantity: 1 Subst	1/12/2020	Bannockburn Phan	<input checked="" type="checkbox"/>
IV Payer	LOrazepam 2 mg Refill: 0 Quantity: 60 Subst	1/14/2020	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
V Payer	Vimpat 50 mg tab Refill: 0 Quantity: 100 Subst	12/30/2019	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
V Pharmacy	Vimpat 50 mg tab Take 1 tablet by m Quantity: 100 Subst	12/30/2019	Dolores Waterford- Bannockburn Phan	<input checked="" type="checkbox"/>
Pharmacy	Zyrtec-D XR oral Refill: 0	9/28/2019	Bannockburn Phan	<input checked="" type="checkbox"/>

Disclaimer: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Reconciliation Interactions Previous Next Close

# Medications: New Rx Updates

- Changes Include:
  - 340B field
    - \*need to remove from address line 2, upon upgrading\*
    - Subsequent Benefits Coordination Field: patient savings and benefit coupons. No change needed, if already using.
    - Pt Height and Weight will now be transmitted with prescriptions
    - Quantity Unit of Measure (QUOM)
      - First Databank removed over 50 unit codes
        - Bottle
        - Container
        - Inhaler, etc.
      - This will be included in the Spring 2020 Medication Update. NextGen will retain retired codes for a period of time.
      - Providers will need to update their favorites.
    - Allowable SIG characters updated from 140 to 1000

The screenshot shows the 'Practice Preferences' window with a 'Medication' category selected in the left-hand 'Preference List'. The right-hand pane contains several settings:

- eRx: always send generic name if not DAW
- Enable Standard Sig
- Allow Prescribing Delegates
- Display PDR® BRIEF
- Enable Sig Override
- Enable Tall Man Medications
- Enable Patient Savings Program
- Patient Savings Program Eligibility Response: 10 Seconds (Max up to 30)
- Patient Savings Printer: [Dropdown]
- Allow Sending eRx to Multiple Destinations
- Default Pharmacy Interface: [Dropdown]
- Unswitched Refill Request Provider: Current Provider
- Office of Pharmacy Affairs 340b ID: 02ADHS283 (highlighted with a red box)
- Enable PDMP Gateway
- PDMP Username: [Text Box]
- PDMP Password: [Text Box]
- PDMP Review Required
- PDMP reviewed information displays on document when accessed: 1 days prior to encounter
- Allow practice to suppress specific DUR interactions

The screenshot shows a patient form with the following fields:

- PBM Member ID: [Text Box]
- Payer Name: RXHUBPBM
- Identifiers:
  - PayerID: T0000000001000
  - ProcessorIdentificationNumber: AV
  - Manualy Defined: 618972193
  - ?: 234876
- Effective Date: Not Supplied
- Expiration Date: Not Supplied
- Card Holder ID: [Text Box]
- Group ID: DD1
- Consent: [Text Box]
- Subsequent Benefits Coordination (highlighted with a red box):
  - ID: 413845047275
  - PCN: CN
  - Bin: 004682
  - Group: EC57002167



# Medications: Renewal Requests

- Pharmacies can now request a specific number of refills in the request
- Provider can modify the quantity of the renewal prior to approval
- Inbox will always show the most recent request in times where multiple requests are sent for the same prescription
- Renewal request can now only be Approved or Denied once in a 24 hour period
- New Response Options
  - Approved with Changes
  - Denied, New to Follow

# Medications: Rx Fill

- Service that provides details on the pharmacy dispense activity for a particular medication
- Details return directly to the medication in the patient's chart
  - RxFill Status Column
- Providers can determine which level of RxFill notifications they want to receive
  - Can be determined on a per prescription basis, before sending to the pharmacy
- RxFill History is also available

The screenshot displays a 'Population Health Sync' interface with a 'Screening Summary' section. Below this is a table of medications with columns for Generic Name, RxFill Status, Original Start Date, and Start Date. A red box highlights the RxFill Status column.

Generic Name	RxFill Status	Original Start Date	Start
acarbose	Dispensed	01/22/2020	01/22/2020
oxycodone HCl	Transferred	01/22/2020	01/22/2020
diphenhydramine HCl	Dispensed	01/22/2020	01/22/2020
ibuprofen/pseudoephedrine HCl	Partially Dispensed	01/21/2020	01/21/2020
pioglitazone HCl	Dispensed	01/18/2020	01/18/2020
acitretin	Dispensed		
dexamethasone	Dispensed		
aripiprazole	Dispensed		
chlorthalidone	Dispensed		

Below the table, there are several pop-up windows. One window shows 'Additional Prescription Detail' for 'OxyCONTIN 30 mg tablet, crush resistant, ext' with fields for Start Date (1/22/2020), Stop Date, Quantity (3), and a dropdown for 'Rx Fill Status' set to 'All Rx Statuses Except Tia'. Another window shows 'Medications Reconciliation' with a list of active medications including 'OxyCONTIN 30 mg tablet, crush-resistant, ext' and 'Acetaminophen 325 mg tablet, extended-release, 30-day supply'. A third window shows 'Rx Fill Notification Change History' with a table of changes.

Date/Time Changed	Change From/To	User Name
04/20/19 10:20:14 AM	Partially Dispensed	Huffor, C
04/20/19 10:20:04 AM	Cancel All Rx Statuses	Huffor, C
04/20/19 10:19:53 AM	All Rx Statuses	Huffor, C

*\*\*Enrollment Required – If already enrolled, update the enrollment*





# Medications: Rx Change

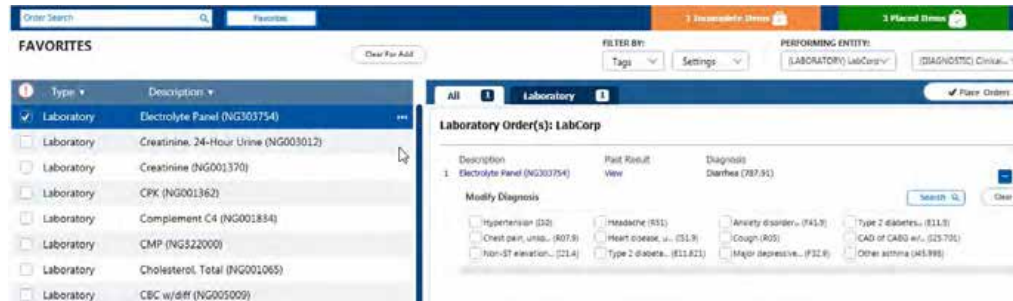
- Service that allows pharmacies to send messages to a Provider's inbox when a change is needed for a prescription
  - Generic Substitutions: Provider can edit the response before sending
  - Therapeutic Interchange: Provider can edit the response before sending
  - Drug Use Evaluation: Provider can edit the response before sending. Now separate from Therapeutic Interchange
  - Script Clarification: Provider can edit the response before sending. Now separate from Therapeutic Interchange
  - Prior Authorization Required: No changes
  - New Response Types:
    - Out of stock – Provider can reply with another medication
    - Prescriber Authorization – Provider can reply with necessary info

# Medications: Rx Change

- Prescriber Authorization – Provider can reply with necessary info
  - **State License status-** Prescriber must confirm their State license status
  - **DEA License status-** Prescriber must confirm their DEA license status in prescribing state
  - **DEA registration status by DEA class-** Prescriber must confirm their DEA registration by DEA class
  - **State controlled substance registration license status-** Prescriber must confirm their State Controlled Substance Registration license status
  - **Prescriptive authority prescribed product registration class-** Prescriber must confirm their registration by State Controlled Substance Registration class
  - **NADEAN license effective date-** Prescriber must confirm their NADEAN license status
  - **NPI-** Prescriber must obtain/validate NPI
  - **Prescription benefit plan enrollment date-** Prescriber must enroll/re-enroll with prescription benefit plan **(This enrollment is NOT completed within NextGen)**
  - **Prescriptive authority prescriber type-** Prescriber must confirm prescriptive authority criteria for prescribed medication is met
  - **REMS enrollment date-** Prescriber must enroll/re-enroll in REMS **(This enrollment is NOT completed within NextGen)**
  - **Assigned patients lock-in date-** Prescriber must confirm their assignment as patients' lock-in prescriber
  - **Supervising provider-** Prescriber must obtain/validate their supervising prescriber
  - **Certificate to prescribe status**

# Medications: CPOE

- Can be used in place of current workflow for all Lab, Radiology and Immunization Orders
- Uses most existing set up, some addtl configuration required
- Orders can be placed, modified, etc. in the workflow
- ElasticSearch based search engine housed in Amazon Web Services
- Returns results across all order types
- Search action is triggered after 2 characters
- 3 ways to find tests:
  - Common orders – most frequent orders by user
  - Favorites
  - Categories, now Tags
    - Each user can choose the Tags they prefer

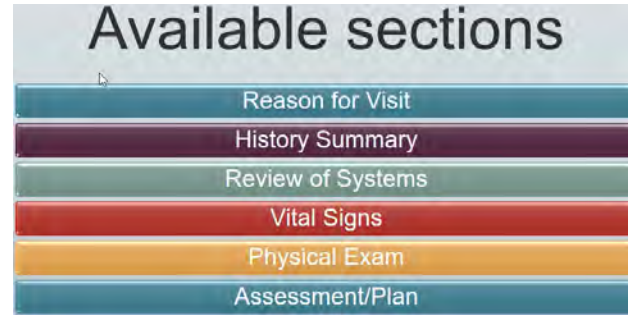


\*\*Configuration Required

# **Adaptive Content Engine**

# SOAP Template Redesign

- SOAP template has been redesigned as the next stage of the ACE
- Goal is to improve the user interface and workflow
- Choose template view
- Resize columns and sections
- Change font size on the fly
- Configure buttons on Framework Content
- Can select a single column or Two column view
- "Cards" – Can expand/collapse cards
- Sidebar on the Right



12/20/2019 6:04 PM : \*SOAP x

Specialty: Family Practice | Visit Type: Office Visit | Established/New: Established | Quick Notes: Apply Save | Show Risk Indicators:

Care Guidelines (7) | Contagion Risk (1) | CAD (7) | DM (1) | HTN (1) | TOB (1) | Global Days | HCC (0) | Risk Level (3) | Care Team | Transitioning Into Care

Intake | Histories | **SOAP** | Finalize | Checkout

Standing Orders | Adult Immunizations | Peds Immunizations | My Plan | Procedures | Order Management | Document Library

\*\*Configuration Optional

# SOAP Template Redesign

01/09/2020 10:56 AM: \*SOAP x

Specialty: Family Practice Visit Type: Office Visit Established: Quick Notes Apply Save Show Risk Indicators

Care Guidelines Contagion Risk CAD DM HTN TOS Global Days HCC Risk Level Care Team Transitioning Into Care

Intake Histories **SOAP** Finalize Checkout

Standing Orders Adult Immunizations Peds Immunizations My Plan Procedures Order Management Document Library

### Reason for Visit

Chronic Conditions Standing Orders Comment

Introduction: This 41 year old female.

Select HPI Favorites Enter/Select Historian

No Reason for Visit records found.

SHOW LESS

### History Summary

Social Determinants of Health PRAPARE Confidential

Past Medical/Surgical Interim Social Family Diagnostic

Add Past Medical / Surgical History

Past Medical History Past Surgical History

### Vital Signs

History Graph

Add Vital Signs

No Vital Signs records found.

SHOW LESS

### Physical Exam

Image Office Diagnostics

One Page Exam OR Select Other Physical Exams Favorites

No Physical Exam records found.

SHOW LESS

### Assessment / Plan

My Plan A/P Details Labs Diagnostics More

# Order Assessment

- The system will remember the last selected assessment on any template where orders are created

The screenshot displays a software interface for 'Diagnostic Studies'. At the top, there are tabs for 'Assessments', 'My Plan', 'A/P Details', 'Labs', and 'Diagnostic'. Below the tabs, the 'Insurance name' is 'Cigna Healthcare POS' and the 'Policy #' is '123456789'. The 'Today's Assessments' section contains a table with two entries: '1 Type 2 diabetes mellitus without complications' and '2 Chest pain, unspecified'. The second entry is highlighted in blue. Below the table, a 'Selected diagnosis:' field contains 'Chest pain, unspecified'. A red box highlights this field and the 'Orders' section below it. The 'Orders' section includes fields for 'Allergy' and 'Medication', and a list of order types: '+ X-ray Head/Spine', '+ X-ray Upper Extremity', '+ X-ray Lower Extremity', and '+ X-ray Body'.

# Split Office Services/Diagnostic History

- Previously there is a template that combines Office Services and Diagnostic History
- These templates were split into their own separate templates
- No functionality changes

The screenshot shows the 'Office Services' form. At the top, there is a title bar 'Office Services' and a sub-header 'Office Services'. Below this, there is a section for 'Orders' with a search bar and a 'Display category' dropdown set to 'ALL'. A table lists several orders with columns for 'Order Category', 'Order', 'Proc Code', 'Site', and 'Diagnosis/Description'. The table contains five rows of data. Below the table, there are input fields for '\*Order:', '\*Diagnosis:', 'Procedure code:', 'Site:', 'Di code:', and 'Status:'. There are also buttons for 'Add or Update Assessment' and 'Clear'. At the bottom, there are fields for 'Interpretation:', 'General medication:', and 'Unit of measure:'.

Order Category	Order	Proc Code	Site	Diagnosis/Description
ALL	Allergen immunotherapy, 2+ injections	9511F		
ALL	Allergen immunotherapy, one injection	9511E		
ALL	Allergen immunotherapy, one injection	9511F		
ALL	Allerg. skin test, intracutaneous, semiquan.	8246B		
ALL	Allerg. blood test	8830B		
ALL	Allerg. skin test	8815B		

The screenshot shows the 'Diagnostic History Entry' form. It has a title bar 'Diagnostic History Entry' and a sub-header 'Diagnostic History Entry'. The form is divided into several sections: 'Study Type' with a dropdown for 'Diagnostic study type'; 'Study Performed' with a dropdown for 'Diagnostic study', a text field for 'Procedure code', and checkboxes for 'Ordered elsewhere', 'Site', and 'Site'; 'Study Date' with a date field for 'Date performed', a checkbox for 'Approximated performed date', and a text field for 'Specialty'; 'Date Completed' with a date field; 'Performed by' with a text field and 'Location' with a text field; 'Study Result' with a checkbox for 'See scanned report', a dropdown for 'Interpretation', a text field for 'Result', and a text field for 'Comments'; and a 'Consent' section with a dropdown. At the bottom, there are buttons for 'Add To Grid', 'Update', 'Delete', 'Add To HT Grid', and 'Remove from HT Grid'. A table at the very bottom shows columns for 'Performed', 'Study', 'Interpretation', 'Result', 'Proc Code', and 'Comments'.



# Diagnostic History to HPI

- Clinical staff often review Diagnostic tests with the patient and need a way to easily add this review to the Reason for Visit documentation
- 'Add to HPI grid' new button
- Required diagnostic history data must be completed first

The screenshot shows the 'Diagnostic History Entry' form. It includes fields for 'Study Type' (Mammography), 'Study Performance' (SCR MAMMO BI INCL CAD), 'Procedure code' (T7007), 'Study Date' (12/04/2019), and 'Date Completed' (12/04/2019). There are also fields for 'Study Result' (normal), 'Interpretation', and 'Results'. A red box highlights the 'Add to HPI Grid' button at the bottom right of the form.

The screenshot shows the patient's medical history page. The 'Reason for Visit' section is highlighted with a red box. It contains a table with the following information:

Reason for Visit	History of Present Illness
Studies Reviewed	SCR MAMMO BI INCL CAD performed on 12/04/2019. Interpretation: normal, Result: See scanned report

# Orthostatic Blood Pressure

- The CDC has updated their guidelines for Orthostatic Blood Pressure
- EM Coding Points are built into the template
- Saves to a separate Orthostatic grid

The CDC has updated their guidelines for Orthostatic Blood Pressure

Have patient lay down for 5 minutes

Measure BP and Pulse

Have patient stand

Check BP and Pulse after standing for 1 and 3 minutes

The screenshot shows an EM template titled "Orthostatic Vital Signs" with a date of 12/08/2019 and time of 1:17 PM. It features three columns for recording data:

- Column 1:** Side:  Right  Left; Site: \_\_\_\_\_; Method:  Manual  Automatic  Home monitor; Cuff size:  Pediatric  Adult  Large  Thigh; Position:  Lying  Sitting  5 minutes; Systolic: \_\_\_\_\_ / Diastolic: \_\_\_\_\_ mmHg; Pulse: \_\_\_\_\_ /min; Pulse pattern:  Regular  Irregular; Symptoms: \_\_\_\_\_ (Characters left: 250); Comments: \_\_\_\_\_ (Characters left: 2000).
- Column 2:** Side: \_\_\_\_\_; Site: \_\_\_\_\_; Method: \_\_\_\_\_; Cuff size: \_\_\_\_\_; Position:  Sitting  Standing  1 minutes; Systolic: \_\_\_\_\_ / Diastolic: \_\_\_\_\_ mmHg; Pulse: \_\_\_\_\_ /min; Pulse pattern:  Regular  Irregular; Symptoms: \_\_\_\_\_ (Characters left: 250); Comments: \_\_\_\_\_ (Characters left: 2000).
- Column 3:** Side: \_\_\_\_\_; Site: \_\_\_\_\_; Method: \_\_\_\_\_; Cuff size: \_\_\_\_\_; Position:  Sitting  Standing  3 minutes; Systolic: \_\_\_\_\_ / Diastolic: \_\_\_\_\_ mmHg; Pulse: \_\_\_\_\_ /min; Pulse pattern:  Regular  Irregular; Symptoms: \_\_\_\_\_ (Characters left: 250); Comments: \_\_\_\_\_ (Characters left: 2000).

Buttons at the bottom include "Clear for Add", "Add", and "Remove". A table at the very bottom lists the data points for each column: Time, First Position, Interval, BP, Pulse, Symptoms, Second Position, Interval, BP, Pulse, Symptoms, Third Position, Interval, BP, Pulse, Symptoms.

# Epidural Injections

- A new picklist was added to indicate right, left or bilateral when transforaminal is selected
- Blindly radio button will be disabled when transforaminal is selected
- Epidural space option auto-selects when the corresponding type is selected
- Caudal Block was changed to Sacral Block

**Epidural Injection - Procedure**

Quick: Load Save

**Indications:**  
Description: Code: Status: Onset:

**Pre procedure care:**  
 Consent was obtained  
 Questions were answered  
 Procedure/risk explained  
Allergy to contrast agents:  No  Yes  
Pre procedure pain score:   
Patient position:

**Types:**  
 Cervical epidural  
 Thoracic epidural  
 Lumbar epidural  
 Sacral block  
 Transforaminal  
Performed:  Consent  
 Blindly  
 With fluoroscopic guidance  
 With CT fluoroscopy

**Injection preparation:**  
 Interspace near the midline was marked  
 Area was prepped and draped  
 Undersurface of the posterior lumbar spinous process identified  
 Skin cleaned with:   
 Skin infiltrated with:  ml of

**Procedure:**  
 Tuohy needle  Gauge was introduced to determine depth & angulation  
 Introduction of needle was not painful  
 Removed stylet  Introduction of needle was painful because of:  
 Sterile saline  ml injected via attached short connection tubing  
 Disk space narrowing resulting in intralaminar space narrowing

Needle slowly advanced into the epidural space of:  
 Cervical  Thoracic  Lumbar  Sacral

Appropriate needle placement confirmed

By using the loss of resistance:  
 Methylprednisolone acetate:  mg  Prednisolone:  mg  
 Saline  ml and  Betamethasone acetate:  mg  Prednisolone:  mg  
 Dexamethasone acetate:  mg  Triamcinolone:  mg  
 Dexamethasone t-butyl acetate:  mg  Triamcinolone:  mg

**Trans Lumbar (1)**  
L1/2 right  
L1/2 left  
L2/3 right  
L2/3 left  
L2/3 bilateral  
L3/4 right  
L3/4 left  
L4/5 bilateral

Epidural space:  
 Cervical  Thoracic  Lumbar  Sacral

Epidural catheter:  
 Cervical  Thoracic  Lumbar  Sacral

Other:  
Eupivacaine  %  ml  
Lidocaine  %  ml  
Mepivacaine  %  ml

# Tobacco Cessation

- Workflow tied to the quality measure CMS 138
- Checkbox changed to a link to allow for more specific selections and multi selections

**Historical Use**

**Efforts To Quit Tobacco**

Have you ever tried to quit using tobacco?

Tobacco type:   Quit

Encounter Date	Tobacco Type
----------------	--------------

**Tobacco Cessation Information**

[Tobacco cessation discussed](#)

**Tobacco Cessation Discussed**

Tobacco cessation discussion  Single select/Close  Multiple selection

- Tobacco Cessation Discussion
- Counseling about tobacco use (procedure)
- Other (Not for Quality Reporting)
- Pregnancy smoking education
- Referral to smoking cessation advisor (procedure)
- Referral to stop-smoking clinic
- Referral to tobacco use cessation clinic (procedure)
- Referral to tobacco use cessation counseling program (procedure)
- Referral to tobacco use cessation counselor (procedure)
- Referral to tobacco use quit line (procedure)
- Smoking and tobacco use cessation counseling visit, intermediate, > 3 min up to 10 min
- Smoking and tobacco use cessation counseling visit, intermediate, greater than 10 min

**History of Tobacco Cessation Discussions**

Completed Date	Description
12/13/2019	Smoking effects education
12/13/2019	Referral to tobacco use quit line (procedure)

# Template References

- Changes have been made throughout the templates to update to the latest references and versions of clinical data.
  - Care Guidelines
  - Recommended Care
  - Order Sets
  - Screening Tools
  - Vital Signs
- Examples
  - SWYC: Includes a 10<sup>th</sup> question and verbiage change to questions 1 and 5
  - Many web reference links
  - A full list of reference changes are listed in the release notes

SWYC: Family Questions

Patient age: 58 Months 1 Day

English  
Spanish

1 month, 0 days to 65 months, 01 days

Clear All

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

1. Other people who live with your child include (select)?

2. In the last year, have you ever (discussed alcohol or used drugs) more than you would like to?

3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

4. Has a family member's drinking or drug use ever had a bad effect on your child?

5. Within the past 12 months, we wanted to know whether our food would run out before we got ready to buy more?

Over the past two weeks, how often have you been bothered by any of the following problems?

6. Having little interest or pleasure in doing things?

7. Feeling down, depressed, or hopeless?

8. In general, how would you describe your relationship with your spouse/partner?

9. Do you wish your partner would quit smoking with you?

10. During the past week, how many days did you or other family members read to your child?

Contagion Exposure

Exposure: Eye (direct), Airborne, Inhaled (Direct Respiratory System/Ingested)

Where: State, County

Exposure date: 7/7

Contagion Exposure History

#	Exposure	Risk	Where	Exposed	Actual

Contagion Exposure Log

Travel History

CDC Centers for Disease Control and Prevention

Search

Tuberculosis (TB)

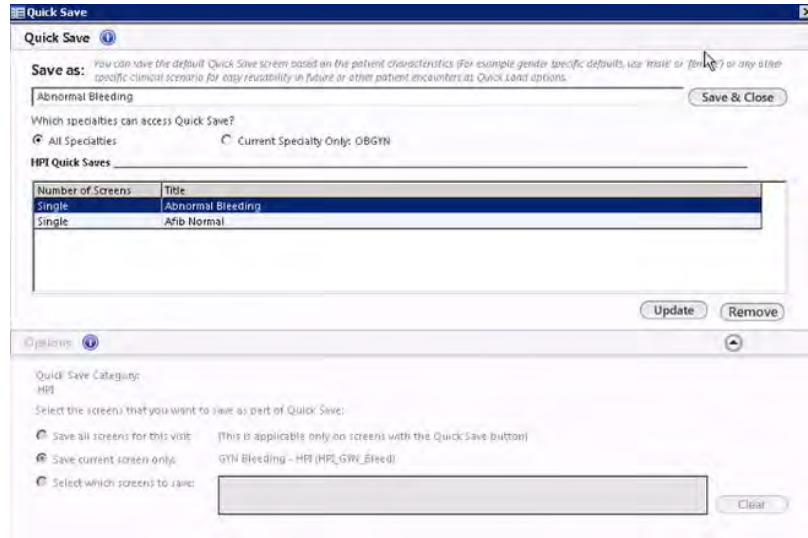
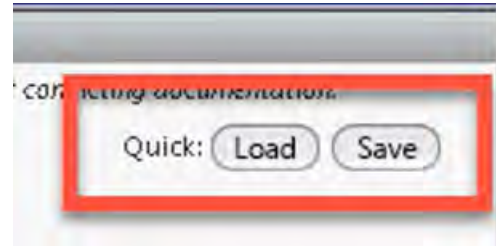
Spanish (Spanish)

TAKE ON TB

Too many people in our country still suffer from tuberculosis (TB).

# Simplify Quick Saves

- New Icons
- Usability improvements
  - Changed to display name of the template vs template name
  - Options available
  - No need to change existing defaults
  - Process is very similar, just reduces the steps



**Quick Save**

**Quick Save** ⓘ

**Save as:** You can save the default Quick Save screen based on the patient characteristics (For example gender specific defaults, use 'male' or 'female') or any other specific clinical scenario for easy reusability in future or other patient encounters as Quick Load options.

Abnormal Bleeding Save & Close

Which specialties can access Quick Save?

All Specialties  Current Specialty Only: OBGYN

**HPI Quick Saves**

Number of Screens	Title
Single	Abnormal Bleeding
Single	Afib Normal

Update Remove

**Options** ⓘ

Quick Save Category: HPI

Select the screen(s) that you want to save as part of Quick Save:

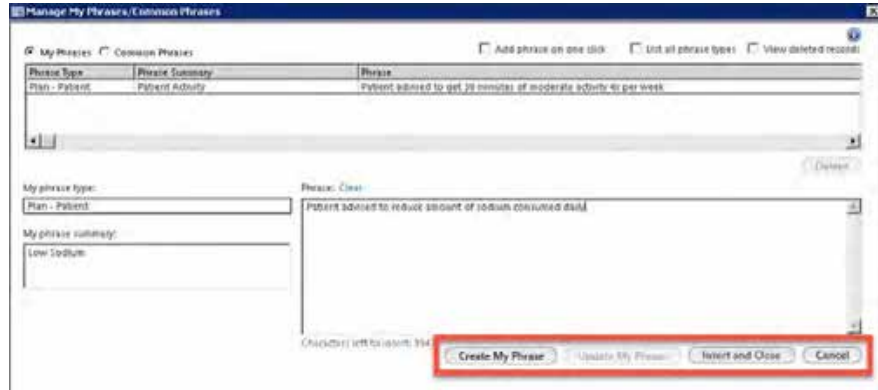
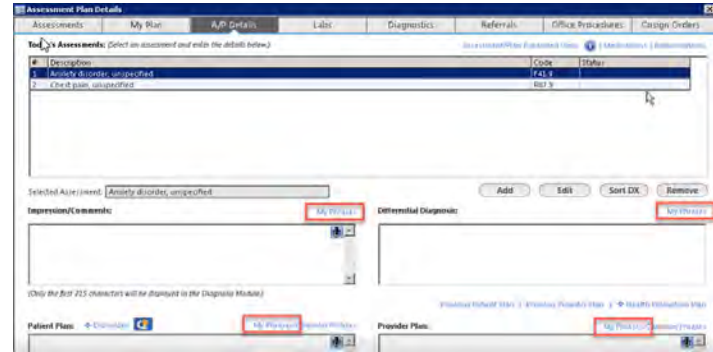
Save all screens for this visit (This is applicable only on screens with the Quick Save button)

Save current screen only: GYN Bleeding - HPI (HPI\_GWV\_Bleed)

Select which screen(s) to save:  Clear

# Simplify My Phrases

- In prior versions, 3 options:
  - Insert My Phrases
  - Management My Phrases
  - Common Phrases
- Now combined into 1 link
- Usability improvements
  - No need to change existing defaults
  - Process is very similar, just reduces the steps



# Patient Education

- Two new checkboxes added anywhere Pt Education is on the templates.

**Orders**

↳ Lab/Radiology Order Processing | Order Management | Immunizations | Standing Orders | Task

	Order Date	Patient Education
View All Orders	14	
Labs	2	
Diagnostics	2	
Office Services	1	
Immunizations Today		
Surgical Procedures		
Referrals		
> Patient Education		

Education material provided:  In patient's preferred language  FDA approved

[Patient Education](#) [Follow Up](#) [Add](#) [Edit](#)

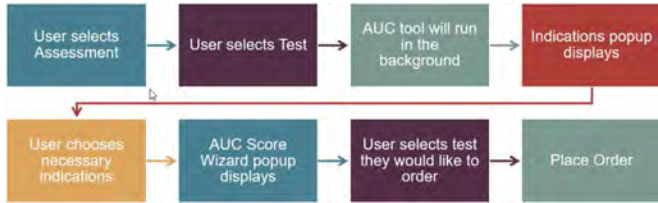


# Updated Document Formatting

- Updates were added to 13 documents including all their associated sub-documents to standardize formatting.

Section	Font	Size(pt)	Style	Case
Patient Name only (Exception) Section sub headers (like HPI)	Calibri (body)	16	Bold	Title case
Patient information, Document Text and Paragraphs	Calibri (body)	12		
Section Header and Grid Header(Based on the Headers)	Calibri (body)	16 or 14	Bold	Title case, No Colon
Sub Header	Calibri (body)	14	Bold	Title case, No Colon
Grid Column Header Grid Content	Calibri (body)	11	Bold	Title case, No Colon_Grid should be alternate color Alternate color (Even) - 239,241,244
(Exception) Section Headers (like) Physical Exam, ROS, HPI, Problem List, Assessment and Plan and Vital Signs	Calibri (body)	18	Bold	Title case

Document	Specialty
AB_Master	Abortion
ASC_Master	Ambulatory Surgery
CARD_doc/visit	Cardiology
dermatology_master	Dermatology
gi_master	Gastroenterology
GYN_Master	Gynecology
Master_fm	Family Practice
neu_master	Neurology
nsg_master	Neurosurgery
OB_Master	Obstetrics
onc_master	Oncology
sur_master	General Surgery
uro_master	Urology



The screenshot shows a software interface for entering patient information and ordering diagnostic studies. It includes fields for Allergy, Medication, and a list of diagnostic studies such as X-ray Head/Spine, Mammography, MRI Body/Extremity, etc. A red box highlights the text "AUC score for MRI BRAIN W/O DYE H T" in the Billing Diagnosis field.

- AUC (radiology score) has been in many versions, but practices will not be compliant until they upgrade to 5.9.4
- Jan 2020 Testing Period/Practice Year
- Jan 2021 Start Date/Payment at Risk
- NextGen will be updated to work with the new CareSelect version 15
- Enhancements:
  - AUC Score and modifier will be displayed on templates, requisitions, claims and HL7 interfaces
  - No Appropriate Indication option added (results in no AUC score)

**\*\*Standard AUC Configuration Required**

# E&M Coding

- AMA & CMS have made a number of coding and payment changes for E&M Office Visits
  - Reduce the administrative burden
  - Improve payment accuracy
  - Effective Jan 1, 2021
- History and Physical Exam will no longer be used as determining factors for the E&M code level (no points)
- Medical Decision Making and Time will be used to determine the code level 99202 - 99215
- 99201 will be removed
- View MDM Guidelines link updated

\*\*Configuration Required

General  
Today's Assessment  
Provider Sign Off  
Evaluation and Management Coding

Medical Decision Making [View MDM Guidelines](#)

Straight forward  Low complexity  
 Moderate complexity  High complexity

Time spent:  Total time personally spent today on patient care and documentation for this visit.

Evaluation and Management Code *User may select a code from the Visit Codes Service Category by clicking in the 2nd or 3rd Visit code field*

Visit code: 99212  
Modifier(s):

Calculated E/M: 99212

Submit Code

Submitted code:

New patient:	Established:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
<input type="radio"/> 99215 Straight forward 20-30 min	<input type="radio"/> 99214 Straight forward 15-20 min	<input type="radio"/> 99205 2-3 hr	<input type="radio"/> 99204 2-3 hr	<input type="radio"/> 99401 20 min	<input type="radio"/> 99204
<input type="radio"/> 99213 Low 10-20 min	<input type="radio"/> 99213 Low 10-20 min	<input type="radio"/> 99202 2-4 hr	<input type="radio"/> 99202 2-4 hr	<input type="radio"/> 99402 20 min	<input type="radio"/> 99204
<input type="radio"/> 99214 Moderate 15-20 min	<input type="radio"/> 99214 Moderate 15-20 min	<input type="radio"/> 99203 3-2.5 hr	<input type="radio"/> 99203 3-2.5 hr	<input type="radio"/> 99403 45 min	<input type="radio"/> 99204
<input type="radio"/> 99215 High 20-30 min	<input type="radio"/> 99215 High 20-30 min	<input type="radio"/> 99204 2.5-3 hr	<input type="radio"/> 99204 2.5-3 hr	<input type="radio"/> 99404 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99205 2.5-3 hr	<input type="radio"/> 99205 2.5-3 hr	<input type="radio"/> 99405 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99206 4-5 hr	<input type="radio"/> 99206 4-5 hr	<input type="radio"/> 99406 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99207 5-6 hr	<input type="radio"/> 99207 5-6 hr		<input type="radio"/> 99204

General  
Today's Assessment  
Provider Sign Off  
Evaluation and Management Coding

Medical Decision Making [View MDM Guidelines](#)

Straight forward  Low complexity  
 Moderate complexity  High complexity

Time spent:  Total time personally spent today on patient care and documentation for this visit.

Evaluation and Management Code *User may select a code from the Visit Codes Service Category by clicking in the 2nd or 3rd Visit code field*

Visit code: 99212  
Modifier(s):

Calculated E/M: 99212

Submit Code

Submitted code:

New patient:	Established:	Preventive new:	Preventive established:	Preventive counseling:	Post Op:
<input type="radio"/> 99215 Straight forward 20-30 min	<input type="radio"/> 99214 Straight forward 15-20 min	<input type="radio"/> 99205 2-3 hr	<input type="radio"/> 99204 2-3 hr	<input type="radio"/> 99401 20 min	<input type="radio"/> 99204
<input type="radio"/> 99213 Low 10-20 min	<input type="radio"/> 99213 Low 10-20 min	<input type="radio"/> 99202 2-4 hr	<input type="radio"/> 99202 2-4 hr	<input type="radio"/> 99402 20 min	<input type="radio"/> 99204
<input type="radio"/> 99214 Moderate 15-20 min	<input type="radio"/> 99214 Moderate 15-20 min	<input type="radio"/> 99203 3-2.5 hr	<input type="radio"/> 99203 3-2.5 hr	<input type="radio"/> 99403 45 min	<input type="radio"/> 99204
<input type="radio"/> 99215 High 20-30 min	<input type="radio"/> 99215 High 20-30 min	<input type="radio"/> 99204 2.5-3 hr	<input type="radio"/> 99204 2.5-3 hr	<input type="radio"/> 99404 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99205 2.5-3 hr	<input type="radio"/> 99205 2.5-3 hr	<input type="radio"/> 99405 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99206 4-5 hr	<input type="radio"/> 99206 4-5 hr	<input type="radio"/> 99406 60 min	<input type="radio"/> 99204
		<input type="radio"/> 99207 5-6 hr	<input type="radio"/> 99207 5-6 hr		<input type="radio"/> 99204

# Screening Tools

- Screening tools are listed in a grid format that allows unlimited entries
- Details are completed to the right of the list and saved to the grid below
- New plan section
- New functionality to log the screening tools used in an encounter for measure reporting purposes
  - Configuration can be used to add new screening tools to the list, if desired

**Screening Tools Available** 43 records

Screening Tool
* 24-Hour Migraine Quality of Life Questionnaire (24-H-MQOLQ)
W Abbreviated Mental Test (AMT)
W ACS NSQIP Surgical Risk Calculator
W ASCVD 10 Year Risk
T AUDIT Screening Instrument
T AUDIT-C Screening Instrument
W Bipolar Spectrum Diagnostic Scale (BSDS)
T CAGE Alcohol Screening
T Clock Drawing Test (CDT)
T Drug Abuse Screening Test (DAST)
T Edinburgh Postnatal Depression Scale
T Framingham CHD 10 year risk
W FRAX Fracture Risk Assessment Tool
T Functional Assessment Screening Tool (FAST)
* General Practitioner Assessment of Cognition (GPCOG)
T Generalized Anxiety Disorder - 7 (GAD-7)
T Geriatric Depression Scale (GDS)
W Goldberg Depression Questionnaire
W Hamilton Anxiety Scale (HAM-A)
W Hamilton Rating Scale for Depression (HAM-D)
T Health Assessment Questionnaire Disability Index (HAQ-DiG)
T Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
T Lawton Instrumental Activities of Daily Living (IADL)
T Major Depression Inventory (MDI-10)
T Migraine Specific Quality of Life (MSQOL)
T Migraine Specific Quality of Life Questionnaire (M v.2.3)
T Mini Mental State Exam (MMSE)
T Mini-Cog

**Screening Tools Performed** 0 record

Encounter Date	Performed Date	Screening Tool	Score	Severity/Interpretation
----------------	----------------	----------------	-------	-------------------------

\* - Used during the current encounter  
T - Template screening tool  
W - Website screening tool

# SBIRT

- New popup
- Included in Screening Tools

Screening Tools Available 43 records

- Screening Tools
- Generalized Anxiety Disorder - 7 (GAD-7)
- Geriatric Depression Scale (GDS)
- Goldberg Depression Questionnaire
- Hamilton Anxiety Scale (HAM-A)
- Hamilton Rating Scale for Depression (HAM-D)
- Health Assessment Questionnaire (HAQ)
- Alcohol-Drug Abuse Screening Test (ADAST)
- Levin Instrumental Activities of Daily Living (IADL)
- Major Depression Inventory (MDI-35)
- Migraine Specific Quality of Life Questionnaire (MSQ-5.1)
- Mini-Mental State Exam (MMSE)
- Mini-Cog
- Modified Mini-Mental Exam (MMSE)
- Montreal Cognitive Assessment (MoCA)
- Revised Health Questionnaire (RHQ-1)
- River Health Questionnaire (RHQ-2)
- River Health Questionnaire (RHQ-3)
- RAND Medical Outcomes Study (SF-36)
- RAND Medical Outcomes Study (SF-36)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT Screening

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

\*Performed Date: 12/15/2019

Pre-Screening Questions

Social History Review: Last update/detailed doc: 12/15/2019

Detailed document  Reviewed, updated  Reviewed, no change

Alcohol: Alcohol Details

Do you drink alcohol?  No  Yes  Formerly

Practice Defined Pre-Screening Questions

1. Check to denote

SBIRT Screening

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

\*Performed Date: 12/15/2019

Case Control:  Toggle  Cycle

Pre-Screening Questions

Social History Review: Last update/detailed doc: 12/15/2019

Detailed document  Reviewed, updated  Reviewed, no change

Alcohol: Alcohol Details

Do you drink alcohol?  No  Yes  Formerly

Include all confidential information in the social history document with patient permission

Drug Use/Abuse: Drug Use Details

Uses drugs:  No  Yes  Formerly

Practice Defined Pre-Screening Questions

1. Are you currently in recovery for alcohol or drug abuse?

2. How many times in the past year have you used recreational drugs?

Screening

Brief Intervention

Referral to Treatment

SBIRT Billing

Assessment: Code: Status: Duration: minute

Service Item: Code:

\*\*Configuration Optional

# SOGL: Replace Pronouns

- Patient pronouns are used through the chart.
- In prior versions these were based on birth sex
- Updates were made to allow these pronouns to be replaced with generic statements
  - ‘The patient’ or ‘The client’

**Reason for Visit**

Do not launch

*The Associated Symptoms/Referral Negatives documentation shows to HPIs and RDS entered in this encounter.* [Intake Comments](#)

Reason for Visit	History of Present Illness
back pain	Onset 3 months ago. The problem is fluctuating. It occurs persistently. Location of pain is lower back. Pain is radiated to the left thigh. The patient describes the pain as an ache, dull and sharp. Context: bending forward.

\*\*Configuration Required

# SOGL: Display Gender Data on Document

- New setting to determine which specific gender data will display on the patient document header.
- 3 Options:
  - Birth Sex
  - Current Gender
  - Gender Identity

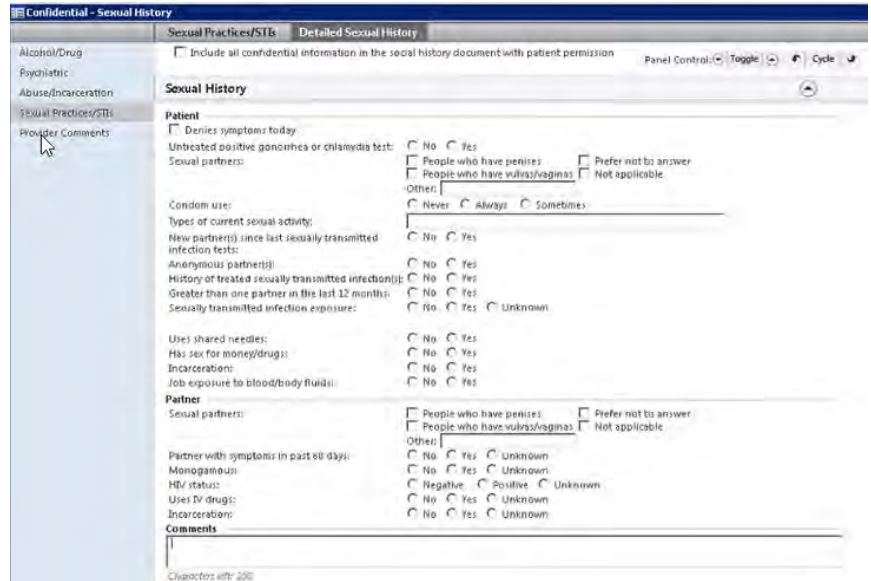


The screenshot shows a patient document header for 'Test Maitland'. The header includes the following information:

<b>nextgen</b> healthcare	
<b>Patient:</b>	<b>Test Maitland</b>
<b>Date of Birth:</b>	02/24/1950
<b>Birth Sex:</b>	Male
<b>Current Gender:</b>	Male
<b>Gender Identity:</b>	Female-to-Male (FTM)/Transgender Male/Trans Man
<b>Date:</b>	11/21/2019 12:53 PM
<b>Visit Type:</b>	Office Visit

# SOGI: Sexual History

- New template used to document Sexual History
- Part of the Confidential Social History templates
- Used to document sexual history for transgender patients or any other patients

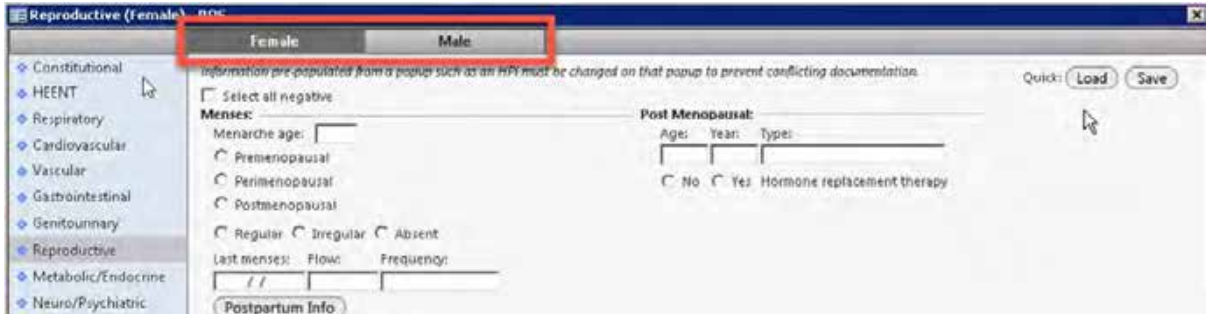


The screenshot shows a medical software interface for a 'Confidential - Sexual History' template. The interface is divided into a left sidebar and a main content area. The sidebar contains a list of categories: Alcohol/Drug, Psychiatric, Abuse/Incarceration, Sexual Practices/STIs (which is currently selected), and Provider Comments. The main content area is titled 'Sexual History' and contains a series of questions and checkboxes for patient information. At the top, there is a checkbox for 'Include all confidential information in the social history document with patient permission' and a 'Panel Control' section with 'Toggle' and 'Cycle' buttons. The questions are organized into sections: 'Patient' (Denies symptoms today, Untreated positive gonorrhea or chlamydia test, Sexual partners, Condom use, Types of current sexual activity, New partner(s) since last sexually transmitted infection tests, Anonymous partner(s), History of treated sexually transmitted infection(s), Greater than one partner in the last 12 months, Sexually transmitted infection exposure, Uses shared needles, Has sex for money/drug(s), Incarceration, Job exposure to blood/body fluid(s)), 'Partner' (Sexual partners, Partner with symptoms in past 60 days, Monogamous, HIV status, Uses IV drug(s), Incarceration), and 'Comments'. Each question has radio buttons for 'No', 'Yes', 'Unknown', 'Never', 'Always', 'Sometimes', 'Prefer not to answer', and 'Not applicable'. At the bottom, there is a 'Comments' text area and a version number 'C:\proctors\stfr-200'.



# SOGI: Gender Neutral ROS/PE

- New functionality that will launch a gender neutral version of ROS or PE templates
- Previous versions launched gender specific templates based on birth sex
- This feature is optional
- Can launch General ROS – Neutral



Reproductive (Female) ROS

Female Male

Information pre-populated from a popup such as an HPI must be changed on that popup to prevent conflicting documentation.

Quick: Load Save

Select all negative

**Menses:**

Menarche age:

Premenopausal

Perimenopausal

Postmenopausal

Regular  Irregular  Absent

Last menses: Flow:  Frequency:

Postpartum Info

**Post Menopausal:**

Age: Year: Type:

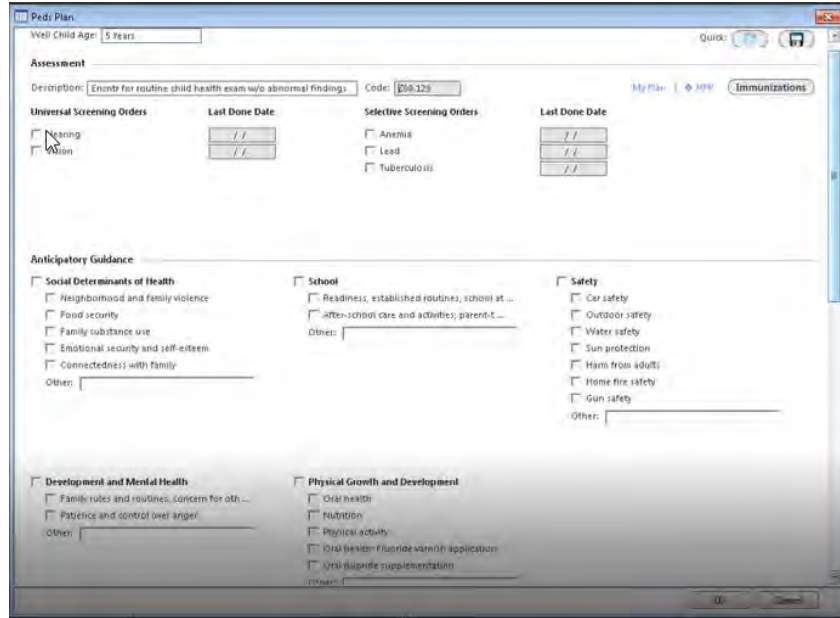
No  Yes Hormone replacement therapy



**Pediatrics**

# Bright Futures 4<sup>th</sup> Edition Content

- Impacts 20 age specific pop ups
- Updated all the pediatric plan pop ups for anticipatory guidance
- Can include practice specific items
- Bright Futures Patient Education is now available



The screenshot shows a software interface for a Pediatric Plan. At the top, it says "Well Child Age: 5 Years". Below that is the "Assessment" section with a description: "Encnter for routine child health exam w/o abnormal findings" and a code: "P08.129". There are also links for "My Plan" and "Immunizations".

The "Universal Screening Orders" section includes checkboxes for "Hearing" and "Vision", and a "Last Done Date" field with a dropdown menu.

The "Selective Screening Orders" section includes checkboxes for "Anemia", "Lead", and "Tuberculosis", and a "Last Done Date" field with a dropdown menu.

The "Anticipatory Guidance" section is divided into several categories:

- Social Determinants of Health:** Includes checkboxes for "Neighborhood and family violence", "Food security", "Family substance use", "Emotional security and self-esteem", and "Connectedness with family". There is an "Other:" text input field.
- School:** Includes checkboxes for "Readiness, established routines, school at ..." and "after-school care and activities; parent-t ...". There is an "Other:" text input field.
- Safety:** Includes checkboxes for "Car safety", "Outdoor safety", "Water safety", "Sun protection", "Harm from adults", "Home fire safety", and "Gun safety". There is an "Other:" text input field.
- Development and Mental Health:** Includes checkboxes for "Family rules and routines; concern for oth ..." and "Patience and control over anger". There is an "Other:" text input field.
- Physical Growth and Development:** Includes checkboxes for "Oral habits", "Nutrition", "Physical activity", "Oral health: fluoride varnish application", and "Oral hygiene: supplementa ...". There is an "Other:" text input field.



**Women's Health  
Family Planning**

# Ultrasound Panel

- Updates were made to the Ultrasound panel for both AB Intake and AB Pre-Procedure templates
  - No/Yes radio buttons for Cardiac activity
  - No/Yes radio buttons for Yolk sac
  - Ultrasound Type radio buttons

**Ultrasound**

Patient given option to view ultrasound image  
 Patient given option to know if multiple gestations are identified  
 Patient informed that ultrasound is for gestational dating only  
Copy of ultrasound image provided  No  Yes

**Findings**

No  Yes **Cardiac activity**  
 Empty uterus  
 Gestational sac  
 Fetal heart tones  
 Fetal movement  
 Fetal pole  
 No  Yes **Yolk sac**  
 Other

Placenta location: \_\_\_\_\_  
Fetus #: \_\_\_\_\_

Include this ultrasound report in today's procedure note  
Ultrasound performed by: NextGen User  
Ultrasound interpreted by: NextGen User  
Ultrasound type:  Abdominal  Transvaginal

**Measurements**

	Height:	Width:	Depth:
Gestational sac (GS):	_____	_____	_____
Crown-rump length (CRL):	_____	_____	mm
Femur length (FL):	_____	_____	cm
Biparietal diameter (BPD):	_____	_____	cm
Abdominal circumference (AC):	_____	_____	cm
Head circumference (HC):	_____	_____	cm
	Weeks:	Days:	
Gestational Age:	_____	_____	
Clinical impression:	_____		
Pregnancy location classification:	_____		
Exam satisfactory:	<input type="radio"/> No	<input type="radio"/> Yes	

# Codified OB Problem List

- Increased functionality to include ICD codes
- Ability to create OB Problem related reports
- Option to move the ICD OB Problem to the Problems module
- Move previous pregnancy OB problem into the current pregnancy
- The OB Problems are ICD coded, Not SNOMED coded

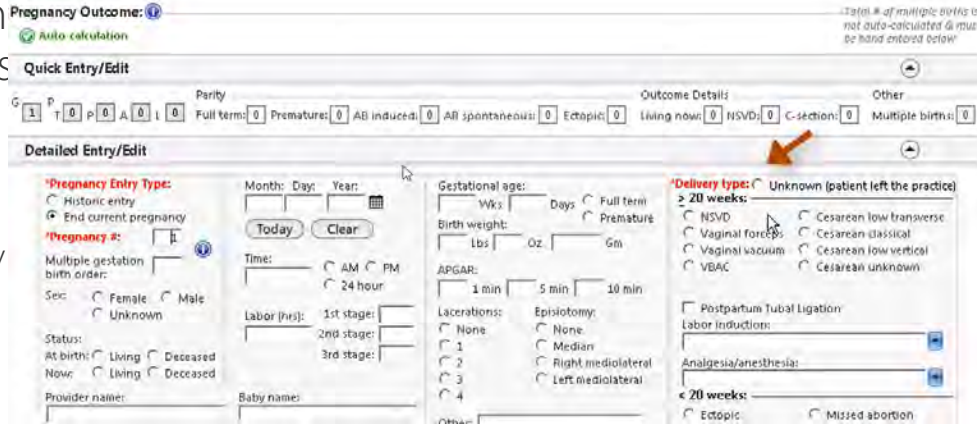
The screenshot displays the 'OB Problem Add' window. It features a sidebar on the left with a search bar and a list of OB problems, including 'Vaginitis NOS'. The main area contains a form with the following fields and options:


- Diagnosis description:** Vaginitis NOS
- ICD code:** N76.0
- Assessment Status:** (empty)
- Priority:** (empty)
- Active Problem:**  (selected)
- Inactive problem/resolved:**
- Add to Assessments:**
- Add to Problems Module:**
- OB Problem Notes:** A large text area for notes.
- Associate Medications:** A section showing 'No records found.'
- Characters left:** 10000
- Buttons:** Add/Update, Remove, Clear
- Today's Assessment:** A table with columns for Diagnosis Description, Code, Status, and HPI Comments.
- Footer:** Send as OB Problems, Close

# Solution for Patient's Who Leave the Practice

- A new delivery type of 'Unknown' was added on the Pregnancy Outcomes template

- 3 required fields on the template:
  - End current pregnancy
  - Pregnancy #
  - Unknown (patient left the practice)
- User must complete the first 2 fields for Unknown to be available/display



**Pregnancy Outcome:**  Total # of multiple births is not auto-calculated & must be hand entered below


Auto calculation

**Quick Entry/Edit**

G 1 P 0 T 0 A 0 L 0 Parity Full term: 0 Premature: 0 AB induced: 0 AB spontaneous: 0 Ectopic: 0 Outcome Details: Living now: 0 NSVD: 0 C-section: 0 Other: Multiple births: 0

**Detailed Entry/Edit**

**\*Pregnancy Entry Type:**  
 Historic entry  
 End current pregnancy

**\*Pregnancy #:**  

Multiple gestation birth order:

Sex:  Female  Male  Unknown

Status: At birth:  Living  Deceased Now:  Living  Deceased

Provider name:  Baby name:

Month:  Day:  Year:

Time:   AM  PM  24 hour

Labor (hrs): 1st stage:  2nd stage:  3rd stage:

Gestational age:  Wks  Days  Full term  Premature

Birth weight:  Lbs  Oz  Gm

APGAR:  1 min  5 min  10 min

Lacerations:  None  1  2  3  4

Episiotomy:  None  Median  Right mediolateral  Left mediolateral

**\*Delivery type:**  Unknown (patient left the practice)

**> 20 weeks:**  
 NSVD  Cesarean low transverse  
 Vaginal forceps  Cesarean classical  
 Vaginal vacuum  Cesarean low vertical  
 VBAC  Cesarean unknown

Postpartum Tubal Ligation

Labor induction:

Analgesia/analgesia:

**< 20 weeks:**  
 Ectopic  Missed abortion

# Abnormal Pap HPI

- Ability to create an appropriate E&M code
- Recognize the Pap screening date as the performed date
- Record treatment results for abnormal pap and/or HPV screenings
- Recognize recorded treatment and results associated with a Pap and/or HPV screening
- Edit Pap and/or HPV results (from Order Management)
- Added Historical Test – Quick Entry template

Abnormal Pap - HPI

Lab Order Results

Pap Screenings

Concern: abnormal pap smear    Onset:    Status:  Resolved  Recurring  New onset  
 No change  Chronic    [Prior Visit Summary](#)

Location:   

Pap and HPV Screening

\*Screening date: / /     Approx. screening date    \*Pap screening performed:    Procedure code:       

Pap Results

Negative

ASC-US (atypical squamous cells of undetermined significance)

LSIL (low-grade squamous intraepithelial lesion)

ASC-H (atypical squamous cells; cannot rule out HSIL)

HSIL (high-grade squamous intraepithelial lesion)

AGC (atypical glandular cells)

Adenocarcinoma

Squamous cell carcinoma

Other:   

HPV Detail

High risk HPV positive     High risk HPV negative     Other:   

HPV 16 positive     HPV 16 negative

HPV 18 positive     HPV 18 negative

Comments

Treatment

\*Treatment date: / /     Approximate performed date

Treatment Performed

Colposcopy     Chemotherapy     Cryotherapy     Laser cone     LEEP (Loop electrosurgical excision procedure)     Hysterectomy

Cervical biopsy     Endocervical curettage     Cold knife cone     Laser ablation

Treatment results:

No CIN     CIN 1     CIN 2     CIN 3     AIS     Cancer

Comments

Pap Result, HPV Detail and Treatment    [Pap and Treatment Grid History](#)    These comments pull from both comment sections above.    9 records:

Done	Screening / Treatment	Pap Results	HPV Details	Treatment Results	Comments
01/06/2020	colposcopy			CIN 1.	
12/04/2019	Pap & HPV performed				
12/04/2019	Pap Performed	See detail			
07/31/2019	Pap Performed				



# AB Intake

- New Panel: Encounter Based – AB Focused Medical Questionnaire
  - Data is preloaded, but Configurable (Data Sets)
  - Specific medical history details
  - SNOMED codified

Encounter Based - AB Focused Medical Questionnaire

General AB:  No To All

No Yes

- Anemia, iron deficiency
- Cardiovascular disease (Heart disease)
- Diabetes mellitus
- Hemorrhagic disorder
- Hypertension
- IUC in place
- Kidney Failure
- Liver disease/tumor

Surgical AB:  No To All

No Yes

- Asthma
- Cerebrovascular accident (Stroke)
- Currently ill or sick
- Endometrial ablation
- Fibroids
- Hemorrhage after delivery or abortion
- Uterine Surgery (incl C-section)
- HIV/AIDS
- Infection in uterus/tubes/ovaries
- Recent STI and/or PID
- Seizure disorder

Medication AB:  No To All

No Yes

- Chronic adrenal failure
- Concurrent systemic corticosteroid use
- Inherited porphyrias
- Respiratory disorder
- Known or suspected ectopic pregnancy
- Condition precluding outpatient vacuum aspiration
- Recent use of anticoagulants

Filter: Type:  General  Surgical  Medication Answer:  Yes  No

Type	Question	Answer	Code	System
------	----------	--------	------	--------

Removing Yes values will not remove the history from Past Medical/Surgical History grid

# AB Procedures

- AB Pre-Procedure
  - Added link for Sleep Apnea
    - Questions will need to be configured
- AB Procedure
  - Procedure Start and Stop
  - Mallampati and ASA physical status classifications
  - Intra procedure medications 3 & 4
  - Contraception and materials given

**Abortion Procedure**

Indication for procedure: \_\_\_\_\_ Code: \_\_\_\_\_ Status: \_\_\_\_\_ Procedure Start: \_\_\_\_\_ End: \_\_\_\_\_ Quick: [Print](#) [Physical Exam](#)

**Consent**

Correct patient identified  
 Consent was obtained  
 Patient aware they can decline procedure to day without penalty  
 Patient given opportunity to ask questions  
 History reviewed, exam completed, and no contraindications to procedure  
 I intend to perform a Dilatation and Evacuation procedure using aspiration and/or disarticulation

**Pre-op Screen**

Mallampati classification: \_\_\_\_\_ ASA physical status classification: \_\_\_\_\_ [Sleep Apnea Assessment](#)

**Sedation**

Procedure: \_\_\_\_\_ Code: \_\_\_\_\_ Mod 1: \_\_\_\_\_ Mod 2: \_\_\_\_\_  
Sedation type: \_\_\_\_\_ [Submit to Superbill](#)  
Paracervical block applied with \_\_\_\_\_ mL  Cervix dilated mechanically Type: \_\_\_\_\_ Size: \_\_\_\_\_

**Procedure**

A cannula of \_\_\_\_\_ mm was inserted  
 Electric vacuum aspiration  Manual vacuum aspiration  Sharp curette  
 Procedure performed under ultrasound guidance  
Estimated blood loss: \_\_\_\_\_ mL  
Procedure complications: \_\_\_\_\_

Forceps extractions: \_\_\_\_\_  
Fetal demise occurred: \_\_\_\_\_

**Intra procedure medications:**

Med #	Time given	Med #	Time given
Med #1: _____	_____	Med #3: _____	_____
Med #2: _____	_____	Med #4: _____	_____

Additional procedure description:  
\_\_\_\_\_

# PPFA – Contraception HPI

- Provides the ability to record an HPI visit related to a patient's contraception and family planning information

**Contraception - HPI**

Concern:   Follow Up **G** **P** **T** **P** **A** **I** **O**

Current birth control method:   Currently pregnant:  No  Yes  Unknown  Not pertinent

Desired birth control method:  Same as current  Other  Would you like to be pregnant in the next year?  No  Yes

Current method Pros and Cons:

Unprotected intercourse within last 5 days?  No  Yes

Unprotected intercourse since LMP?  No  Yes

Secondary conditions patient is hoping to improve with birth control:

Include all confidential information in the social history document with patient permission.

**Intimate Partner Violence Screening**

Previous Methods:  Age Used:  Response:

Date of last intimate partner violence screening:

New partner(s) since last intimate partner violence screening

One or more year(s) since last intimate partner violence screening

Today the patient reported (or there is suspicion of) intimate partner violence

Methods patient will not consider: Why:

<input type="text" value="cervical cap"/>	<input type="text"/>
<input type="text" value="abstinence"/>	<input type="text"/>

# PPFA – Hysteroscopy/Ablation/Sterilization

- Hysteroscopy/Ablation/Sterilization have been combined from the 2-tab pop up template into a single medical record template
- A variety of enhancements were made to this template

The screenshot displays a medical record interface for a procedure titled "Hysteroscopy - Procedure" on 11/25/2019 at 02:02 PM. The interface includes a navigation bar with tabs for Intake, Histories, SOAP, Finalize, and Checkout. The current view is the "Intake" tab, which shows a "Care Guidelines" section with "Global Days" and "Quick" buttons for "Load" and "Save".

**Pre-Procedure:**

Current contraception:  LMP:  //  Negative pregnancy test

Assistant:   
Chaperone:   
Sonographer:   
Transportation:

**Pre-op medications:**

Med #1:  Time given:  \*   
Med #2:  Time given:  \*   
Med #3:  Time given:  \*

Medications entered here will not be checked against the current medication allergy list.

**Pre-procedure care:**

Correct patient identified  
 Correct procedure verified  
 Correct side and site confirmed  
 Procedure risks were explained  
 Questions were answered  
 Increased risk of ectopic discussed  
 Ablation is not a form of birth control discussed  
 Possible inability to complete procedure discussed  
 Consent verified

ASA physical status classification:

**Vital Signs Monitoring**

Filtered by Stage:

# PPFA – Interpreter Details

- Added interpreter details link added to \*Intake, \*SOAP and AB Intake templates
  - Interpreter Name
  - Interpreter ID#
  - Interpreter Language
- Other specialties can use this template by adding it to sub nav, etc.

The screenshot displays the 'General' section of the PPFA software interface. It features radio buttons for 'Established patient' (selected) and 'New patient', followed by a 'Historian:' field and a link for 'Interpreter Details'. Below this is the 'Additional Visit Information' section, which includes a 'Specialty:' dropdown menu set to 'Gynecology'. It also has two lists: 'Available category' with 'Consent' and 'Screening', and 'Selected category' with 'Sleep Apnea Assessment' and 'Interpreter Details'. Navigation arrows are positioned between these lists. At the bottom, there is a table for 'Pre-configured questions for selected category(s)' and a text area for 'Response to selected question'.

Category	Question	Answer	Required
Interpreter Details	Interpreter Name		Y
Interpreter Details	Interpreter ID#		Y
Interpreter Details	Interpreter Language		Y

# PPFA Protocols – Female Urogenital HPI

- Shoulder pain was added to the HPI template

Information on the HPI that has been populated from another HPI must be changed on the original HPI to prevent conflicting documentation.

Quick:

Concern:  Duration/Timing: Onset:  Frequency:  Cyclic  Non-cyclic  New onset  No change  
 Intermittent  Constant  Improving  Resolved  
 Spontaneous  Non-spontaneous  Worse  Recurrent

Location:  Duration:  Status:  New onset  No change  
 Improving  Resolved  
 Worse  Recurrent

LMP:   Estimated

Quality:

Discharge color:

Discharge consistency:

Pain scale:  Pain:  Focal  Diffuse  Itching

Radiating:

Modifying Factors

Aggravating		Easing		Context	
No	Yes	No	Yes	No	Yes
<input type="checkbox"/> Analgesic	<input type="checkbox"/> Estrogen	<input type="checkbox"/> Analgesic	<input type="checkbox"/> Estrogen	<input type="checkbox"/> Birth control	<input type="checkbox"/> Multiple partners
<input type="checkbox"/> Birth control	<input type="checkbox"/> Heat	<input type="checkbox"/> Birth control	<input type="checkbox"/> Heat	<input type="checkbox"/> Exercise	<input type="checkbox"/> New partner(s)
<input type="checkbox"/> Bowel movement	<input type="checkbox"/> Herbs/supplements	<input type="checkbox"/> Bowel movement	<input type="checkbox"/> Herbs/supplements	<input type="checkbox"/> Heavy lifting	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Caffeine	<input type="checkbox"/> Intercourse	<input type="checkbox"/> Caffeine	<input type="checkbox"/> Intercourse	<input type="checkbox"/> Intercourse (after)	<input type="checkbox"/> Routine activity
<input type="checkbox"/> Cold	<input type="checkbox"/> Lying down	<input type="checkbox"/> Cold	<input type="checkbox"/> Lying down	<input type="checkbox"/> Intercourse (during)	<input type="checkbox"/> Known ST exposure
<input type="checkbox"/> Cranberry juice	<input type="checkbox"/> OTC treatment	<input type="checkbox"/> Cranberry juice	<input type="checkbox"/> OTC treatment	<input type="checkbox"/> Menies	<input type="checkbox"/> Positional
<input type="checkbox"/> Douching	<input type="checkbox"/> Restrictive clothing	<input type="checkbox"/> Douching	<input type="checkbox"/> Restrictive clothing	<input type="checkbox"/> Missed pills	<input type="checkbox"/> Other: <input type="text"/>

Associated Signs and Symptoms

Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Itching	<input type="checkbox"/> Pelvic pain	<input type="checkbox"/> Urinary frequency	<input type="checkbox"/> Vaginal burning	<input type="checkbox"/> Vaginal odor
<input type="checkbox"/> Absence of menses	<input type="checkbox"/> Pain during sex/intercourse	<input type="checkbox"/> Pelvic pressure	<input type="checkbox"/> Urinary pain	<input type="checkbox"/> Vaginal discharge	<input type="checkbox"/> Vaginal discharge
<input type="checkbox"/> Blood in urine	<input type="checkbox"/> Painful intercourse	<input type="checkbox"/> Urinary urgency	<input type="checkbox"/> Vaginal bleeding	<input type="checkbox"/> Vaginal dryness	<input type="checkbox"/> Vaginal pain

ROS

Constitutional	Endocrine	Integumentary	Cardiovascular	Gastrointestinal	Musculoskeletal	Neurological
Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
<input type="checkbox"/> Chills	<input type="checkbox"/> Change in voice	<input type="checkbox"/> Increased body/facial hair	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Bloating	<input type="checkbox"/> Back pain	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Fever	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Rash	<input type="checkbox"/> Edema	<input type="checkbox"/> Bowel in stool	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Facial weakness
<input type="checkbox"/> Malaise	<input type="checkbox"/> Galactorrhea		<input type="checkbox"/> Palpitations	<input type="checkbox"/> Constipation	<input type="checkbox"/> Neck pain	<input type="checkbox"/> Headache
<input type="checkbox"/> Weight gain	<b>HEENT</b>	<b>ENT</b>	<input type="checkbox"/> Syncope	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> <b>Shoulder pain</b>	
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Strabismus/diplopia		<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Neck pain	
	<input type="checkbox"/> Nasal changes			<input type="checkbox"/> Hemoptysis		

Comments:

# PPFA Protocols – Management Plans

- Checkbox added to indicate the patient has verbalized understanding of the plan
- Added new column called 'Pt Understands'
  - Management Plans template
  - Reports Data grid on Management Plans Reporting template
- Other specialties can use this template by adding it to sub nav, etc.

The screenshot displays a web-based form for a Management Plan. At the top, there are navigation elements including 'Global Days' and 'Panel Control' with options for 'Toggle', 'Cycle', and a refresh icon. The main form area is titled 'Management Plan' and contains several input fields. A 'Status' dropdown is set to 'Active', and a 'Next action date' field is set to '12/30/2019'. Below these is a 'Plan summary' section with the text 'plan example for abnormal pap findings'. At the bottom of the form, there is a table with columns for 'Lab name', 'Lab results', 'Result value', and 'Result date'. A red arrow points to a checkbox labeled 'Patient verbalized understanding of plan' located at the bottom right of the form.

# PPFA Protocols – Early pregnancy Evaluation Management Visit Type

- A visit Type of 'Early Pregnancy' inside of the GYN specialty for the family planning workflow was created

The screenshot displays a medical software interface. The main window shows a patient record for 'Intake' on 10/31/2019 at 03:05 PM. The specialty is 'Gynecology' and the visit type is currently set to 'select a visit type'. A dialog box titled 'Udp Visit Types' is open, listing various visit types. A red arrow points to 'Early Pregnancy' in the list. The list includes: Abortion, Chart Abstraction, Chart Update - GYN, Colposcopy Visit, Consult, Early Pregnancy, Endometrial Bx Visit, No-Show, Nurse Visit, Office Visit - GYN, Patient Communication, Pessary Visit, Post-Operative Visit, Pre-Operative Visit, Preventive Medicine, and Preventive Medicine-GYN. The dialog also has 'Refresh', 'OK', and 'Cancel' buttons.





**Interoperability**

# CCDA Enhancements

- 'No Information' Indicator vs blank as it displayed before

<b>Patient</b>	Sinchan109 Doremon
<b>Date of birth</b>	No Information
<b>Current Gender</b>	Female
<b>Race(s)</b>	No Information Asian Other Race
<b>Ethnicity</b>	No Information
<b>Language(s)</b>	No Information
<b>Contact info</b>	Aa Street 2 Coppell, TX 75019, US

Encounter Description	Practice	Location	Reason (s) For Visit	Diagnoses	Date	Provider
	Practice 1, SCHENECTADY, NY, 12345, US	Main Clinic		No Information	Apr-25-2019	Jones David. 123 Terrys Way, Horsham, Pa, 19044.
	Practice 1, SCHENECTADY, NY, 12345, US	Main Clinic		No Information	Apr-22-2019	No Information
	Practice 1, SCHENECTADY, NY, 12345, US	Main Clinic		No Information	Apr-17-2019	Jones David. 123 Terrys Way, Horsham, Pa, 19044.
	Practice 1, SCHENECTADY, NY, 12345, US	Main Clinic		No Information	Apr-17-2019	Jones David. 123 Terrys Way, Horsham, Pa, 19044.

# CCDA Enhancements

- Provider or User as a Legal Authenticator (must be a person, not a system user)

**Agent Options**

Encapsulated Data OBX-5 encoding type	MultipartMime
Encapsulated Data Chunk Size for OBX-5.5	16000
Export Documents	No
Generate a longitudinal record	No
Case Reporting Trigger Codes	(Collection)
Track for California PD Registry Requirements	No
<b>Legal Authenticator Selection</b>	<b>intra_queue User</b>
Legal Authenticator - Designated User Id	
Exclude locked encounters created by Users	
Do Not Export Locked Encounters With All Zero Time	No
Only Send Updated Reports on Data Changes	No
Allow export of duplicate CCDs	No
Deprecate previous exported CCD	Yes
Remove HIE content	No

<b>intra_queue User (default)</b>	User from <i>intra_queue.created_by</i> .
<b>Designated User Id</b>	User populated in <i>Legal Authenticator- Designated User Id</i> . The selected user <b>MUST</b> be a person, not a system user.
<b>intra_queue Provider</b>	Provider in the <i>intra_queueprovider_id</i> (if present) will be used for the Legal Authenticator. If there is no provider present in the <i>intra_queue</i> table, the CCDA will <u>not</u> have a Legal Authenticator.
<b>No Legal Authenticator</b>	No Legal Authenticator present in the CCDA.
<b>On Behalf Of Provider/Active Provider</b>	On Behalf Of provider in MSU OR Active Provider in the EHR. Do <u>not</u> select this option if Automated CCDA Generation is supported. If selected, no Legal Authenticator will be present for automated generation.
<b>Rendering Provider</b>	Rendering provider on the <i>intra_queue.enc_id</i> (if present) OR the latest encounter with a rendering provider. If this option is selected and no encounters have a Rendering Provider, the CCDA will <u>not</u> have a Legal Authenticator.
<b>Supervising Provider then Rendering Provider</b>	Supervising OR Rendering provider on the <i>intra_queue.enc_id</i> (if present) OR latest encounter with a supervising/rendering provider. If the Supervising Provider exists it will be used, otherwise Rendering Provider will be used.

# CCDA Enhancements

- Support for Veradigm (payer services):  
History and Physical
- 4 new CCDA sections
  - General status (Constitutional PE elements)
  - Physical Exam (All PE elements, other than Constitutional)
  - ROS
  - Past Medical History (Only past medical history)
- These sections are not codified

## General Status

Findings	Details
Comments	Posture - Normal posture Gait - Normal Hydration - Well hydrated
Normal	Quality of Voice - Normal.
*	Nourishment - Well-nourished, Well developed. Overall appearance - Cooperative, Not in acute distress, Not Sickly.

## Physical Examination

Exam	Findings	
Nose/Mouth/Throat	Normal	External nose - Normal. Nares - Right: Normal, Left: Normal. Nasal Mucosa - Normal. Lips/Teeth/gums - Normal. Tongue - Normal. Buccal mucosa - Normal.
Cardiovascular	Comments	Shape - Normal and Symmetric Movements - Symmetrical Accessory muscles - No use of accessory muscles in breathing. Carotid Artery - Bilateral - Inspection Normal Jugular vein - Bilateral - Inspection Normal Palp/Percu - No Thrills No Carotid Bruit
Abdomen	Normal	Perussion - Normal. Anterior palpation - No guarding, No rebound. No hernia. No palpable mass.
Abdomen	*	Auscultation - no bruit, normal bowel sounds.

# Equipment Module

- Equipment Reports Module is 15 years old
- Added support for Midmark's Newest SDK, v10.x
- Code updated to C#
- Requires a reimplementaion of Midmark
- Enhanced Module to:
  - Use latest technology
  - Clear up workflows
  - Easier to add new equipment in the future
  - Accommodates:
    - Midmark (requires v10)
    - Welch Allyn
    - GE Cardiosoft
    - Cardiac Science

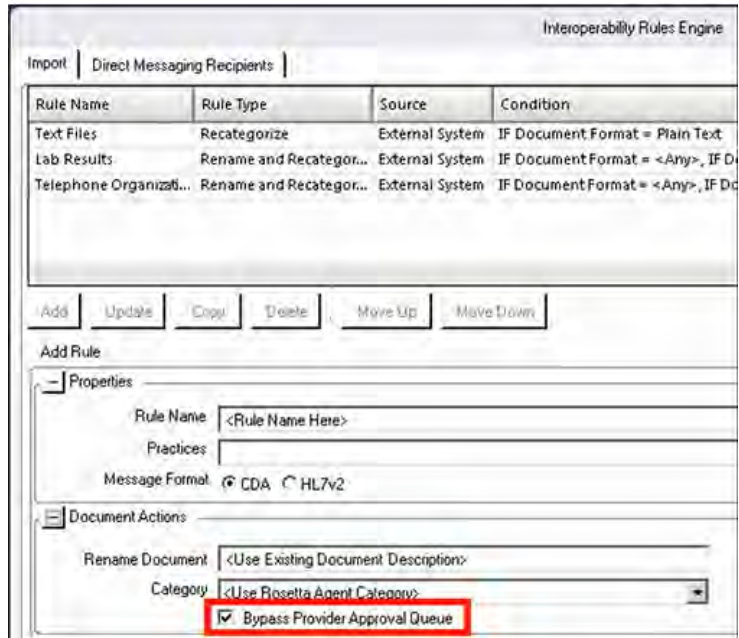
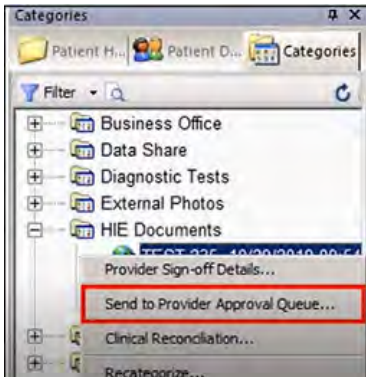
Test ECG Device	Order	Date/Time	Equipment Name
<input checked="" type="checkbox"/>	<input type="button" value="View Report"/>	April 14 2014 09:07 AM	Midmark ECG
<input checked="" type="checkbox"/>	<input type="button" value="View Report"/>	January 18 2011 09:46 AM	Midmark Stress ECG
<input type="checkbox"/>	<input type="button" value="View Report"/>	February 18 2010 01:05 PM	Midmark ECG
<input type="checkbox"/>	<input type="button" value="View Report"/>	November 19 2007 05:24 PM	Cardiac Science Exercise ECG
<input type="checkbox"/>	<input type="button" value="View Report"/>	November 19 2007 05:21 PM	Cardiac Science ECG

The screenshot shows a patient scheduling interface with a 'New Appointment' dialog box open. The dialog box contains fields for Patient assignment (Name, Weight, Birth date), Test information (Referring physician, Specialty, Position name), and a checkbox for 'Automate'. The background shows a patient list and a scheduling grid.

**\*\*Configuration Required**

# Enterprise Enhancements

- Interop Rules Engine – Route CCDs to PAQ
  - Rules based on:
    - Message format
    - Source
    - Document format
    - Document info
  - If PAQ was bypassed, can manually send



# Enterprise Enhancements

- Clinical Reconciliation Module – Sort Immunization column headers
  - Includes all column headers in the 3 grids

The screenshot displays the 'Clinical Reconciliation' window. At the top, there are tabs for 'Custom View', 'Full View', 'Import', and 'Reconciliation History'. Below these are various data categories like 'Medications', 'Meds Administered', 'Medication Allergies', 'Problems', 'Diagnosis Codes', 'Procedures', 'Immunizations\*', 'Vital Signs', 'FamilyHistory', and 'Social History'. The main area is divided into three sections: 'Provider and Patient Information', 'EHR', and 'Import'. The 'Provider and Patient Information' section shows details for 'Bary Anderson' (Family Practice Location) and 'Rivers, Olsan' (Patient Name, Date of Birth: 3/31/1977, Gender: Male). A warning message states: 'Drug Interaction Check is not supported for immunizations at this time. Drug-Immunization interactions can be manually checked from the EHR Order module after all reco...'. The 'EHR' grid has columns: Action, Match, Immunization Name, Date Administered, Administered by, Refused, R. It contains one row: 'Cancel' (Action), 'No' (Match), 'Flu (sp10) (8-23 mos)' (Immunization Name), '3/16/2018' (Date Administered), 'Admin, NEXTGEN Y' (Administered by), and 'R' (Refused). The 'Import' grid has columns: Action, Match, Duplicate, Immunization Name, Date Administered, Registry Name. It contains one row: 'Replace' (Action), 'No' (Match), 'Flu (sp10) (8-35 mos)' (Immunization Name), '10/10/2018' (Date Administered), and '2018' (Registry Name). Below these is a 'Reconciliation Summary' section with columns: Immunization Name, Date Administered, Administered by, Refused, Refusal Reason, Repeat Number, Immunization Comments, Brand Name, Expiration Date, Strength, Lot Number. It shows a summary row: 'Flu (sp10) (8-23 mos)', '3/16/2018', 'Admin, NEXTGEN Y Admin...', 'Source: Patient Immunization Record', and '2018'. At the bottom, there are buttons for 'Match', 'Unmatch', 'Confirm', 'Reset', and 'Close'.



# Rosetta HIE Gateway

- Support Veradigm lab project
  - Supports multiple status updates per order (hidden to other lab agents)
    - New API Routes
      - Order status update
      - Order task creation
      - Order tracking comment
    - Supports time stamps w/time zone
    - Supports results import for multiple external systems
- Supports multiple back up users in Rosetta for lab results
- Set time limits on notifications sent via Rosetta
- Send Encounter Provider in ORM (PV1-7) instead of Ordering Provider

*\*\*Configuration Required*



**NextGen Care**

# Population Management Hub – Bulk Ordering

- Bulk Ordering in a Background Process
  - Separate windows process
  - If the user who initiates the bulk orders process logs out of the software, the process will continue to run until it's ended by a user or the process has completed

**Select the order and diagnosis**

Description	Code	Type
<input type="checkbox"/> Hemoglobin A1c	NG001453	Lab
<input checked="" type="checkbox"/> Lipid Panel	NG001376	Lab

Description	Code
<input type="checkbox"/> Encounter for screening for lipid disorder	Z13.220
<input type="checkbox"/> Essential (primary) hypertension	I10
<input checked="" type="checkbox"/> Hyperlipidemia, unspecified	E78.5

**Place Order**

# Population Management Hub – Appointment Scheduling

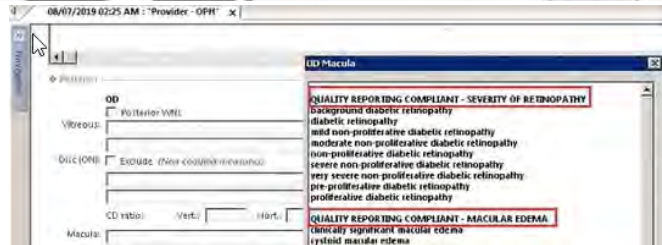
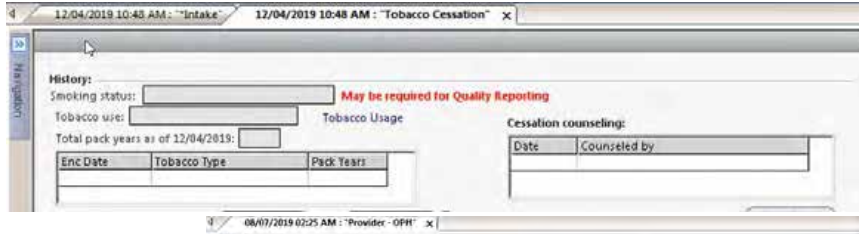
- Quickly schedule appointments in the PM, while working in the Hub
- New Schedule button
  - Launches Appointment Search Ahead window

The screenshot displays the NextGen Care Population Management Hub interface. The main window shows a list of reports with columns for Source, Report Title, Description, Created By, Created, and Version. The selected report is 'Demo Rpt HTN 2020'. Below this, a patient list is shown with columns for Patient Name, Date of Birth, Age, Sex, Home Phone, Risk Level, Portal Enrollment, and Preferred Language. The patient 'Catherine, Denise' is highlighted. A sidebar on the right shows patient details for 'Catherine, Denise (Female)', including DOB, Home Phone, Cell Phone, Email, Language, and Primary Insurance. A red box highlights the 'Schedule' button at the bottom right of the interface.

**Regulatory**

# Replaced MU References

- All references to MU were removed and replaced with a more generic regulatory statement
- Q Button Pop Up – Labels for Meaningful Use replaced with Quality Reporting
- Removed the Q icon in some cases
- Changed labels to appear for ages 12+ (prior was 13+)



# Coded Results Solution

- Template was available prior to the upgrade
  - Added value range mapping



Coded Results Mapping x

How to use this template  Copy records to practice:  Copy

**Add/Update Coded Results Mapping**

Source Table:	Source Field:	Field Value:	Map and Value:	Min:	Max:	Code System:
tbl_soap	tbl_LDL_result			1	99	Claims Based Measures

Source Field: Allowed decimal range (not defined)

Comments: HEDES

Add

# CPTII Auto Submit

- CPTII are tracking codes (\$0 charge)
- Current functionality is still available, but requires manual submission. This is the only place to address measure exceptions. The automated functionality doesn't address exceptions
- New feature incorporates CPT II codes into the Coded Results Solution and allows the codes to be submitted automatically when the field value requirements are met
  - HEDIS measures added out of the box
  - Other programs can be added
- New panel on Finalize 'CPTII Claims Based Measure Reporting'

**CPT II Claims Based Measure Reporting**

Today's CPT II Codes *Select a CPT II code and assign a diagnosis code(s)*

Code	Description
3077F	PQRI, SYST BP >= 140 MM HG 6 IT

CPT II Description: PQRI, SYST BP >= 140 MM HG 6 IT      CPT II Code: 3077F

Today's Assessment

#	Diagnosis Description	Code	Status
1	Heart disease, unspecified	I51.9	

Diagnosis: Heart disease, unspecified      Code: I51.9     

Today's Submitted Charges

Procedure Code	Procedure	Dx Code 1	Dx Code 2	Dx Code 3	Dx Code 4
3080F	PQRI, DIAST BP >= 90 MM HG	I51.9			



# Exceptions Details

- Updates were made to the picklist choices for individual measures on the Exception/Measures Template
- Retired Measures
  - CMS 140
  - CMS 141
  - CMS 147
  - CMS 61
  - QID 334
- Rx Ingredient Norm changed back to Rx Medication Norm
  - CMS 135
  - CMS 138
  - CMS 144
  - CMS 145
  - CMS 22
  - CMS 69



# CQM Workflow

- SNOMED visit types added to Finalize
  - Label changed to SNOMED
  - Added edit ability for SNOMED Visit Types
  - Can enable some settings in SNOMED Visit Type in Custom DBPicklist
- New LOINC code for Alcohol Intake Risk Factor
  - 11287-0
- HCPCS for Females unable to bear children
  - M1016

Evaluation and Management Code *User may select a code from the Visit Codes Service Category by cli*

Visit code:

Modifier(s):

Additional E&M Code | **SNOMED Type (optional)** | Medicare Preventive Codes

### SNOMED Type

*SNOMED codes selected here are only used for Quality Reporting and will not be uploaded to the procedure or problem modules.*

Filter:  Visit  Procedure 238 records

SNOMED CT	Code
Abuse prevention assessment (procedure)	370881007
Admission for respite care (procedure)	304568006
Admission to care of the elderly day hospital (procedure)	305348006
Admission to community hospital (procedure)	305337004
Admission to day hospital (procedure)	305344008
Admission to day ward (procedure)	305343002



# Care Guidelines

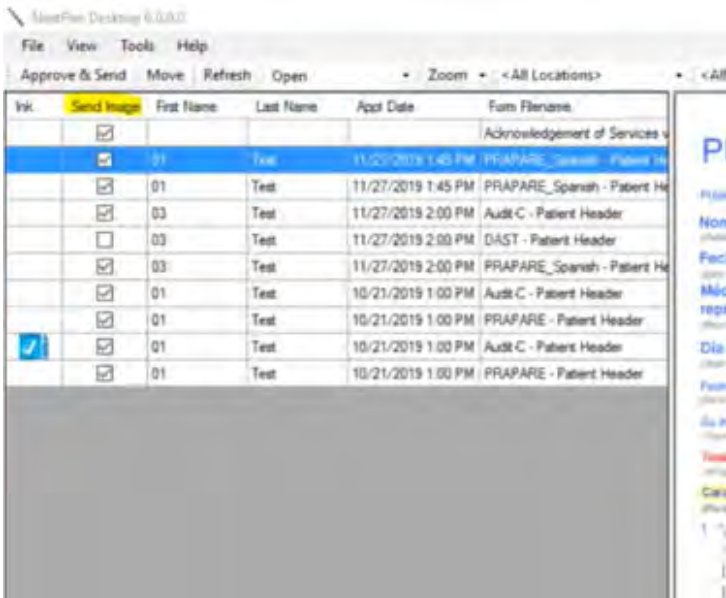
- Changes have been made to specific Care Guideline items
  - Diabetes
    - ASCVD 10 year risk
    - Hep B
    - Review Exercise Program
  - Health Maintenance
    - HPV
    - Updated Colon Cancer Screening options added
      - CT Colonography
      - FIT
      - FIT DNA
  - Cervical Cancer Screening
    - Women ages 21-29 pap every 3 years
    - Women ages 30-65 should have one of the following:
      - Pap every 3 years
      - High Risk HPV + Pap every 5 years
      - High Risk HPV every 5 years
        - » Completed Pap/HPV will mark PAP and HPV as complete
        - » Completed HPV or Pap will not make combined Pap/HPV complete
- Rolling year vs calendar year option added

*\*\*Configuration Optional*

**NextPen 5.0**

# Sending Form Image


- Now have the ability to send the form image to a Category in EHR
  - Allows provides to reference this information later if it is necessary to compare the completed form to the chart



Microsoft Desktop 6.0.0.0

File View Tools Help

Approve & Send Move Refresh Open Zoom < All Locations > < All

Ink	Send Image	First Name	Last Name	Appt Date	Form Filename
	<input checked="" type="checkbox"/>				Acknowledgement of Services v
	<input checked="" type="checkbox"/>	01	Test	11/27/2019 1:45 PM	PRAPARE_Spanish - Patient He
	<input checked="" type="checkbox"/>	01	Test	11/27/2019 1:45 PM	PRAPARE_Spanish - Patient He
	<input checked="" type="checkbox"/>	03	Test	11/27/2019 2:00 PM	Audit C - Patient Header
	<input type="checkbox"/>	03	Test	11/27/2019 2:00 PM	DAST - Patient Header
	<input checked="" type="checkbox"/>	03	Test	11/27/2019 2:00 PM	PRAPARE_Spanish - Patient He
	<input checked="" type="checkbox"/>	01	Test	10/21/2019 1:00 PM	Audit C - Patient Header
	<input checked="" type="checkbox"/>	01	Test	10/21/2019 1:00 PM	PRAPARE - Patient Header
	<input checked="" type="checkbox"/>	01	Test	10/21/2019 1:00 PM	Audit C - Patient Header
	<input checked="" type="checkbox"/>	01	Test	10/21/2019 1:00 PM	PRAPARE - Patient Header

# Spanish PRAPARE Form

- Notes to staff will remain in English

**PRAPARE** THE HOOP FOUNDATION **PR** **nextgen** healthcare

Protocol for Responding to and Assessing Patient Attacks, Risks, and Experiences

**Nombre del paciente:** (Patient Name)

**Fecha de nacimiento:** (Birth Date)  /  /  **Sexo:** (Sex)

**Médico de representación:** (Referring Provider)  **Numero de historia CLINICA:** (MID)

**Día de la cita:** (Visit Date)

**Fecha de realización:** (Performed Date)  /  /

Su información actual en el archivo de muestra en las cajas negras. Si es incorrecto o falta, por favor responda.  
(Your current information in file is displayed in the black boxes. If incorrect or missing, please answer.)

**Todas las preguntas con un \* asterisco deben ser contestadas.**  
(All questions with an \* asterisk must be answered.)

**Características Personales**  
(Personal Characteristics)

1. \*¿Es hispano, latino o de origen español?  
(Are you Hispanic or Latino?)

Sí (Yes)  No (No)  Prefiero no responder a esta pregunta (I prefer not to answer this question)

Otro (Other)

**NOTE TO STAFF:** Any Spanish, Hisp, "Latin" text must be entered manually in MID, Patient ID, or other systems (PRAPARE)

2. \*¿Cuál es su raza? Marque todo lo que sea aplicable.  
(Which race are you? Check all that apply.)

Asiático (Asian)  De las Islas del Pacífico (Islander)  Blanco (White)  Nativo de Hawái (Native Hawaiian)  Negro/Afro Americano (Black/African American)  Indio de los Estados Unidos / Nativo de Alaska (American Indian /

A continuación se enumeran sus 3 mejores raza (s) actualmente en nuestro sistema. Si las cédulas están en blanco o son incorrectas, por favor seleccione su (s) raza (s) e indique el orden correcto por ingresando un número que comience con 1, llenando la mayor porcentaje.

1

2

3

**PM**

# Preferred Name

- **Nickname** field has been changed to **Preferred Name** in:
  - All information demographics screens.
    - Person, Patient, Guarantor, Relationship, etc.
  - All Lookup screens
    - People, Patient, Guarantor, Head of Household, etc.)
  - Patient Information Bar
  - Account Profile
  - Add/Edit Group Appointment window
  - Appointment Information Tooltip
  - Appointment Lookup (column must be configured)
  - Data Repository for Forms, Forms Enhances, Labels, and Letters

Patient Lookup

Search Criteria

Last: Shotcake First / Preferred: Berry Middle: Previous Last: City: Address Line 1: Zip: Mother's Maiden Name:

Social Security: Birth Date: Sex: Phone: Search By: Med Rec Nbr: Policy Nbr: Pers Nbr:

View By: All Patients External System: External ID: Exclude Expired Patients

Matching Records

Name	Preferred Name	Patient Portal	Maiden Name	Address	Sex	Birth Dt	SS Nbr
Shotcake, Strawberry	Berry	N		1239 Strawberry Lane, Og...	Female	09/18/1974	054-53-5

Records Found: 1

Clear Find New Open Close

# Preferred Name on Correspondence

- If the Use Preferred Name on Correspondence is enabled then this will be used on Statements, Forms, Letters, and Labels.
- If enabled, but no Preferred Name is present, First Name will be used.

**Modify Patient Information**

Prefix: Last: Shortcake First: Strawberry Middle: Suffix: Preferred Name: Bary Medical Record: 28  
Social Security: 604-63-5445 Birth Date: 09/18/1974 Age: 43 yrs Birth Sex: Female Current Gender: Female Gender Identity: Sexual Orientation: Preferred Pronoun: Exempt from Person Merge:

**Privacy**

Privacy Notice Issued to Patient:  Privacy Consent:   
Privacy Notice Received from Patient:   
Privacy Notice Reason:   
Privacy Notice Notes:   
 Use Preferred Name on Correspondence

Privacy Consent: Privacy Notice information is stored at the practice level and is only available when a chart exists or is created.

**nextgen healthcare**

Demand Account Letter for Acc. #20

ADDRESS: 123 Vegas Drive, Northham, PA 19044 USA

IF PAYING BY CREDIT CARD, FILL OUT BELOW  
Check Card Using For Payment  
American Express Discover MasterCard Visa  
Card Number: CVV: Amount: Signature: Exp. Date:  
STATEMENT DATE: 12/18/2019 PAY THIS AMOUNT: \$323.52 ACCOUNT NBR: 20  
SHOW AMOUNT PAID HERE >

REMIT TO: NextGen Family Practice, 795 Housham Rd, Northham, PA 19044-1008 USA






















Account OK Cancel



# Patient Notification Enhancements

- Notification icons will only display if the corresponding notification is selected in the Notifications drop down in the demographics screen.

**Contact Information**  Generate System Alert  International  Pat Notification  EDI Notification

Contact Method	Number/Address	Notifications
1. Home Phone <input type="checkbox"/> N/A	(215) 987-6543 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	   
2. Day Phone <input type="checkbox"/> N/A	( ) - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	   
3. Alternate Phone <input type="checkbox"/> N/A	( ) - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	   
4. Secondary Phone <input type="checkbox"/> N/A	( ) - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	   
5. Cell Phone <input type="checkbox"/> N/A	( ) - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	   
6. E-Mail <input type="checkbox"/> N/A	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

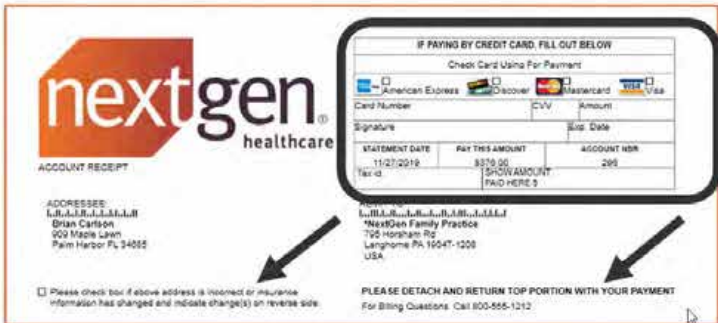
Preferred Contact: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] **Notifications** Email:Phone Call;SMS(T) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

up Nbr	Effective Date
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	03/01/2007

- Opt out
- Email
- Phone Call
- Portal
- SMS(Text)
- Voice reminders

# Account Receipt

- Date of Service added to be clear to the patient what the receipt is for. This will also help in reimbursement for HSA/FSA accounts.
- Header and Footer added so it will be more consistent like an encounter bill or statement.





# Claim Edit #311

- Edit is triggered if the encounter payer is invalid for the specified service location(s)
  - Use Case: The practice might need to bill different MACs depending on location.
  - Use Case: The practice might offer services in multiple locations that are in different states or regions.
- Claim edit is configured based on location, financial class, and payer combinations

# Hidden Insurance Enhancements

- This new enhancement offers an option to hide a payer at the person/patient level when it is hidden in File Maintenance.
- User Alerts when a hidden payer in File Maintenance is being linked to an encounter.
- Hidden payers will not automatically attach a payer from a previous encounter if it has been hidden at the person/patient level.

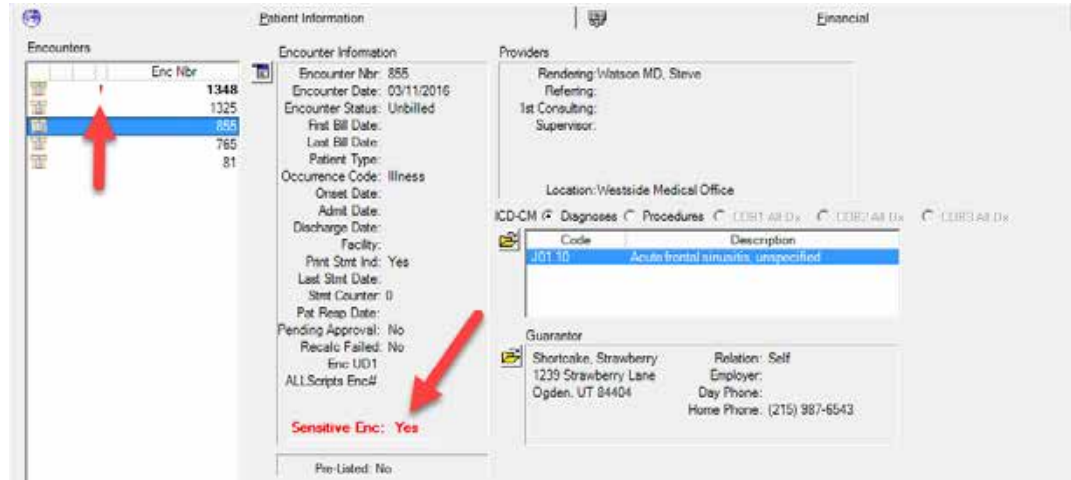


# Sensitive Encounter Indicator

Encounters Marked as Sensitive in the EHR indicators will display in the PM.

Sensitive Encounter Indicator column added to the following PM reports:

- Daily > Encounters
- Accounts Receivable > Unbilled Encounters



The screenshot displays a patient information interface with three main sections: Encounters, Encounter Information, and Providers. The Encounters table lists several encounters, with the one for 03/11/2016 (Encounter Nbr: 855) highlighted in blue. A red arrow points to the 'Sensitive Enc' column for this encounter, which is marked 'Yes'. The Encounter Information section provides details for encounter 855, including the date, status (Unbilled), and patient type (Illness). The Providers section lists Steve Watson MD as the rendering provider. The ICD-CM section shows a diagnosis of Acute frontal sinusitis, unspecified (J01.10). The Guarantor section lists Strawberry Shortcake as the guarantor.

Enc Nbr	Encounter Date	Sensitive Enc
1348		
1325		
855	03/11/2016	Yes
765		
81		

Encounter Information:

- Encounter Nbr: 855
- Encounter Date: 03/11/2016
- Encounter Status: Unbilled
- First Bill Date:
- Last Bill Date:
- Patient Type: Illness
- Occurrence Code:
- Onset Date:
- Admit Date:
- Discharge Date:
- Facility:
- Print Stmt Ind: Yes
- Last Stmt Date:
- Stmt Counter: 0
- Pot Resp Date:
- Pending Approval: No
- Recalc Failed: No
- Eric UD1
- ALLScripts Enc#
- Sensitive Enc: Yes**
- Pre-Listed: No

Providers:

- Rendering: Watson MD, Steve
- Referring:
- 1st Consulting:
- Supervisor:
- Location: Westside Medical Office

ICD-CM Diagnoses:

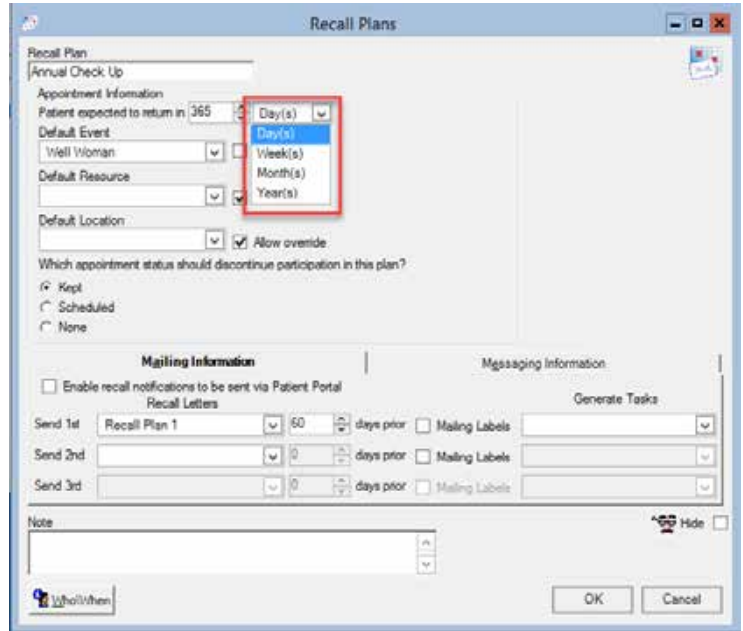
Code	Description
J01.10	Acute frontal sinusitis, unspecified

Guarantor:

- Shortcake, Strawberry
- 1239 Strawberry Lane
- Ogden, UT 84404
- Relation: Self
- Employer:
- Day Phone:
- Home Phone: (215) 987-6543

# Recall Plans Enhancements

- Recall Plans can be set to:
  - Day(s)
  - Week(s)
  - Month(s)
  - Year(s)
- Previously only Day(s) was available
- This has been added to:
  - File Maintenance > Practice > PM > Recall Plans > Recall Plan window
  - Practice Preference > Alerts > Active Recall Plans Due in \_\_\_\_
  - PM > Recall Plan Maintenance window



The screenshot shows the 'Recall Plans' window with the 'Annual Check Up' plan selected. The 'Appointment Information' section includes a 'Patient expected to return in' field set to 365. A dropdown menu is open next to this field, showing options for 'Day(s)', 'Week(s)', 'Month(s)', and 'Year(s)'. The 'Day(s)' option is currently selected and highlighted in blue. Below this, there are fields for 'Default Event', 'Well Woman', 'Default Resource', and 'Default Location'. A checkbox for 'Allow override' is checked. The 'Which appointment status should discontinue participation in this plan?' section has radio buttons for 'Kept', 'Scheduled', and 'None', with 'Kept' selected. The 'Mailing Information' section has a checkbox for 'Enable recall notifications to be sent via Patient Portal Recall Letters' which is unchecked. Below this are three rows for 'Send 1st', 'Send 2nd', and 'Send 3rd' notifications, each with a dropdown for the plan name, a numeric field for days prior, and a checkbox for 'Mailing Labels'. The 'Send 1st' row is populated with 'Recall Plan 1', '50', and 'days prior'. The 'Send 2nd' and 'Send 3rd' rows are empty. A 'Generate Tasks' dropdown is also present. At the bottom, there is a 'Note' field and 'OK' and 'Cancel' buttons.

# Indiana Medicaid Rehabilitation Option

- Practice can track and manage all MRO services regardless of whether they are part of an existing package or add on after authorization
- Practice can edit service unit amounts and duration when they are authorized at different amounts than the standard package

The screenshot shows a software interface for managing service packages. The main window is titled "Service Package List" and contains a search field with "Indiana MRO Service Packages" entered. A "Service Package Maintenance" dialog box is open, showing a table of configurations. The "Type" column in this table is highlighted with an orange box.

Service Package	Type	Adult/Child	Level of Need
Adult LON 3	S	A	3
Adult LON 4	S	A	4
Adult LON 5	S	A	5
Adult LON 5A	S	A	5A
AO BH Counseling	A		
AO Skills Training	A		
Child LON 2	S	C	2
Child LON 3	S	C	3
Child LON 4	S	C	4
Child LON 5 And 6	S	C	5



# Multiple Default Group Enhancement

- An organization may acquire a new practice and often the previous Tax ID may need to be used on claims for a period of time before switching to the new Tax ID.
- An organization changes their Tax ID, claims prior to the effective date of the new Tax ID may still need to be billed or rebilled using the previous Tax ID.



# Multiple Default Group Enhancement

- NextGen has added a new Tax ID field to the Group Detail window.
- You can now add multiple default rows within the Group Master File
- No longer need to create a new group for the new Tax ID
- Claims will be billed/rebilled based on the effective and expiration dates

Group Information

Group Name: Nextgen Family Group | Group Phone: | Tax ID Number: 231532125 | National Provider ID: 1851340285

Suppress Rendering/Attending Loop

Taxonomy Code

Note

Service Location: <Default> | New Default Line

Payer Name: <Default> | Group Number: 123456789 | Effective Date: 11/01/2019 | Expiration Date: 11/21/2119

Name/Organization: Nextgen Medical Group | Opt Group Val: | National Provider ID: 1851340285

Address: 795 Horsham Road | City: Horsham

State: PA (Penn) | Zip: 19044-1208 | Country: USA | County: MONTGOMERY | Suppress Rendering/Attending Loop

Taxonomy Code

Bill To Location: Tax ID Number: 122456789

UP1 Group Information

Hide

OK Cancel



# Place of Service 99 Enhancements

POS 99 functionality was created in 5.9.1 to allow practices to define a location name and address when the place of service is 99 (other unlisted facility)

- Charge Posting Screen > POS Address window country now defaults to USA
- EDI Claim Profile Library > Payer Rules for EDI > Professional tab > General EDI Options:
  - Send Service Facility Location Loop with POS 99 Details (disabled upon upgrade)
    - When this setting is **enabled**: the electronic 1500 claim (837P) 2420C Service Facility Location Loop is populated with the POS 99 address details from Charge Posting
    - When this setting is **disabled**: the electronic 1500 claim (837P) 2420C Service Facility Location Loop is populated with the encounter Service Location address

# **PM Behavioral Health Enhancements**

# BH Rounding & Base Minutes Phase 3

- Previously limited to hard coded base minutes
- Rounding configuration was not available for custom built minutes
- No indication that it was for Self Pay
- Custom minute rounding configuration will now be available in a new tab for Self Pay

The screenshot shows the 'Practice Preferences' dialog box with the 'Charges' tab selected. A sub-tab titled 'Behavioral Health Charges - Self-Pay Only' is highlighted. The 'Behavioral Health Base Minute Rounding Methods' table is displayed with the following data:

Base Minutes	Down/Exact	Down At	Up At	Less Than is 0	Decimal Place
15 minutes	Down	7	8	8	
30 minutes	Down	14	15	15	
60 minutes	Down	29	30	30	
240 minutes	Down	119	120	120	

Below this table is the 'Behavioral Health Custom Base Minute Rounding Methods' section, which is currently empty.

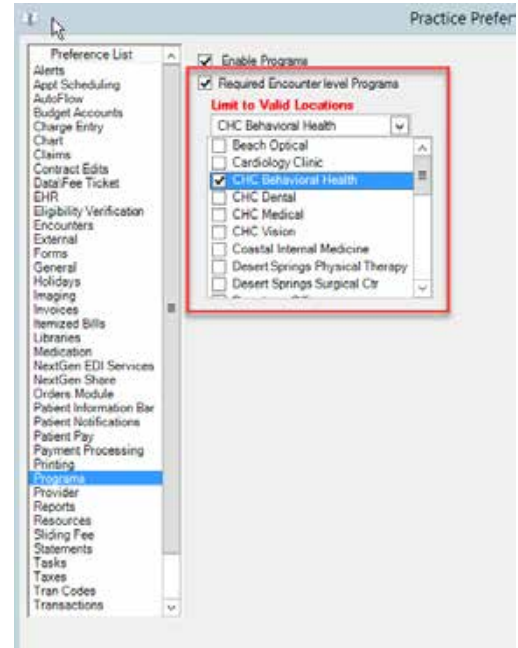


# BH Programs Phase 3: Security

- System Admin has added security for Programs.
  - Operation > Chart/Demographic/Employer
- New Program Rights will control
  - Program Dropdown on the Encounter Lookup screen.
  - Program Tab under Patient Information in the Patient Chart
  - Program Field on the Encounter Information screen.
  - Encounter Maintenance Program Dropdown

# BH Encounter Level Program Requirement

- This feature will allow the practice to make the encounter Program field required by location.
- If a user has access to Programs and attempt to create an encounter for a location which requires Programs.
  - The system **allows** the user to created an encounter without assigning a program if the patient is not enrolled in any Program
  - The system **restricts** the user to create an encounter without assigning a program if the patient is enrolled in a Program
  - The system **restricts** the user to update an encounter irrespective of the Patient enrollment in an encounter



# BH Encounter Level Program Requirement

- If the user has NO access to Programs and attempts to create an encounter for a location which requires Programs:
  - The system **allows** the user to create an encounter without assigning a program if the patient is not enrolled in any Program.
  - If the patient is enrolled in a Program, the system alerts the user they do not have Program rights and **restricts** the user from creating an encounter

The screenshot shows the 'Create Encounter' window for a patient named Shortcake, Strawberry. The window title is 'Create Encounter - Shortcake, Strawberry'. The form is divided into several sections. At the top, there are fields for 'Billable Date' (04/28/2020), 'Billable Time' (09:00 AM), 'Occurrence Code' (Illness), 'State', 'Onset Date', and 'Onset Time'. Below this is a tabbed interface with 'General' selected. The 'General' tab contains fields for 'Patient Type', 'Remarks', 'Complains', 'Practice Specifics' (with sub-fields 'Enc UID1' and 'All Scripts Enc#'), 'Admit Date', 'Admit Time', 'Initial Treatment Date', 'Discharge Date', 'Discharge Time', 'Discharge Status', 'Facility', 'Guarantor' (Shortcake, Strawberry, Relation: Patient), 'Encounter Types' (Billable, Case), and checkboxes for 'Print Encounter On Statements', 'Patient is Homebound', 'Exempt from Outsourcing', and 'Initial Enc in Series'. A 'Program' dropdown menu is located at the bottom left of the form and is highlighted with a red box. Other tabs include 'Clinical', 'Billing & Collections', 'Encounter Specifics', 'IJB', 'Claims', 'Marketing', and 'History'. The 'Providers' section on the right includes 'Rendering' (Test MD, EMedApps), 'Referring', 'Referring Facility', 'First Consulting', 'Supervisor', and 'Service Location' (CHC Behavioral Health). There is also an 'Incident To Bill Encounter' checkbox.

# **NextGen EDI Patient Notification Enhancements**



# EDI Patient Notification Enhancements

New Practice Preference setting has been added to allow the practice to select type of messaging notification that can be user for: **Appointment Reminders, Balance Reminders, and/or Recall Plans.**

- This will enable an EDI hyperlink on the demographics screen where the user can select the patients preference.

**Practice Preferences**

Preference List

- Alerts
- Appt Scheduling
- AutoFlow
- Budget Accounts
- Charge Entry
- Chart
- Claims
- Contract Edits
- Data/Fee Ticket
- DIR
- Eligibility Verification
- Encounters
- External
- Forms
- General
- Holidays
- Imaging
- Invoices
- Itemized Bills
- Libraries
- Medication
- NextGen EDI Services**
- NextGen Share
- Orders Module
- Patient Information Bar
- Patient Notifications
- Patient Pay
- Payment Processing
- Printing Programs
- Provider
- Reports
- Resources
- Siding Fee
- Statements
- Tasks
- Taxes
- Tran Codes
- Transactions

NextGen EDI Uploading

Default Notification Order

- Home Phone
- Cell Phone
- Day Phone
- Alternate Phone
- Secondary Hm Phone
- E-Mail

NextGen EDI Messaging

Notification Preferences

Notifications used in this Practice

Notification Preferences: Contact Method

Display EDI Notifications in Person Demographics

Show Reminders Tab on Appointment

Email  SMS (Text)  Voice Reminders

Contact Method: Email, Cell Phone, Cell Phone

**Notification Messaging**

Appointment Reminders  Email  SMS (Text)  Voice Reminders

Balance Reminders  Email  SMS (Text)  Voice Reminders

Recall Plans  Email  SMS (Text)  Voice Reminders

Default Method: [Dropdown]

Your NextGen Messaging Solution will be capable of sending out Appointment Reminders, Balance Reminders and Recalls. If configured which will help improve efficiency, increase cash flow and increase patient engagement. For more information or to request activation, open a case for EDI Messaging in Success Community.

OK Cancel

# EDI Patient Notification Enhancements

- The drop down option will only display the options selected in Practice Preferences.
- If a default option was select this will automatically be preset.

The screenshot shows the 'Modify Patient Information' form. In the 'Contact Information' section, there is a dropdown menu with 'EDI' selected. A red arrow points from this dropdown to the 'EDI Messaging' dropdown menu. The 'EDI Messaging' dropdown is open, showing options for Appointment Reminders, Balance Reminders, and Recall Plans. The 'SMS (Text)' option is selected for all three. There are also checkboxes for 'Email' and 'Opt Out' for each category.

Icon	Verbiage that displays on hover
Email	This contact can be used to send EDI notifications via email if the patient has opted to receive them.
SMS (Text)	This contact can be used to send EDI notifications via text message if the patient has opted to receive them.
Voice Reminders	This contact can be used to send EDI notifications via voice reminder if the patient has opted to receive them.

# EDI Patient Notification Enhancements

Information about Appointment Confirmation information has been added to the appointment tooltip\*

- Previously this was only available in the appointment window or by running a report.

The screenshot displays a software window with a toolbar at the top. Below the toolbar, there are two appointment slots: "Neilson Thursday1 (West) Neilson MD 10 Min interval" and "Anderson Regular Week Branson Anderson MD 15 Min interval". The "Appointment Information" section is highlighted in yellow and contains the following details:

Pat Name:	Reminder,Randy
Patient Home Phone:	
Appointment Date:	07/11/2019
Appointment Begintime:	10:00 A
Appointment Event:	Event 1
EDI Messaging Latest Result:	SMS sent
EDI Messaging Contact Method:	Text
EDI Message Delivered On:	07/09/2019
Account Self-Pay Balance:	
Authorization Required?:	No
Bad Debt?:	

A red arrow points to the "EDI Message Delivered On" field. At the bottom of the window, a status bar shows "Reminder, Randy - E1".

\*Must be configured in Practice Preferences and Appointment Scheduling Preferences.

# Q&A