

# Welcome to the **NextGen Upgrade** **6.2021.1 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



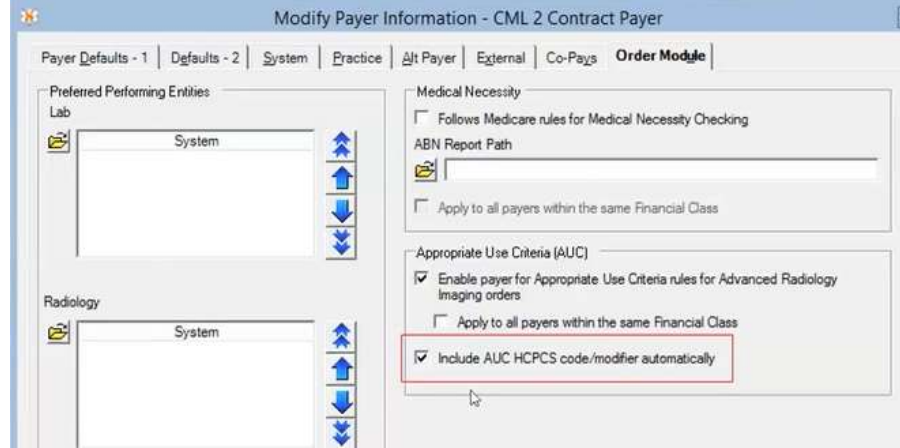
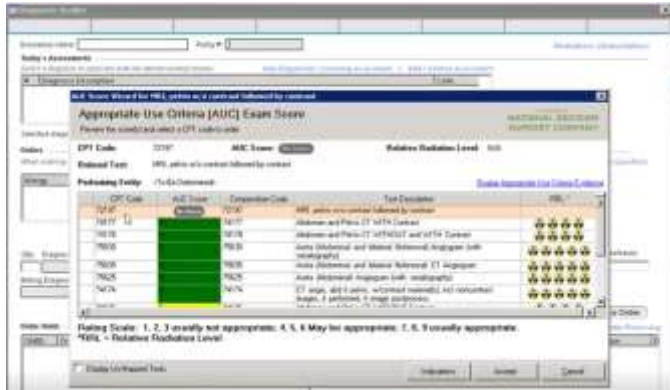
eMedApps.com

# NextGen Upgrade 6.2021.1 Spring 2021



**EHR**

# AUC Enhancements



- AUC (radiology score) has been updated to allow multiple test to be ordered and scored from the templates (already present in module) and the AUC logic only runs 1 time
- Include AUC HCPCS code/modifier automatically check box now available on the payer table
- All existing payers with financial class of Medicare will have AUC check box enabled

# Automatic Posting for HCPCS Code and Modifiers for AUC

- Line items with Ordered Exam SIM codes will have the additional AUC/HCPCS modifier
- An additional line item for HCPCS/G-code will be posted to procedures

	Code	Procedure Status	Description	Units	Dx1	Dx2
2020	72149	Completed	MRI LUMBAR SPINE W/DYE	1.00	M54.9	
2020	G1004	Completed	Cdsm Ndsc	1.00		
2020	85025	Completed	COMPLETE CBC W/AUTO DIFF ...	1.00		
2020	85025	Completed	COMPLETE CBC W/AUTO DIFF ...	1.00		
2020	1126F	Completed	AMNT PAIN NOTED: NONE PR...	1.00		

**"Diagnostic Study - Orders" - [0 of 14]**

Order: [Discontinued] Breast MRI: Bilateral WITH and/or WITHOUT Contrast Code: 77059  
Diagnosis: Chronic obstructive pulmonary disease, unsp [J44.9]

Reason (for referral):  
Clinical information/ comments:  
Attachments/ description:

Authorization: Authorization req'd:  No  Yes Authorization #: Effective: Expiration: Visits:  
 Performed: On: Reason/comment:

Consent:  Performed: On: Reason/comment:

Scheduling:  Performed: On: Reason/comment:

Timeframe: App't: Hr: Min: Location:

Side: Site: Position: Orientation:

Result/report:  
 Received: On: Reason/comment:  
 Completed: On: Reason/comment:  
 Patient Notified: On: Method:

Interpretation: X-Ray Interpretation Quick Findings  
Result details:

**Billing codes:** Order: 77059 Mod 1: ug Mod 2:  
Admin/other 1: G1004  
Admin/other 2:  
Venipuncture:  
Additional information:  Summary of Care/Record sent  Internal referral

**Submit to Superbill**

\*\*Configuration Required

# E&M Coding

- History and PE no longer used as code calculating factors
- Use MDM or Time to code E&M Office Visits
- Updates to MDM Criteria:
  - Time thresholds changed
  - Removed CPT 99201
- Added new office visit prolonged add on codes. Only used with office visit codes.
  - 99417 by AMA for reporting addtl 15 mins beyond minimum time for 99205/99215
  - G2212 by CMC for reporting addtl 15 mins beyond maximum time for 99205/99215
- All deleted codes are removed or replaced
- Revised code description is updated
- Provides ability to bill Nutritional Service codes

**Evaluation and Management Coding**

Medical Decision Making [View MDM Guidelines](#) [Counseling Details](#)

Straight forward     Low complexity  
 Moderate complexity     High complexity

Time (min)  Total time personally spent today on patient care and documentation for this visit

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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  Medicare Beneficiary

Visit code:       Calculated E&M code:  Prolonged Service:

Modifier(s):               Submitted code:     Units:

Exercise

Type:     Frequency:     Duration:     Location:

Educational Materials provided:

Follow Up:  2 weeks  
 1 month  
 2 months  
 3 months  
 as needed

Encounter time:     CPT code:     Units:

Education Recommendations:

Provider Sign Off  Submit to Billing    Supervising Provider

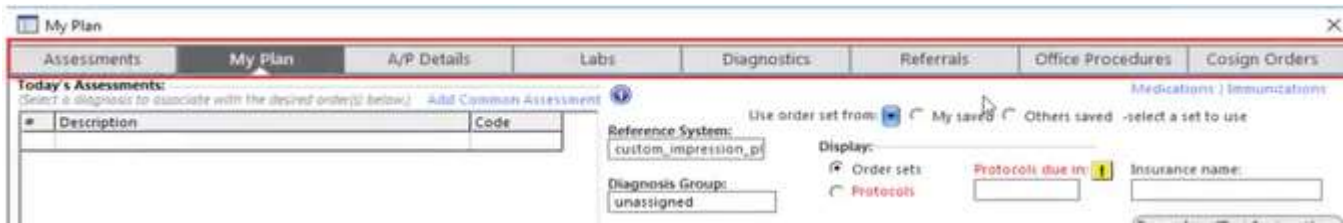
Medicare Patient  Have met w/     Was analyzed

Page 1           

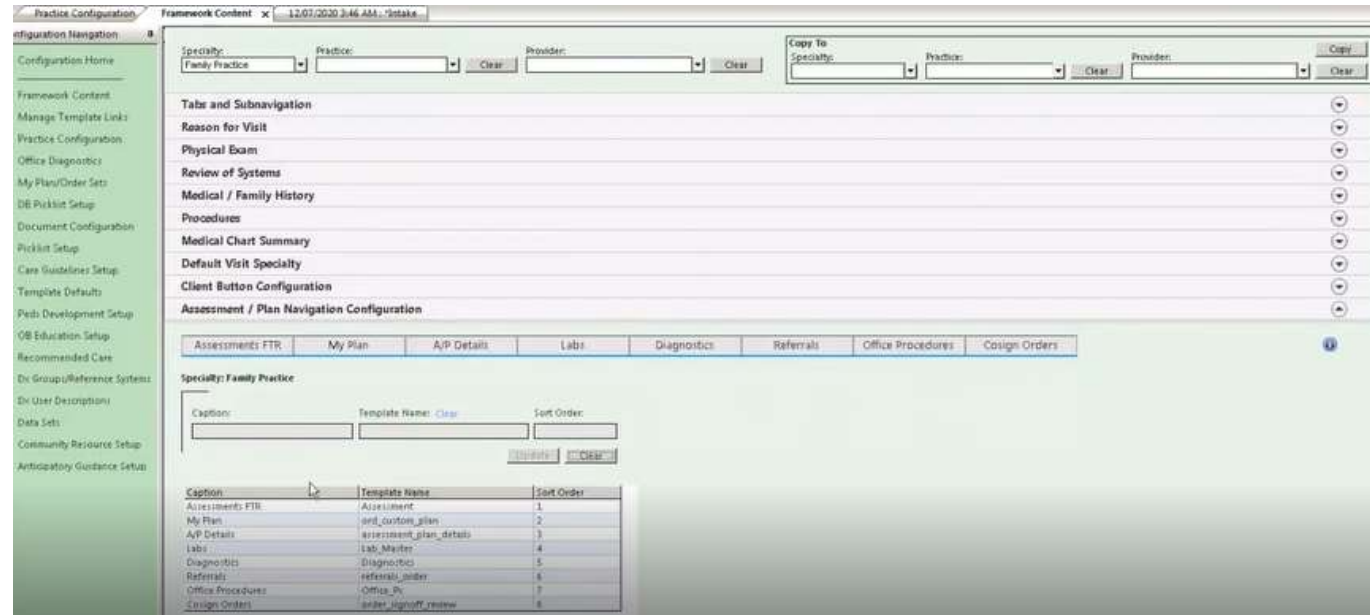
et_list_item
<10 minutes
10 - 14 Minutes
15 - 19 Minutes
20 - 29 Minutes
30 - 39 Minutes
40 - 44 Minutes
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935 - 944 Minutes
945 - 954 Minutes
955 - 964 Minutes
965 - 974 Minutes
975 - 984 Minutes
985 - 994 Minutes
995 - 1004 Minutes

**\*\*Configuration Required – Set 2021 Coding Guidelines Effective Date**

# Dynamic Navigation on A/P



- Edit tabs
- Edit captions
- Can have a defaults by specialty, practice and/or provider
- Can only change the orders when all 8 tabs are present
- Cannot remove the blanks or push to the end



\*\*Configuration Required





# Validate Codes/Descriptions for Family History

Configure Medical, Surgical, Family History

Panel Control: Toggle Cycle

Condition and Management Configuration

\*Type:  PMH Medical  PMH Management  Family History  HL7

Surgical  Negative

Code System: SNOMED

\*Condition/Management: Abnormality of nail tissue

\*Code:  Code N/A 247491004

Indicator:  Pre-coordinated  Post-coordinated

Add Update Clear

Files: Type: Show removed items

Code System	Code Value	Post Coordinate Value
SNOMED	381096007	
CUSTOMCODE	10037	
SNOMED	233955003	
SNOMED	24522001	
SNOMED	265414003	
SNOMED	423508000	
SNOMED	233159005	

- Update positive and negative codes as required
- Post updated negative code will be mapped with negative code
- Post updated positive code will be mapped with positive code
- Post coordinated expressions contain more than one SNOMED identifier
- Precoordinated expressions use a single SNOMED identifier

<https://www.community.nextgen.com/ngc/a3Nf3000001tmUs?srPos=4&srKp=a3N>

\*\*Configuration Required

# Co-Managing Provider



NextGen® Enterprise EHR: Defect 107768 - Test #10

File Edit Default View Tools Admin (DRPH) Window Help

Layer Main Clinic Smith, John

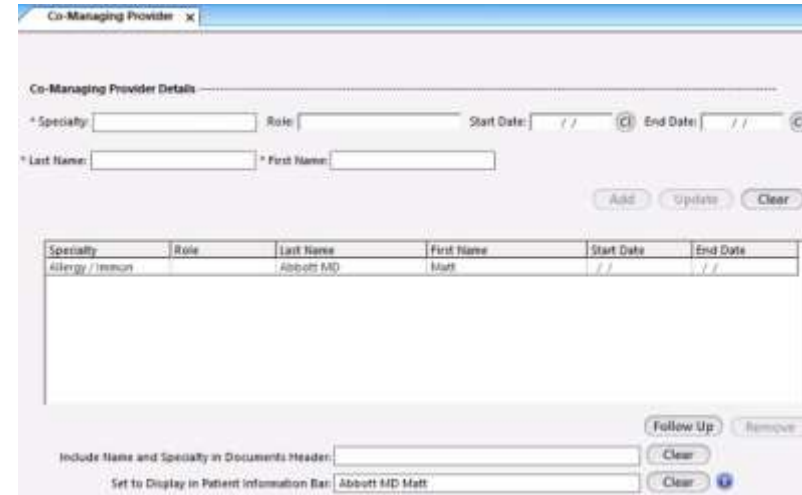
Defect 107768 | DOB: 8/18/2000 20 years | Weight: Unknown

Alerts 1 Allergies 2 Prescriptions 2 Immunizations 1 Medications 2 Appointments 1

Address: Test  
Horseshoe, PA 1111111111

MRN:   
PI-Insurance:   
Patient Portal:   
Referring:   
Referring: Smith, John

Co-Managing Provider: Smith, John



Co-Managing Provider x

Co-Managing Provider Details

\* Specialty:  Role:  Start Date:  End Date:

\* Last Name:  First Name:

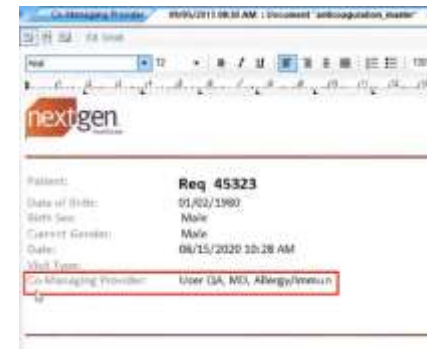
Add Update Clear

Specialty	Role	Last Name	First Name	Start Date	End Date
Allergy / Immun		Abbott MD	Matt	//	//

Follow Up Remove

Include Name and Specialty in Documents Header:  Clear

Set to Display in Patient Information Bar: Abbott MD Matt Clear



Co-Managing Provider - 8/15/2020 10:28 AM | Document: 'allergization\_visit' x

nextgen

Patient: **Req 45323**

Date of Birth: 01/02/1980

Birth Sex: Male

Current Gender: Male

Date: 08/15/2020 10:28 AM

Visit Type:

Co-Managing Provider: User (Allergy/Immun)

- Ability to document a co-managing provider in the NextGen chart by specialty
- Options to include it in the visit note document

*\*\*Configuration Required*

# Health Promotion Plan

## No Dx – Additional Plans

Plan	Plan Type	Plan Details	Plan Date
BME Plan	Physical activity	Exercise on prescription	11/17/2011
BME Plan	Diet	High fiber diet education, Details:healthy, 1800 calorie	11/17/2011

### Assessment/Plan

#	Detail Type	Description
1.	Assessment Plan Orders	Major depressive disorder, single episode, in full remission (F32.5). Today's instructions / counseling include(s) Emotional support education. Clinical information/comments: 5dHFA.
2.	Assessment Plan Orders	Body mass index (BMI) 22.0-22.6, adult (268.22). Today's instructions / counseling include(s) Lifestyle education regarding diet. Clinical information/comments: healthy.
3.	Assessment Plan Orders	Major depressive disorder, single episode, unspecified (F32.9). Today's instructions / counseling include(s) Evaluation of psychosocial impact on plan of care (procedure).
4.	Other Plans BME Plan Depression Plan	Plans not associated to a diagnosis Diet - Nutrition therapy, Details: low fat, low fat Follow-up - Mental health treatment education, Details: jfAF

## Dx – Today's HPP Orders

Status	Order	Diagnosis	Code	Details
completed	Counseling for eating disorder	Body mass index (BMI) 22.0-22.6, adult	268.22	guides:trial
completed	Exercise promotion, strength training	Body mass index (BMI) 22.0-22.6, adult	268.22	
completed	Dietary education for weight gain	Body mass index (BMI) 23.0-23.9, adult	291.23	high language, low iaf
completed	History and physical examination, sports	Body mass index (BMI) 23.0-23.9, adult	288.13	

Status	Order	Diagnosis	Code	Details

Patient Education [Submit] [Remove]

[OK] [Cancel]

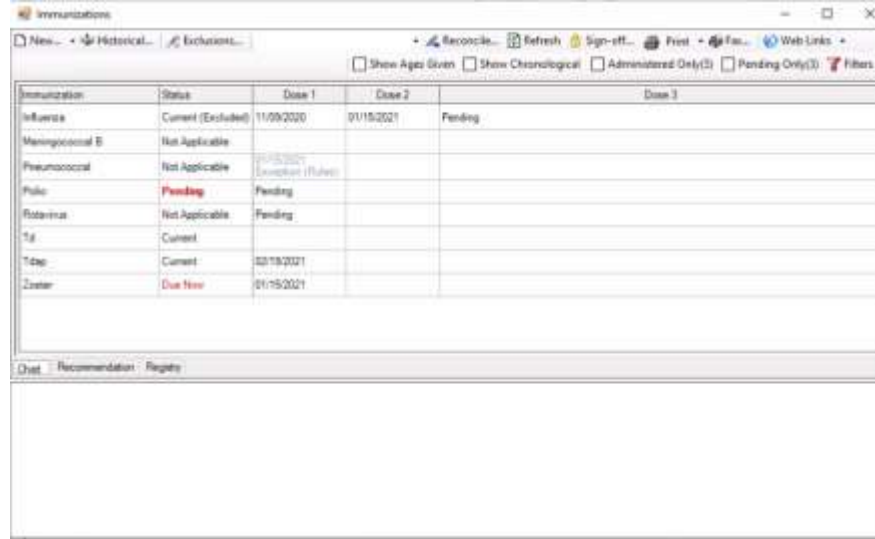
- Allows a plan to be entered without a diagnosis
- Removed all the Q buttons and replaced with the I button
- 'Exclusions' replaced with 'Exceptions'
- Allows for access to pt education

# Immunizations Link Added to Histories

- Immunizations link added to the History Summary and Medical/Surgical/Interim Panels
- Used to document Immunization History



Disease/Disorder	Side	Onset Date	Management	Side	Date	Encounter Type	Admit From
Pregnancy-full term			Vaginal forceps - Full term				
Hypertension		03/12/2018					
Depression		2017					
Cancer, breast (fetaloid)			Bilateral LASIK	Bilateral	2008		
			Hip replacement		10/17/2018		
			Cataract surgery	OD	01/10/2018		
					10/17/2018		



Immunization	Status	Dose 1	Dose 2	Dose 3
Influenza	Current (Excluded)	11/09/2020	01/15/2021	Pending
Meningococcal B	Not Applicable			
Pneumococcal	Not Applicable			
Polio	Pending	Pending		
Rotavirus	Not Applicable			
Td	Current			
Tdap	Current	03/18/2021		
Zoster	Due Now	01/15/2021		

# PRAPARE Usability Improvements

- PRAPARE Flowsheet is now available on Medication Chart Summary (\*Home Page)
- Can define practice defined questions, if desired
- Send Task button added
- Tasking description will reflect the services selected
- Questions are now numbered
- Calculate Code button will provide clearer messages and missing data elements will display in red
- 5 new Crystal Reports
- New Decline PRAPARE check box option
- Enabling Services can be configured to have different options

**Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE®)**

\*Performed Date:   Decline PRAPARE® PRAPARE® Flowsheet

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**Personal Information** (Click the Personal Information link to access or modify patient demographic details.) Refresh

First Name:  Birth Date:   
Last Name:  Age:   
Middle Name:  Birth Sex:

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**Personal Characteristics**

\*1. Ethnicity

\*2. Race

\*3. Preferred Language

\*4. Have you been discharged from the armed forces of the United States?  Yes  No  I do not know  
(Present Veteran Status in UDS: No) Details:

\*5. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?  Yes  No  I do not know  
Details:

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**Family & Home**

\*6. How many family members, including yourself, do you currently live with?

I choose not to answer  
 Question not administered  
 Skipped question

**Report Dialog**

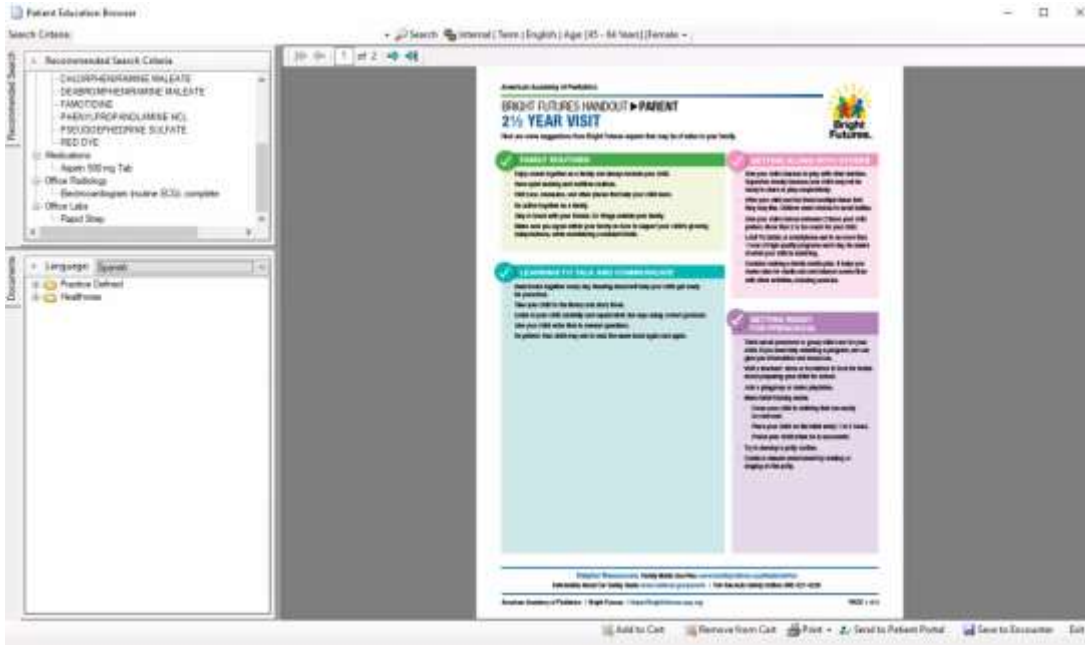
- This encounter for Current Patient
- All encounters for Current Patient
- All encounters for All Patient
- Characterization of Population
- Family Planning Annual Report
- Patient Address History
- PR Outcome Measure
- PR Process Measure
- PR Utilization Report
- PR Utilization Result Details**
- ref111
- Vaccine Summary

Print Preview Export Report Setup Fax Send to Chart Exit

Printer Name: Printer Driver: Print Port: Report File: PRAPARE\_Utilization\_Result\_Details.rpt

**\*\*Configuration Could be Needed**

# Bright Futures Patient Education



- Automating the process to import patient education documents during the upgrade
- English and Spanish version available

# New ABN Report

- Updates per CMS regulations:
  - Provider changed to Notifier
  - Patient changed to Patient Name
  - Remove Address and Phone Number
  - Identification Number added
  - Expiration date changed to 06/30/2023
  - Section are Lettered

**A. Notifier:** \_\_\_\_\_

**B. Patient Name:** \_\_\_\_\_ **C. Identification Number:** \_\_\_\_\_

**Advance Beneficiary Notice of Non-coverage (ABN)**

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D. Items and Services	E. Reason Medicare May Not Pay	F. Estimated Cost

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.  
**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**G. OPTIONS: Check only one box. We cannot choose a box for you.**

**Option 1.** I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**Option 2.** I want the D. \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

**Option 3.** I don't want the D. \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

**H. Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).  
Signing below means that you have received and understand this notice. You also receive a copy.

<b>I. Signature:</b> _____	<b>J. Date:</b> _____
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Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

# Drug & Allergy Interaction Checks

ORD_Bronchoscopy	GYN_Colposcopy	Proc_Debridement	Proc_ForeignBody	Proc_LumbarPuncture	proc_prostate_us_bx
ord_custom_plan_pt	nsg_baclofenpump_procedure	Proc_Endometrial Bx	proc_generic	proc_lymphnode_bx	proc_shaving
ORD_Pre_Bronch	proc_anemia_injection	Proc_ENT_Ear	proc_gi_banding	Proc_Myringotomy	proc_testopel
PUL_Xolair_Inject	Proc_BoneMarrow	Proc_ENT_HeadNeck	proc_implant_contraception	Proc_NailAvul	proc_thromb_hemorrhoid
RHE_Infusion	proc_breast_bx	Proc_ENT_Nasal	Proc_IncDrain	proc_nebulizer	proc_thyroid_bx
RHE_Remicade	proc_catheter_intravesical	Proc_ENT_Oral	Proc_IUD	proc_nerve_block	proc_uro_dilation
anticoagulation_dosing	Proc_Circumcision	proc_epidural_injection	proc_joint_injections	proc_omm_injection	proc_vasectomy
GI_Colonoscopy	Proc_Colposcopy	Proc_Epistaxis	Proc_Laceration	proc_penileinject	tobacco_cessation
GI_EGD	proc_conscious_sedation	proc_external_genitalia	Proc_LesionWart	proc_proctosigmoid	proc_test_instruct

The screenshot shows a 'Drug Interaction - Ibuprofen 400 mg Tablet' dialog box. The main window has a 'Pre-Procedure' section with checkboxes for 'Correct patient identified', 'Procedure/trisk were explained', 'Questions were answered', 'Consent was obtained', and 'Consent side and site confirmed'. There are also fields for 'Pre-Procedure Care', 'Pre-Procedure Meds', and 'Total Dose'. The dialog box contains the following text:

**Drug Interaction - Ibuprofen 400 mg Tablet**

Please approve the following drug interaction(s):

**Patient Allergy - IBUPROFEN ; Reaction - Unspecified**  
 The patient has a recorded allergy to IBUPROFEN.  
 This is an Ingredient level interaction. Action to reduce the adverse effect of this interaction is usually required.

**Drug Interaction - PLAVIX**  
 NSAIDS/SELECTED PLATELET AGGREGATION INHIBITORS ADD - Level 2  
 NSAIDS/SELECTED PLATELET AGGREGATION INHIBITORS - Additive side effects from both drugs.  
 Severe - Assess risk to patient and take action as needed.

The patient has a recorded allergy to: IBUPROFEN. This is an Ingredient level interaction. Action to reduce the adverse effect of this interaction is usually required.

Reason: [Dropdown menu]

Acknowledge

Buttons: Done, Cancel, Submit to Superbill, Save & Close, Cancel

- Drug and Allergy interaction checks will now take place on ACE templates anywhere medications or ordered or administered
- Also works from the quick saves

\*\*Standard DUR Configuration Required



# Changed Nickname to Preferred Name

Patient Demographics x

Panel Control: Toggle Cycle

**General**

**Patient Information**

First name: Eric

Middle name:

Last name: Erickson Suffix:

**Preferred name:** Erikcy

State of birth:

Country of birth:

Race:

Birth date: 09/01/1973 Sex: M

Preferred language:

Ethnicity:

Marital status:

Spouse name:

Religion:

Blood type:

Update

NextGen® Enterprise EHR: Charles Darwin PREFERRED NAME: Chuck (Male) AGE: 60 years 11 months DOB: 01/01/1960

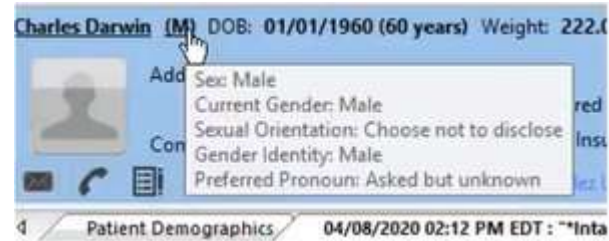
Modify Patient Information

Prefix: [Blue] Last: Adler Previous Last: Grace First: Grace Previous First: Middle: Suffix: Preferred Name: Medical Record: 32

Social Security: ###-##-9473 Birth Date: 10/03/1963 Age: 57 yrs Birth Sex: Female Current Gender: Undifferentiated Gender Identity: Choose not to disclose Sexual Orientation: Bisexual Preferred Pronoun: Exempt from Person Merge:

# PIB: Improve Consistency of SOGI Details

- The sex field can be hovered upon to show these values:
  - Sex
  - Current Gender
  - Sexual Orientation
  - Gender Identity
  - Preferred Pronoun
- Can opt out of this feature by marking these fields as protected content in Enterprise Preferences



# PIB: Update Patient Name and Weight Field Display

- Hovering over the patient name will display patient name and preferred name
- Recorded Weight – weight will display
- No vitals recorded or weight not recorded – weight will display Unknown





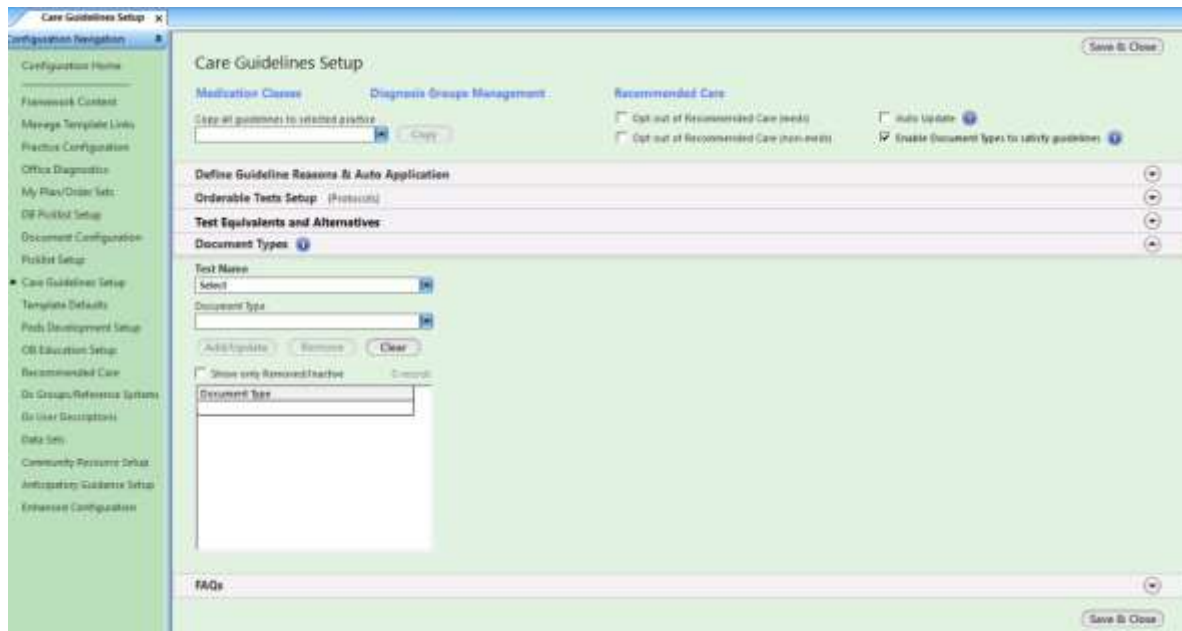
# Care Guidelines Updates

- Care Guidelines have been Merged into the Core ACE Package.  
No longer a separate upgrade.
  - Anyone that has not upgraded to CG 2.0 will get that upgrade with 6.2021.1
- Protocols are now called Care Guidelines Orderables
- All labels are now Care Guidelines



# Care Guidelines: Scanned Document Type to Satisfy Care Guidelines

- If a linked document type is updated or hidden in File Maint, it will not be automatically reflected in Care Guidelines. It must also be manually updated in Care Guidelines.
- If a linked document type is removed from the Document Types panel in Care Guidelines, the due date for the guideline will be recalculated based on orders or historical data.





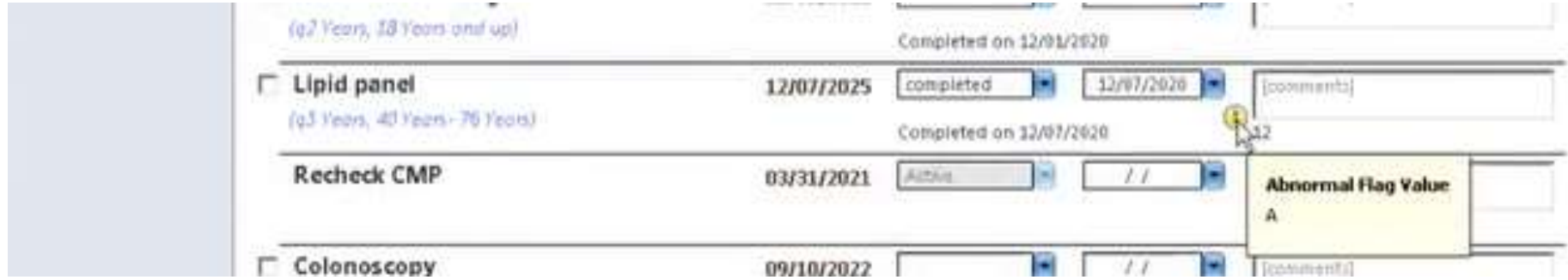
# Care Guidelines: Template Data to Satisfy Care Guidelines

Source Table	Source Field	Field Value	Any value	Min	Max	Code System	Code Value	Create
depression_PHQ2_9	spt_ust_level		Y			Care Guidelines	CG10000000	
vst_7a_7b_7c	spt_tobacco_use_status	no/never	Y			Care Guidelines	CG700000	
vst_7a_7b_7c	spt_tobacco_use_status	yes				Care Guidelines	CG700000	
vst_7a_7b_7c	spt_pediatric_dental_date_year		Y			Care Guidelines	CG700000	
vst_7a_7b_7c	hmi_rail					Care Guidelines	CG800000	
vst_7a_7b_7c	hmi_percent		Y			Care Guidelines	CG800000	
vst_7a_7b_7c	tbl_cocaine_PCS		Y			Care Guidelines	CG900000	

- Leveraged Coded Results Mapping template to allow clients to define specific fields on templates which would mark a guideline item as complete
- Added Care Guidelines as a 'Code System' to Coded Results Mapping
- Some guidelines shipped out of the box
- Coded Results cannot look to the orders module. Must be a table and field name.

*\*\*Configuration Optional, if needed*

# Care Guidelines: Display Last Lab Value and Flag



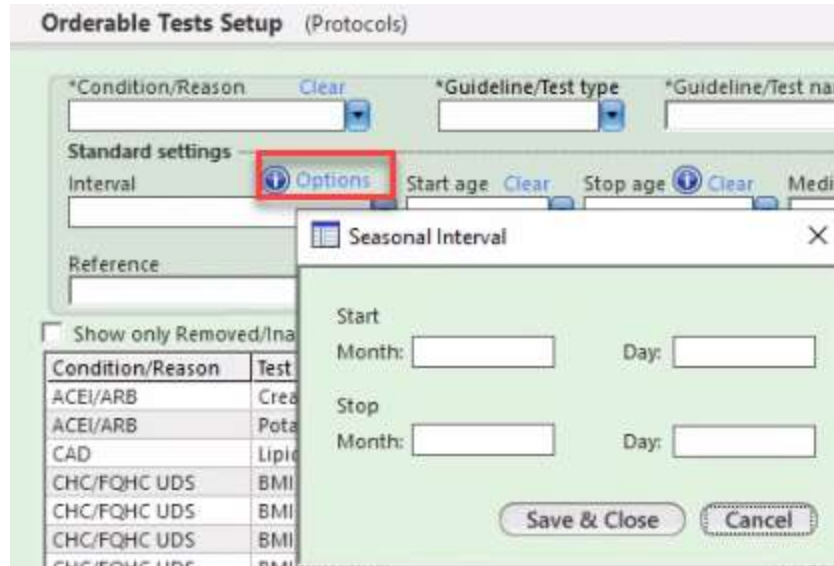
The screenshot shows a table of clinical guidelines with columns for the guideline name, date, status, and completion date. A tooltip is visible over the 'Recheck CMP' row, displaying the last lab result and flag.

Guideline Item	Date	Status	Completion Date	Comments
<input type="checkbox"/> Lipid panel <small>(q3 Years, 18 Years onset up)</small>	12/07/2025	completed	12/07/2020	[comments]
<input type="checkbox"/> Recheck CMP <small>(q3 Years, 40 Years-76 Years)</small>	03/31/2021	Active	/ /	Abnormal Flag Value A
<input type="checkbox"/> Colonoscopy	09/10/2022		/ /	[comments]

- Guideline item will display the last lab result and flag (if present)
- Historic Quick Entry will only display the text entered, no flag

# Care Guidelines: Seasonal Interval

- New Options Link in Configuration:
  - Calendar Year
  - Once
  - Seasonal



Condition/Reason	Test name	Test code	Gender	Interval	Start age	Stop age
Health Maintenance	HPV (3rd)	90649	M	6 Months	11 years	27 years
Health Maintenance	HPV (3rd)	90649	F	6 Months	11 years	27 years
Health Maintenance	Influenza vaccine	90658	O	10/01 - 02/01	6 Months	
Health Maintenance	Lipid panel	NG303756	O	5 years	40 years	76 years
Health Maintenance	Mammogram	77067	F	2 years	50 years	75 years

\*\*Configuration Required





# Care Guidelines: 2 New Health Maintenance Items

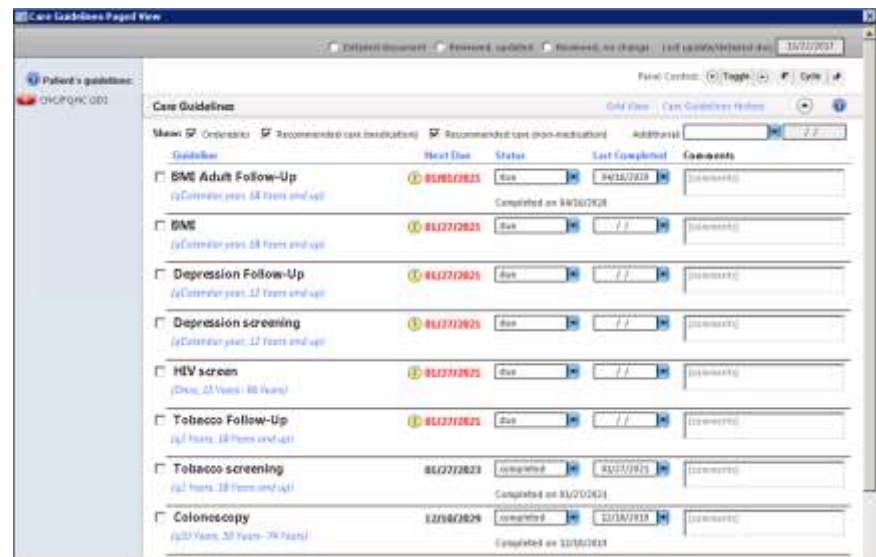
Two new guideline items under Health Maintenance:

- Hepatitis C Screening
  - Patients 18-79 screened once
- Unhealthy Drug Use Screening
  - Patients 18+ screened once

# Care Guidelines: CHC/FQHC/UDS Measures Added into Care Guidelines

- The following UDS measures were added into Care Guidelines.
- Some UDS items overlap with other Care Guidelines. The most conservative settings apply.
  - Youngest Start Age
  - Oldest Stop Age
  - Shortest Interval

- |                   |                        |
|-------------------|------------------------|
| • Mammogram       | • HIV Screen           |
| • PAP             | • Depression Screening |
| • PAP/HPV Testing | • BMI                  |
| • Colonoscopy     | • BMI Percentile       |
| • CT-Colonography | • Tobacco Screening    |
| • FIT             | • Depression Follow-Up |
| • FIT-DNA         | • BMI Adult Follow-Up  |
| • FOBT            | • BMI Peds Follow-Up   |
| • Sigmoidoscopy   | • Tobacco Follow-Up    |





# Order Entry (Formerly CPOE) Updates

- No new features. Bug fixes and content improvements that were scoped for Spring 2020, but did not make the release.
  - Reflect any changes made to insurance within the encounter
  - Insurances are now drag and drop to select or re-sequence encounter insurance
  - Reflect recent additions or changes made in the encounter's diagnosis
  - List diagnosis in reverse chronological order when existing diagnosis are searched and added (new top, older farther to the right)
  - Display default diagnosis for immunizations (Z23 or other codes from File Maint config)
  - Decrement the count of placed items when a test is removed from the Order Module
  - Honor existing charge submission configurations from practice preferences

# Order Entry (Formerly CPOE): Immunization Recommendations

- Show a list of recommended immunizations based on patient age
- Show status of that patient's immunizations
- Permit placing vaccine orders directly from the recommendation list

The screenshot displays a software interface for managing immunizations. At the top, there is a search bar and navigation tabs for 'Order Search', 'Favorites', 'Immunizations', 'Incomplete Items', and 'Placed Items'. The main section is titled 'Immunizations' and shows a table with columns for 'Immunization', 'Status', and 'Last Dose'. The current patient is 'Adult' and has an 'Influenza' immunization that is 'Due Now' with a last dose on 9/26/2019. Below this, a 'History' section lists three administered immunizations: 'Afluria quad, 5+ years (158)' on 9/26/2019, 'Influenza, seasonal, injectable (141)' on 10/22/2018, and 'Afluria 2020-21 (150)' on 10/11/2017. A list of recommended immunizations follows, each with a checkbox and details: 'Influenza, quadrivalent, high dose, injectable, split virus, preservative free, 0.7 mL dose, Fluzone High-Dose Quad 2020-2021 (90662) (197)', 'Influenza, injectable, quadrivalent, 6-35 mos Flulaval Quad 2013-2014 (90687) (158)', 'Flucelvax, quad (MDCK) (90756) (186)', and 'Afluria quad, 5+ years (90688) (158)'. At the bottom, there are two rows for 'Td' and 'Tdap', both marked as 'Past Due'.

Immunization	Status	Last Dose
Influenza	Due Now	9/26/2019

**History:**

Administered	9/26/2019	Afluria quad, 5+ years (158)
Administered	10/22/2018	Influenza, seasonal, injectable (141)
Administered	10/11/2017	Afluria 2020-21 (150)

Influenza, quadrivalent, high dose, injectable, split virus, preservative free, 0.7 mL dose, Fluzone High-Dose Quad 2020-2021 (90662) (197)

Influenza, injectable, quadrivalent, 6-35 mos Flulaval Quad 2013-2014 (90687) (158)

Flucelvax, quad (MDCK) (90756) (186)

Afluria quad, 5+ years (90688) (158)

Td	Past Due
Tdap	Past Due



# Medication Module: Structured & Codified SIGs

- Structured and codified Sig provides standardized patient directions. This helps to:
  - Reduces manual transcribing
  - Avoids manual entry errors
  - Prevents confusion and callbacks
  - Protects Patient Safety
  - Promotes Prescription Accuracy
- No changes to the end user interface



# Medication Module: Medication History 3.0

- Eligibility must be ran prior to requesting Medication History
- Will now receive Payer Claim Data and Pharmacy Fill Data
- 100 Medications are returned and displayed vs 50
- New source column to distinguish between Payer and Pharmacy Data
- New SIG length up to 1000 characters



# Medication Module: Support Upload/Download Supporting Documents for ePA

- Provider must initiate ePA request for their patient
- PBM must request additional documentation
- Providing documentation is optional
- If the PBM does not request additional documentation then the provider will not see the option to upload supporting attachments.

The screenshot displays the 'Electronic Prior Authorization' interface. At the top, there are tabs for 'Worklist' and 'Task History'. The 'Worklist' section shows a table with columns: Task, Patient, DOB, Due, Created, and Description. A single entry is visible: 'Complete Prior Auth Criteria' for 'Dockendorf, Tad' with DOB '07/05/1975', due date '04/01/2017 05:30:47 AM', and created date '12/03/2020'. Below the table, the patient's name 'Dockendorf, Tad' and DOB '07/05/1975' are displayed. The medication 'Abilify 10 mg tablet' is shown with a unique ID '003C09670564tr12bc0b0c9e5bct0c8'. The 'PRIOR AUTHORIZATION' section contains a question: 'Has the patient had a trial of lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), or Lipitor (atorvastatin)?' with radio buttons for 'YES' and 'NO'. Below this, there is a detailed view of the request for 'Dockendorf, Tad' (DOB: 07/05/1975) for 'Abilify 10 mg tablet'. It includes a 'PRIOR AUTHORIZATION' section with a question: 'Is the patient able to take maoa and a statin as two separate tablets?' with a 'YES' radio button selected. There is a text area for 'Please add any other supporting medical information that may be useful in the decision-making process.' Below this is an 'Attachments' section with the text 'Attach supporting documentation (optional)' and an 'UPLOAD FILE' button. A note specifies 'PDF Files only, 15MB max file size'. At the bottom, there is an 'Additional comments (optional):' section with a text area. The interface concludes with 'BACK' and 'SUBMIT' buttons.

**\*\*Configuration Required**

# Medication Module: Prohibit Renewal Request for NewRX

- Provide a way for prescribers to indicate to the pharmacy to not send Renewal Request electronically for specific medications.
- Not a requirement for the pharmacy, just a recommendation
- Edit/Print/Send/Fax do not retain the value of this selection. The provider must reselect.

The screenshot displays a web application window titled "Medications Module" with a sub-header "Additional Prescription Detail". The main content area shows details for "Aspirin 500 mg Tab", including a "Start Date" of 10/26/2007 and a "Quantity" of 0. Below this, there are several checkboxes: "Print Spanish", "Sample", "Limit Renewals", "Prohibit Renewal Request" (highlighted with a red box), and "Prior Authorization". The "Prohibit Renewal Request" checkbox is currently unchecked. Below the checkboxes are input fields for "Lot #", "Exp", "Auth Id", and "Date". At the bottom, there is a "Supervising Physician" dropdown menu set to "<None>" and a section for "RxFill Notifications".



# Medication Module: Changes to CancelRx

- Provide the ability to stop a medication in EHR, but only send a CancelRx message to the pharmacy when needed.
- If a user selects:
  - Cancel Rx: Reason = Cancelled
  - Stop: Reason = Stopped
  - Mark Ineffective: Reason = Marked Ineffective
  - Deletes: Reason = If sent via eRx, Prompted for a reason (no changes to this option) or 'Entered in Error' as default



- Why is Stop or Mark Ineffective not available?
  - To use these 2 options, the med must be a medication that is active, does not have a last audit of eRx and is over 2 years old
  - Only send a CancelRx if the med has already gone to the pharmacy and is less than 2 years old
  - CancelRx will not be sent if the last Audit is eRx and is greater than 2 years old

\*\*Configuration Required

# Medication Module: Changes to Denied New To Follow (DNTF) Workflow

- If the provider is enrolled for renewal request and chooses DNTF as a denial reason, this new workflow will need to be followed
- If a denial reason of DNTF is selected, a task is created for the provider
- Inbox task has been updated to reflect the actions the user should take to complete the DNTF workflow

## New Workflow

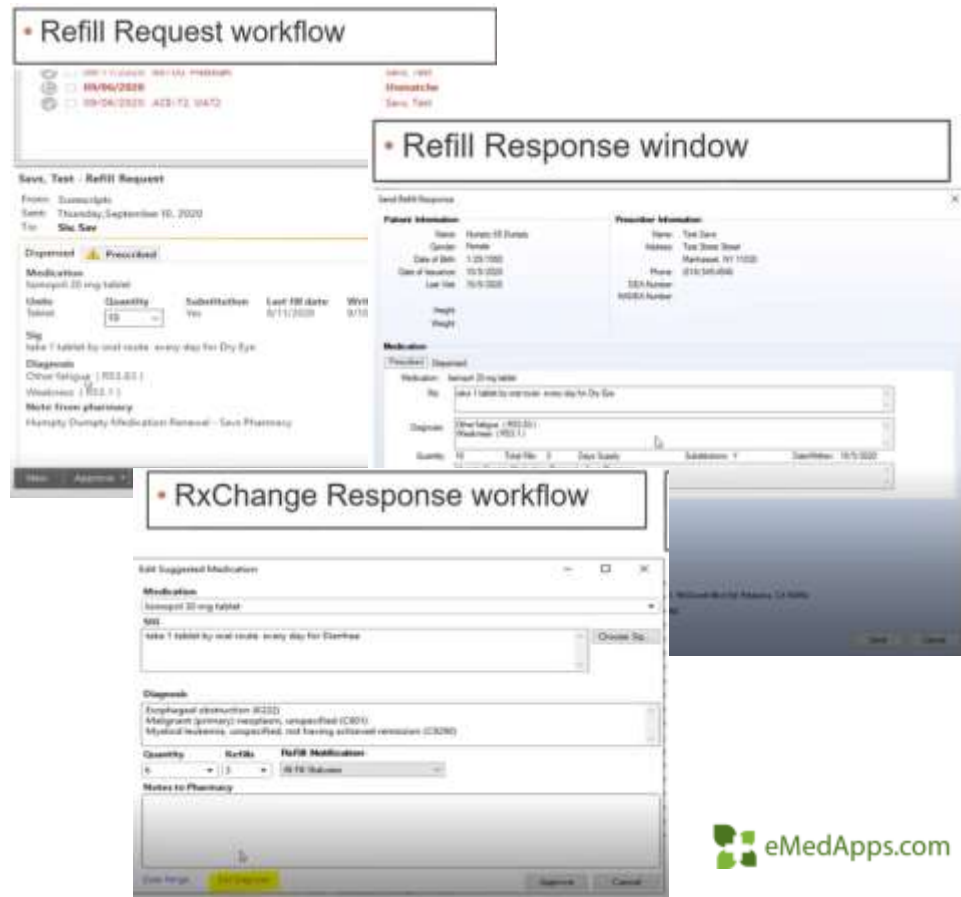
- Open the patient chart from the DNTF task
- Select Medication Module
- Prescribe a replacement medication
- Send
- Select 'Resolve Denied Refills' in the prescribing window
- Select the medication to replace
- Select Replace

The screenshot shows a dialog box titled "Deny New To Follow" with a close button (X) in the top right corner. Below the title is the question "Is this medication in relation to one of these denied refills?". A table lists several denied refills with columns for Date, Prescribed, Dispensed, and Denial Reason. The first row is highlighted in blue. At the bottom of the dialog are buttons for "Details...", "Remove", "Replace", and "Cancel".

Date	Prescribed	Dispensed	Denial Reason
12/14/2020 11:56:25	aspirin 81 mg tablet, delayed release	aspirin 81 mg tablet, delayed release	DNTFFFD5
12/10/2020 11:19:46 ...	warfarin 6 mg tablet	warfarin 6 mg tablet	drif dt
12/9/2020 7:55:39 PM	Valium 10 mg tablet	Valium 10 mg tablet	ABC
12/7/2020 10:29:04 AM	warfarin 7.5 mg tablet	warfarin 7.5 mg tablet	New presc
11/10/2020 7:49:06 PM	pantoprazole 40 mg tablet, delayed release	pantoprazole 40 mg tablet, delayed release	
11/10/2020 7:44:37 PM	Jardance 25 mg tablet	Jardance 25 mg tablet	

# Medication Module: Reason for Prescription

- 21<sup>st</sup> Century Cures Act requirement that NextGen must be capable of including the reason for the prescription
- Workflow remains the same. Only New Rx, Renewal transactions and RxChange transactions are edited.
- RxChange diagnosis can be edited



The image displays three overlapping screenshots from the NextGen software interface, illustrating the medication management workflow:

- Refill Request workflow:** Shows a patient's medication list for "Sera, Test - Refill Request". The medication is "Norethol 20 mg tablet". The quantity is 30, and the last fill date is 8/11/2020. The diagnosis is "Other fatigue (R02.0)".
- Refill Response window:** A dialog box for sending a refill response. It includes fields for Patient Information (Name: HARRY 55 FEM, DOB: 5/25/1955) and Provider Information (Name: Ted Davis, Address: Top Stone Street, Manhattan, NY 10020). The medication details are consistent with the request.
- RxChange Response workflow:** A window for editing suggested medications. It shows the same medication and diagnosis, with a "Quantity" of 30 and "N/30" instructions. A "Notes to Pharmacy" field is visible at the bottom.

# Medication Module: PDMP Updates

- Support PDMP query documentation when query occurs outside of Appriss integration
- Provider can click on 'PDMP Viewed via State Portal' dropdown for the PDMP button
- There is a macro that can be added on documents, if needed



# Allergy Module Updates

- New Field – Verification Status
  - Unconfirmed (Historical)
  - Confirmed
  - Refuted
  - Entered-in-Error (Choose Delete, get options)
- Clinical Status Value Set includes:
  - Active
  - Resolved
  - Inactive (Choose Delete, get options)
- SNOMED coded Drug Class Required, currently stored in RxNorm
  - Add necessary tables for mapping from RxNorm to SNOMED
  - Allergy to a substance should have a RxNorm code
  - Allergy to a 'class' should have a SNOMED code
- Needed for 21<sup>st</sup> Century Cures Act/CCDA/FHIR

The screenshot displays the 'Medication Allergies' interface. At the top, there is a table with columns: Date, Description (Criticality), Onset/Sympt, Resolved, Type, and Clinical Status. The table contains two rows of data.

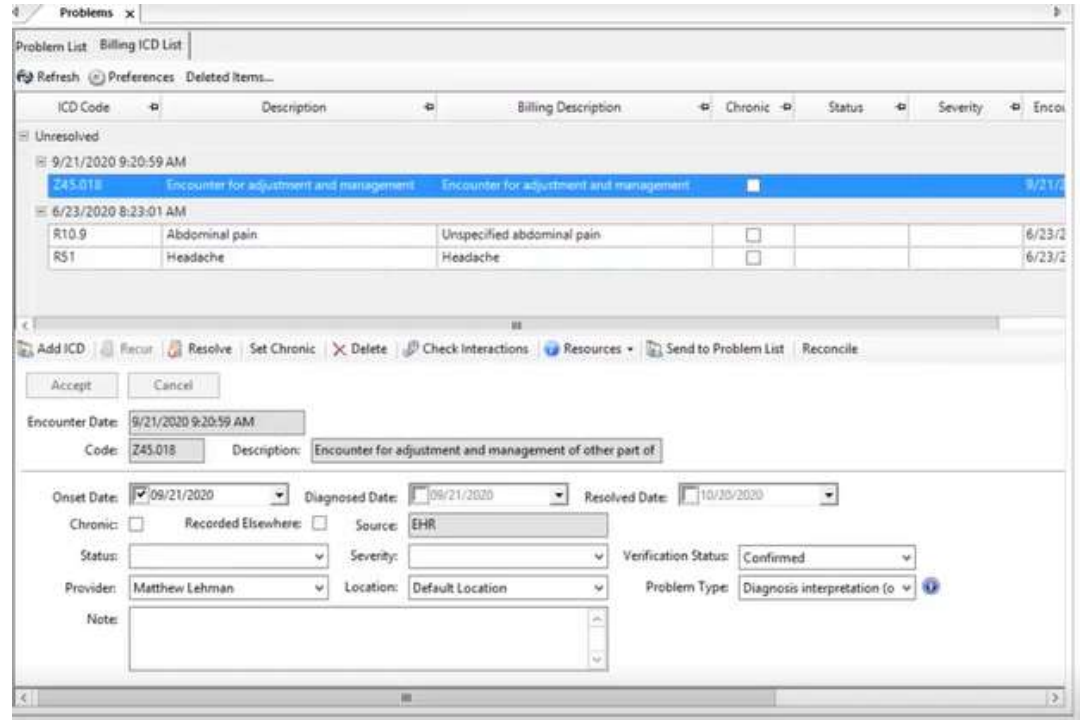
Date	Description (Criticality)	Onset/Sympt	Resolved	Type	Clinical Status
12/04/2000 11:09 AM EST	LATEX	00/00/0000	00/00/0000	Base Ingre.	Active
12/04/2020 11:09 AM EST	SULFA (SULFONAMIDE ANTIBIOTICS)	00/00/0000	00/00/0000	Specific All.	Active

Below the table is a detailed form for editing an allergy. The form includes the following fields and options:

- Allergy:** [2921] LATEX
- Location:** NSF Neighborhood Physicians Practice
- Provider:** Provider, John Primary I Md
- Allergy type:** Base Ingredient
- Criticality:** [Dropdown]
- Onset/Sym:** 00/00/0000
- Resolved:** 00/00/0000
- Verification Status:** Unconfirmed
- Recorded Elsewhere:** [Checkbox]
- Source:** [Text field]
- Reactions:** [List area with Add, Edit, Delete buttons]
- Buttons:** Clear, Delete, Add, Update, Interactions, Review, Reconcile
- Allergy Comments:** Never Reviewed

# Problem Module Updates

- New Field – Verification Status
  - Unknown (Historical)
  - Confirmed
  - Differential
  - Provisional
  - Refuted
  - Entered-in-Error (Choose Delete, get options)
- Clinical Status Value Set includes:
  - Active
  - Resolved
  - Inactive
  - Relapse
  - Recurrence
  - Remission
- Clinical status was added to data grids on templates and documents.
- Needed for 21<sup>st</sup> Century Cures Act/CCDA/FHIR



The screenshot displays the 'Problems' module interface. At the top, there are tabs for 'Problem List' and 'Billing ICD List'. Below the tabs are buttons for 'Refresh', 'Preferences', and 'Deleted Items...'. A table lists medical problems with columns for ICD Code, Description, Billing Description, Chronic, Status, Severity, and Encounter. The table is filtered to show 'Unresolved' problems. Two problems are listed: one with ICD Code Z45.01B and another with ICD Code R10.9 and RS1. Below the table is a toolbar with buttons for 'Add ICD', 'Recut', 'Resolve', 'Set Chronic', 'Delete', 'Check Interactions', 'Resources', 'Send to Problem List', and 'Reconcile'. Below the toolbar are 'Accept' and 'Cancel' buttons. The main form area contains fields for 'Encounter Date' (9/21/2020 9:20:59 AM), 'Code' (Z45.01B), and 'Description' (Encounter for adjustment and management of other part of). Below these are fields for 'Onset Date' (checked 09/21/2020), 'Diagnosed Date' (09/21/2020), and 'Resolved Date' (10/30/2020). There are also checkboxes for 'Chronic' and 'Recorded Elsewhere', a 'Source' dropdown (EHR), 'Status' and 'Severity' dropdowns, a 'Verification Status' dropdown (Confirmed), a 'Provider' dropdown (Matthew Lehman), a 'Location' dropdown (Default Location), and a 'Problem Type' dropdown (Diagnosis interpretation). A 'Note' field is at the bottom.

ICD Code	Description	Billing Description	Chronic	Status	Severity	Encounter
Unresolved						
9/21/2020 9:20:59 AM						
Z45.01B	Encounter for adjustment and management	Encounter for adjustment and management	<input type="checkbox"/>			9/21/2020
6/23/2020 8:23:01 AM						
R10.9	Abdominal pain	Unspecified abdominal pain	<input type="checkbox"/>			6/23/2020
RS1	Headache	Headache	<input type="checkbox"/>			6/23/2020



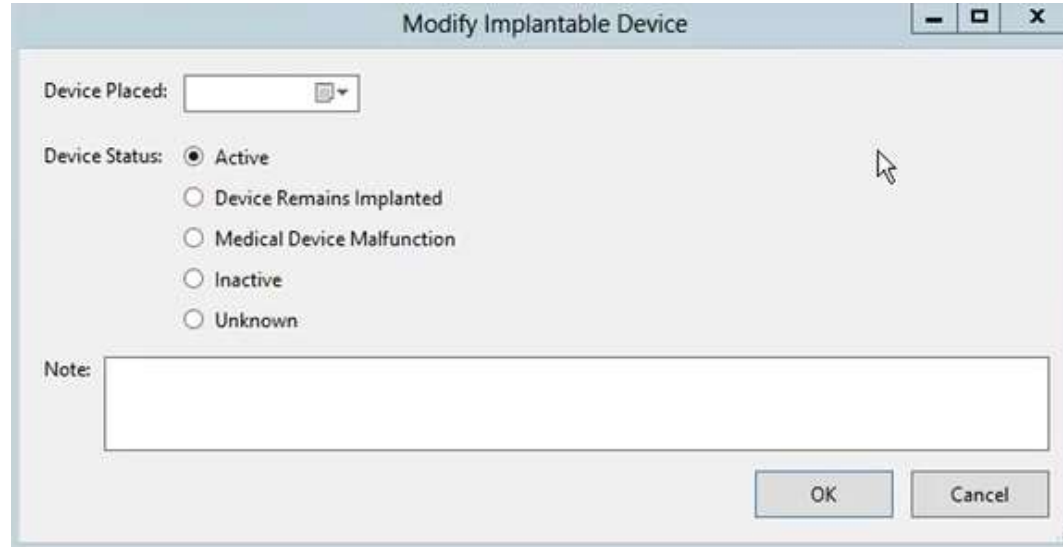
# Procedure Module Updates

- New Field – Event Status
  - Completed (Historical)
  - Preparation
  - In-Progress
  - Not-Done
  - On-Hold
  - Stopped
  - Unknown
  - Entered-in-Error (Choose Delete, get options)
- Clinical Status Value Set includes:
  - Active
  - Cancelled
  - Aborted
  - Completed
- Needed for 21<sup>st</sup> Century Cures Act/CCDA/FHIR

Generation/Export		Import/Reconciliation	
EHR/FHIR	C-CDA Procedure ActStatus	C-CDA Procedure ActStatus	EHR/FHIR
preparation	active	Null flavor/blank/empty	completed
in-progress	active	active	in-progress
not-done	cancelled		
on-hold			
stopped	aborted	aborted	stopped
completed	completed	completed	completed
entered-in-error	cancelled	cancelled	entered-in-error
unknown			

# Implantable Device Module Updates

- Need to capture and exchange:
  - MRI Safety Status
  - Latex Safety Status
  - Device Status Observation
  - Device Status
- Editing options:
  - Modify Device
  - Remove Device
  - Delete Device
  - New Window: Delete Items
- Historical data:
  - With no resolved date = Active
  - With resolved date = Inactive
- Statuses added per the requirement
  - Entered-in-Error (Choose Delete, get options)
- Needed for 21<sup>st</sup> Century Cures Act.



Modify Implantable Device

Device Placed:

Device Status:

- Active
- Device Remains Implanted
- Medical Device Malfunction
- Inactive
- Unknown

Note:

OK Cancel





# New Module: Clinical Reconciliation of Lab Results

Custom View | Full View | Import | Reconciliation History

Medications | Meds Administered | Medication Allergies | Problems | Diagnosis Codes | Procedures | Immunizations | Vital Signs | Family/History | Social History | Implantable Devices | Lab Results

**Provider and Patient Information**

Provider Name: **Interfaces Provider**      Patient Name: **Patient\_12305\_N**  
Location: **Interfaces Location**      Date of Birth: **10/20/2000**  
User Name: **Admin\_New**      Gender: **Male**

---

**EHR**

Action	Match	Panel Name
Ignore	<input type="checkbox"/>	Lipid 1996 panel in Serum or Plasma
Keep	<input checked="" type="checkbox"/>	Lipid 1996 panel in Serum or Plasma

Order #: PROC8484 Dated: 10/9/2020 2:14:00 AM (1 item)

Component Name	Result	Units	Reference Range
Cholesterol [Mass/volume] in Serum or Plasma	196	mg/dL	Recommended: <200; Moderate Risk: 200-239; High Risk: >240
Triglyceride [Mass/volume] in Serum or Plasma	100	mg/dL	40 to 160
Cholesterol in HDL [Mass/volume] in Serum or Plasma	60	mg/dL	29 to 72
Cholesterol in LDL [Mass/volume] in Serum or Plasma	116	mg/dL	Recommended: <130; Moderate Risk: 130-159; High Risk: >160
Triglyceride [Mass/volume] in Serum or Plasma	100	mg/dL	40 to 160

**Import**

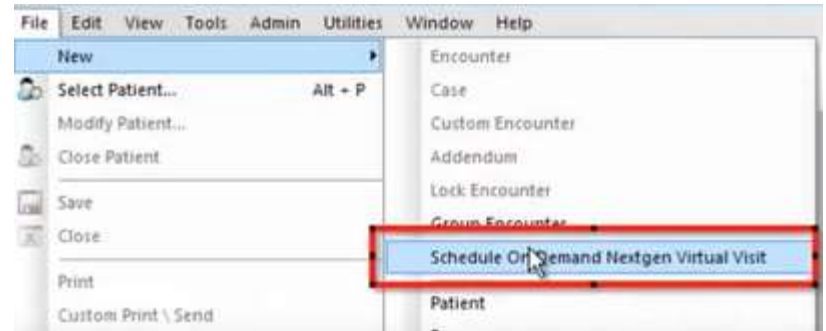
Action	Match	Panel Name	Collection Date/Time	Status	Code	Code System	Code System
Ignore	<input type="checkbox"/>	Lipid 1996 panel in Serum or Plasma	05/21/2011	Final	24331-1	2.16.840.1.113883.6.1	LOINC

Component Name	Result	Units	Reference Range	Abnormal
Cholesterol [Mass/volume] in Serum or Plasma	196	mg/dL	Recommended: <200; Moderate Risk: 200-239; High Risk: >240	N
Triglyceride [Mass/volume] in Serum or Plasma	100	mg/dL	40 to 160	N
Cholesterol in HDL [Mass/volume] in Serum or Plasma	60	mg/dL	29 to 72	N
Cholesterol in LDL [Mass/volume] in Serum or Plasma	116	mg/dL	Recommended: <130; Moderate Risk: 130-159; High Risk: >160	N

Ignore      CBC W Auto Differential panel in Blood      01/03/2011      Final      57021-6      2.16.840.1.113883.6.1      LOINC

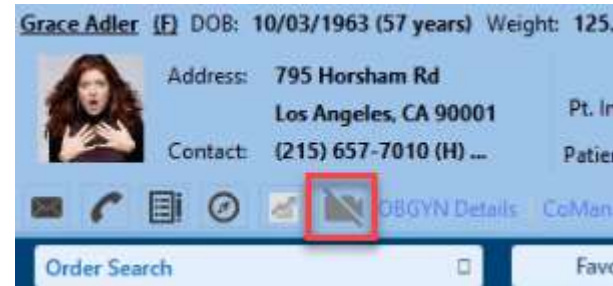
# Scheduling On-Demand Virtual Visits

- Provide a way for provider to login to Otto Health application from EHR to schedule on demand virtual visit
- Workflow: File – New – Schedule On Demand Nextgen Virtual Visit to launch Otto Health



# Joining/Ending Virtual Visits

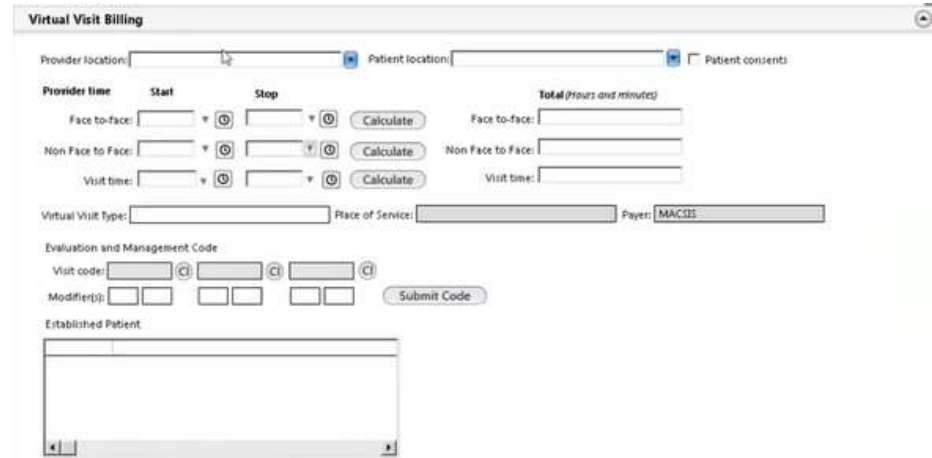
- Provide a way for providers to join a scheduled patients virtual visit within the EHR once a patient has checked in along with ending the virtual session when the visit is over
- Workflow: Appt status in inbox will update to kept when the patient has joined – Double click the appt – Click new icon join virtual visit



*\*\*Configuration Required*

# Document and Bill Virtual Visits

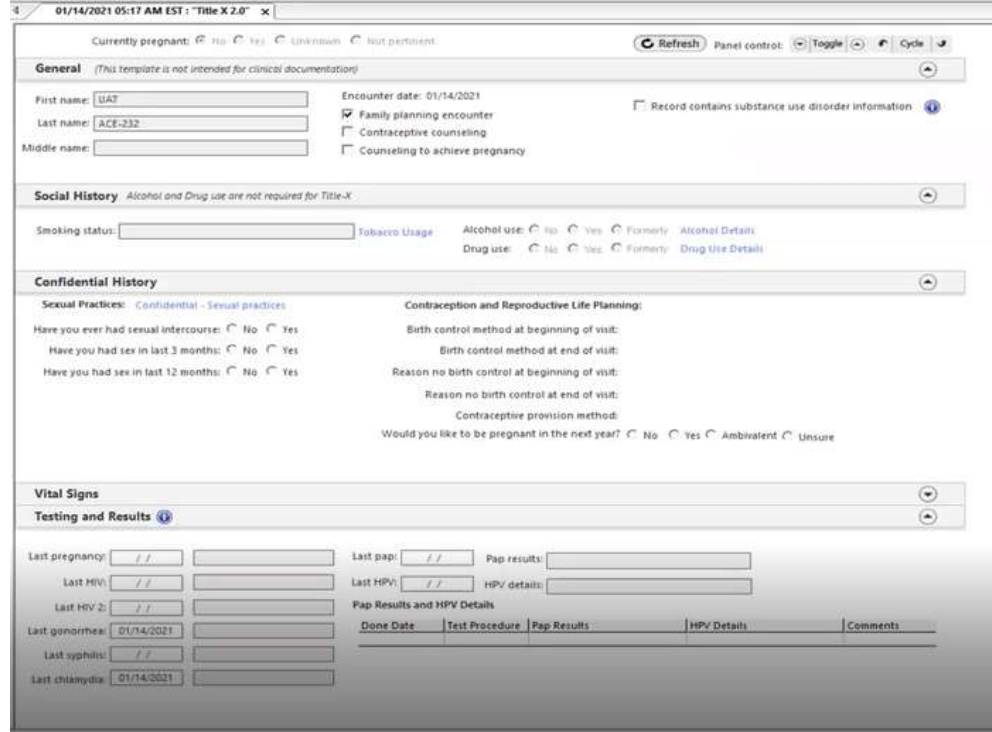
- 2 new visit types added for all specialties:
  - Virtual Visit Telephone
  - Virtual Visit Video
- New Practice Template: Virtual Visit Payer Configuration
  - Can set up per payer what is needed for POS and modifier for virtual visits
  - If already configured in the SIM, do not need to recreate
- New Virtual Visit Billing Sub Template on \*Finalize



The screenshot shows a web form titled "Virtual Visit Billing". At the top, there are fields for "Provider location" and "Patient location", each with a dropdown arrow, and a checkbox for "Patient consents". Below this is a table for recording visit times. The table has columns for "Provider time", "Start", "Stop", and "Total (Hours and minutes)". There are three rows: "Face-to-face", "Non Face to Face", and "Visit time". Each row has input fields for start and stop times, a "Calculate" button, and a field for the total time. Below the table, there are fields for "Virtual Visit type", "Place of Service", and "Payer" (with "MACSIS" entered). Under "Evaluation and Management Code", there are fields for "Visit code" (with three dropdowns) and "Modifier(s)" (with three input boxes) and a "Submit Code" button. At the bottom, there is a section for "Established Patient" with a large empty text area.

# Title X & FPAR 2.0 Updates

- Overall updates:
  - Requires standardized coding
    - LOINC
    - SNOMED
    - ICD10
    - Source of Payment (SOP)
  - Encounter Based
  - Additional demographic and clinical data elements (went from 21 to 45 data elements)
  - Removal of 3 clinical data elements:
    - Alcohol use
    - Drug use
    - HIV referral



01/14/2021 05:17 AM EST : "Title X 2.0" x

Currently pregnant:  Yes  No  Unknown  Not pertinent Refresh Panel control: Toggle Cycle

### General

(This template is not intended for clinical documentation)

First name:  Encounter date: 01/14/2021  Record contains substance use disorder information

Last name:   Family planning encounter

Middle name:   Contraceptive counseling

Counseling to achieve pregnancy

### Social History

Alcohol and Drug use are not required for Title-X

Smoking status:  [Tobacco Usage](#) Alcohol use:  No  Yes  Formerly [Alcohol Details](#)

Drug use:  No  Yes  Formerly [Drug Use Details](#)

### Confidential History

**Sexual Practices:** [Confidential - Sexual practices](#)

Have you ever had sexual intercourse:  No  Yes

Have you had sex in last 3 months:  No  Yes

Have you had sex in last 12 months:  No  Yes

**Contraception and Reproductive Life Planning:**

Birth control method at beginning of visit:

Birth control method at end of visit:

Reason no birth control at beginning of visit:

Reason no birth control at end of visit:

Contraceptive provision method:

Would you like to be pregnant in the next year?  No  Yes  Ambivalent  Unsure

### Vital Signs

### Testing and Results

Last pregnancy:   Last pap:   Pap results:

Last HIV:   Last HPV:   HPV details:

Last HIV 2:

Last gonorrhea:

Last syphilis:

Last chlamydia:

Done Date	Test Procedure	Pap Results	HPV Details	Comments

# New APSO Document

The screenshot displays the APSO interface for a patient encounter. On the left, a 'Patient Details' sidebar shows information for Katherine Delaney, born 05/13/1988, on 07/05/2021 at 10:41AM. The main area is titled 'Assessment/Plan' and contains a 'History of Present Illness' section. This section is divided into '1. palpitations' and '2. fatigue'. The 'palpitations' entry describes irregular heartbeats since age 50, and the 'fatigue' entry describes symptoms that began gradually and have remained unchanged. On the right, a 'Reason for Visit' section shows the patient's chief complaint: 'This 37 year old patient presents for palpitations and fatigue.' Below this, there are buttons for 'Add Assessment' and 'Add Plan'. The interface is clean and organized, with a navigation bar at the top and a sidebar on the left.

- A simplified document that can display current encounter and/or most recent visit information side by side with templates and modules. \*APSO document can automatically save to the encounter when generating master document.

# 

<b>SOGL/Transgender</b>																														
Pronoun to be used for concatenation	The selected pronoun will be used in all the concatenation. If no selection is made, pronoun from birth sex will be used.	<input type="text" value="The client"/> <input type="button" value="Clear"/>																												
Enable gender neutral PE	Checked will enable Gender Neutral workflows by showing tabs to toggle between Male/Female physical exam regardless of birth sex. It will also show links on the One Page General exam for this workflow.	<input type="checkbox"/> Enable Gender Neutral PE																												
Enable gender neutral ROS	Checked will enable Gender Neutral workflows by showing tabs to toggle between Male/Female review of system regardless of birth sex. One page Gender Neutral ROS can be configured to launch from Configuration Home, Framework Content, Review of System.	<input type="checkbox"/> Enable Gender Neutral ROS																												
Enable Detailed Sexual History	Checked will enable tabs to access Detailed Sexual History from Confidential History - Sexual Practices/SITs template	<input checked="" type="checkbox"/> Enable Detailed Sexual History																												
Document	Show Sexual Orientation Gender Identity details in the patient header section.	<div style="border: 2px solid red; padding: 5px;"> <p>Include the following information on these documents:</p> <table border="1"> <thead> <tr> <th></th> <th>Master Documents</th> <th>Patient Plan</th> <th>Both</th> </tr> </thead> <tbody> <tr> <td>Birth Sex</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Current Gender</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Gender Identity</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Preferred Name</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Preferred Pronoun</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Sexual Orientation</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> </div>		Master Documents	Patient Plan	Both	Birth Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Current Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gender Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Preferred Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Preferred Pronoun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Master Documents	Patient Plan	Both																											
Birth Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
Current Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
Gender Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
Preferred Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
Preferred Pronoun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											



**Patient:** Kevin Delaney  
**Preferred Name:** Katherine  
**Preferred Pronoun:** She, Her, Hers  
**Date of Birth:** 06/13/1989  
**Birth Sex:** Male  
**Current Gender:** Female  
**Gender Identity:** Male-to-Female (MTF)/Transgender Female/Trans Woman  
**Sexual Orientation:** Lesbian, gay or homosexual  
**Date:** 03/16/2020 10:40 AM  
**Visit Type:** Office Visit

- Provide the ability to include desired SOGL information in the header of the patient plan and master documents

*\*\*Configuration Required*

# **Adaptive Content Engine**



# Configurable Screening Tools Log Updates

- Added billing fields:
  - Procedure code
  - 2 Modifiers
  - Diagnosis code
  - Submit to Superbill
- Converted the Screening Tools pop up to a Medical Record template

Screening Tools Log Configuration

Screening Tool Name: Edinburgh Postnatal Depression Scale | Type: Template | Launch To: edinburgh\_depression

Enable Quick Icon:  | Info Icon Launch:

Start Age:  | Stop Age:  | Gender:  | Score Field Type:

Score Range From:  | Score Range To:  | ICD9C:  | Required Field:  | Code System:  | Code Value:

Developer:  | Funding Source:  | Reference:  | Reference Updated:

Billing Procedure:  | Modifier 1:  | Modifier 2:  | Diagnosis Code:  | Submit to Superbill:

Buttons: Clear, Add, Update, Remove

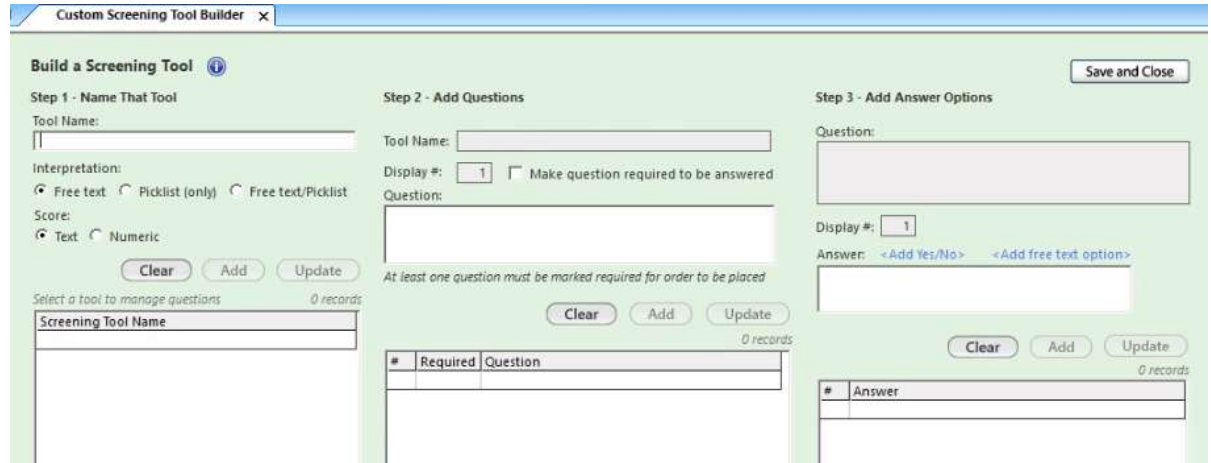
Filter by (Screening Tool Name):

Screening Tool Name	Type	Launch To	Score Field Type	Gender	Start Age	Stop Age	Quick Enable	Info
24-Hour Migraine Quality of Life Questionnaire (24-h-MQQLQ)			numeric	O			N	
Abbreviated Mental Test (AMT)			text	O			N	
Clock Drawing Test (CDT)			numeric	O			N	
Functional Assessment Screening Test (FAST)			text	O			N	
General Practitioner Assessment of Cognition (GPCOG)			numeric	O			N	
Lawton Instrumental Activities of Daily Living (IADL)			numeric	O			N	
Migraine Specific Quality of Life (MSQLQ)			numeric	O			N	

Buttons: OK, Cancel

# Custom Screening Tool Builder

- Components that can be built:
  - Name
  - Interpretation
  - Scoring
  - Question
  - Answer
  - Coding



The screenshot shows the 'Custom Screening Tool Builder' interface with three main steps:

- Step 1 - Name That Tool**: Includes a 'Tool Name' text field, 'Interpretation' options (Free text, Picklist (only), Free text/Picklist), and 'Score' options (Text, Numeric). It has 'Clear', 'Add', and 'Update' buttons and a table with 'Screening Tool Name' and '0 records'.
- Step 2 - Add Questions**: Includes 'Tool Name', 'Display #' (set to 1), and a 'Make question required to be answered' checkbox. It has a 'Question' text area, a note 'At least one question must be marked required for order to be placed', and 'Clear', 'Add', and 'Update' buttons. It also has a table with columns '#', 'Required', and 'Question' and '0 records'.
- Step 3 - Add Answer Options**: Includes a 'Question' text area, 'Display #' (set to 1), and 'Answer' options (<Add Yes/No>, <Add free text option>). It has 'Clear', 'Add', and 'Update' buttons and a table with columns '#', 'Answer', and '0 records'.

A 'Save and Close' button is located in the top right corner.

# PE OMM Treatment Template Improvements

- OMM data will be displayed in the PE grid
- OMM data will display in the document
- OMM data can now be used with Quick Saves
- No changes to the end user interface

# Self-Breast Awareness Physical Exam Summary

- Adoption of new breast self-awareness language
- Included on physical exam templates
- Removal of 2 PE findings

Breast - Physical Exam

Select all normal Quick:

Breast exam deferred  Patient refused breast exam

Inspection: R:  Normal    
L:  Normal    
B:  Normal

Palpation: R:  Normal    
L:  Normal    
B:  Normal

Nipples: R:  Normal    
L:  Normal    
B:  Normal

Lymph nodes:  Normal  Abnormal

Developmental (Tanner) stage:

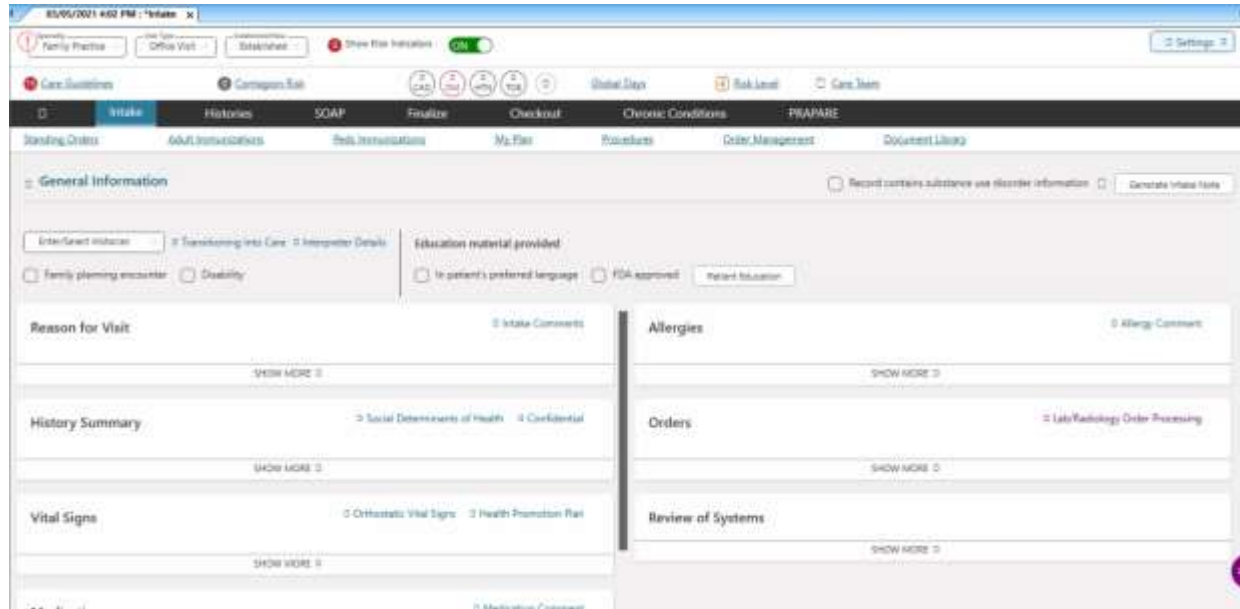
Breast self-awareness was discussed/recommended

Comments:

Date:

# Intake Redesign

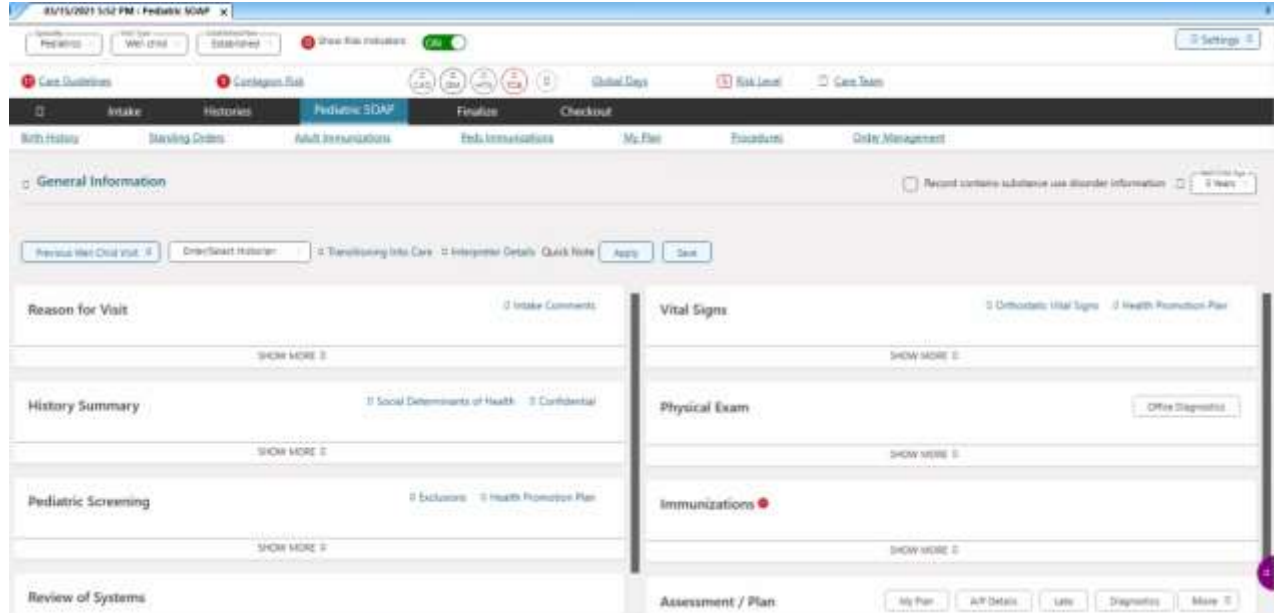
- Cards are shared between templates, ex ROS
- Intake will have 3 new cards:
  - Medications
  - Allergies
  - Orders



The screenshot displays a web-based patient intake form. At the top, there are navigation tabs for 'Intake', 'Histories', 'SOAP', 'Finalize', 'Checkout', 'Chronic Conditions', and 'PREPARE'. Below these are various tool icons and a 'Show this Intake' toggle. The main form area is divided into several sections: 'General Information' with fields for 'Inter/Smart Intake', 'Family planning encounter', and 'Disability'; 'Reason for Visit' with an 'Intake Comments' field; 'History Summary' with 'Social Determinants of Health' and 'Confidential' options; 'Vital Signs' with 'Orthostatic Vital Signs' and 'Health Promotion Plan' options; 'Allergies' with an 'Allergy Comment' field; 'Orders' with a 'Lab/Radiology Order Processing' indicator; and 'Review of Systems'. Each section has a 'SHOW MORE' link. The interface is clean and modern, with a light gray background and clear typography.

# Well Child SOAP Redesign

- Well Child SOAP will have 2 new cards:
  - Pediatric Screening
  - Immunizations



The screenshot displays the Well Child SOAP Redesign interface. The top navigation bar includes tabs for Intake, Histories, Pediatric SOAP (selected), Finalize, and Checkout. Below the navigation bar, there are various filters and controls, including a 'Show Risk Indicators' toggle and a 'Settings' button. The main content area is divided into several sections:

- General Information:** Includes a 'Previous Well Child Visit' button, 'Enter/Start History', and 'Transitioning Into Care' options.
- Reason for Visit:** A section with a 'SHOW MORE' button and an 'Intake Comments' link.
- History Summary:** A section with a 'SHOW MORE' button and links for 'Social Determinants of Health' and 'Confidential'.
- Pediatric Screening:** A section with a 'SHOW MORE' button and links for 'Exclusions' and 'Health Promotion Plan'.
- Review of Systems:** A section with a 'SHOW MORE' button.
- Vital Signs:** A section with a 'SHOW MORE' button and links for 'Orthostatic Vital Signs' and 'Health Promotion Plan'.
- Physical Exam:** A section with a 'SHOW MORE' button and an 'Office Diagnosis' button.
- Immunizations:** A section with a 'SHOW MORE' button and a red dot indicating a new or updated item.
- Assessment / Plan:** A section with buttons for 'My Plan', 'AP Details', 'Labs', 'Diagnoses', and 'More'.

# SOAP Improvements

- Replaced 2 buttons for font size and columns with 1 settings button
- New settings features:
  - Risk indicator Bar
  - General Information Section Default
  - Card defaults to be open or collapsed
  - Can drag and drop cards to different positions on the template
- New configuration template: Enhanced Configuration Template
  - Can remove a card
  - Can add a card
- New General Information Accordion
- Added check boxes to the HPI selection
- All cards can now have up to 3 buttons
- Button positions can be changed
- All cards can now have up to 3 check boxes configured
- All of these features are incorporated into all 3 enhanced templates

The image displays two screenshots of a medical software interface. The top screenshot shows a 'Settings' button with a gear icon and a dropdown arrow, which is a replacement for two previous buttons. The bottom screenshot shows the 'Reason for Visit' section with a 'Select HPI' dropdown menu. The HPI menu lists various conditions with checkboxes, including 'Chest Pain', 'Asthma', 'Headache', 'Well Child HPI', 'GERD', 'Fatigue', 'Depression', 'Fatigue', 'Fever', 'Hyperlipidemia', 'Chronic Conditions', and 'Chest Pain'. The 'Apply' button is highlighted in blue.

Settings

Global Settings

Zoom

Risk Indicator Bar

General Information Section

Columns View

Template Settings

Reason for Visit

Chronic Conditions

Standing Orders

Comment

More

Select HPI

Search HPI

Chest Pain

Asthma

Headache

Well Child HPI

GERD

Fatigue

Depression

Fatigue

Fever

Hyperlipidemia

Chronic Conditions

Chest Pain

Clear

Apply

\*\*Configuration Optional

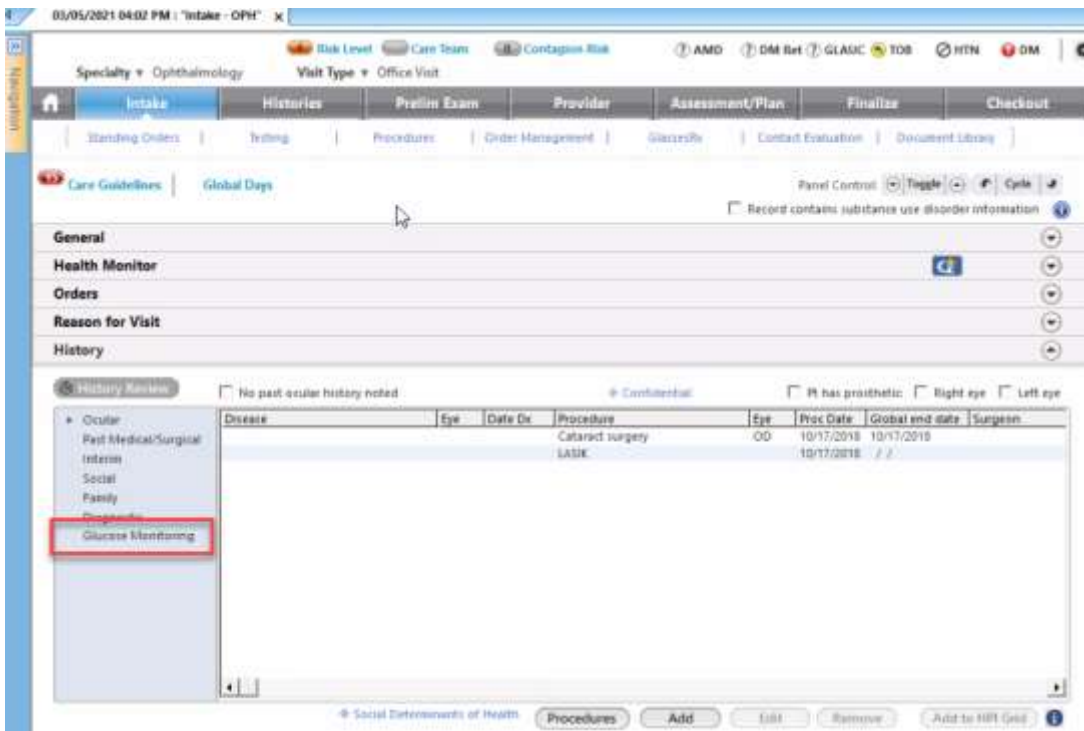


# Ophthalmology



# View All History Patient Documentation

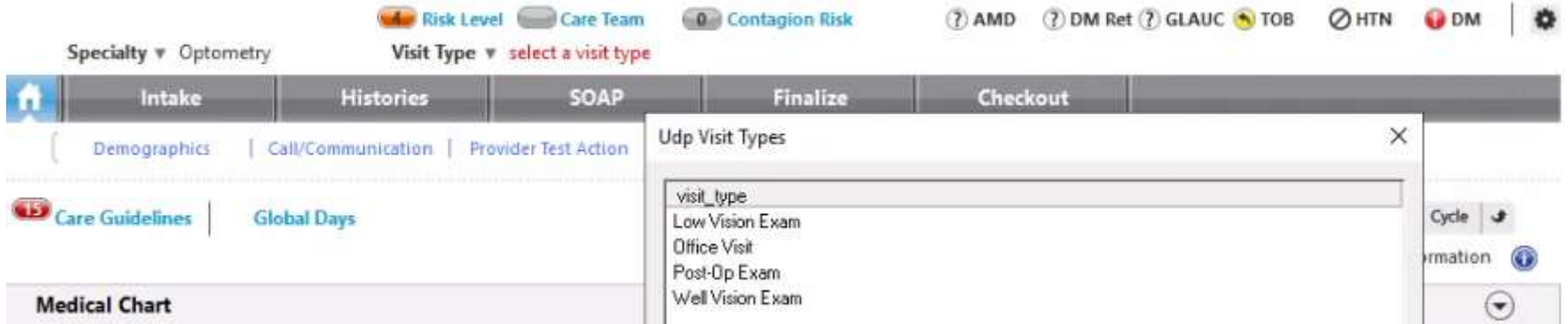
- Currently, NextGen does not have the option to add Glucose Monitoring in the History Summary grid of Intake-OPH
- By adding this option the user can view all historic patient documentation from Intake-OPH



The screenshot displays the NextGen EHR interface for an Intake-OPH visit. The top navigation bar includes 'Intake', 'Histories', 'Prelim Exam', 'Provider', 'Assessment/Plan', 'Finalize', and 'Checkout'. The 'History' section is active, showing a list of categories: General, Health Monitor, Orders, Reason for Visit, and History. The 'History' category is expanded, revealing a 'History Summary' table. The table has columns for Disease, Eye, Date Dr, Procedure, Eye, Proc Date, Global end date, and Surgeon. A red box highlights the 'Glucose Monitoring' option in the left-hand menu, indicating the new feature being discussed.

Disease	Eye	Date Dr	Procedure	Eye	Proc Date	Global end date	Surgeon
Cataract surgery	OD	10/17/2018	LASIK		10/17/2018	//	

# Optometry Specialty



The screenshot displays a medical software interface for the 'Optometry' specialty. At the top, there are several status indicators: 'Risk Level' (orange), 'Care Team' (grey), and 'Contagion Risk' (grey). To the right, there are icons for various medical conditions: AMD, DM Ret, GLAUC, TOB, HTN, and DM. Below these, the 'Specialty' is set to 'Optometry' and the 'Visit Type' is set to 'select a visit type'. The main navigation bar includes 'Intake', 'Histories', 'SOAP', 'Finalize', and 'Checkout'. A secondary navigation bar shows 'Demographics', 'Call/Communication', and 'Provider Test Action'. On the left, there are links for 'Care Guidelines' and 'Global Days'. The 'Medical Chart' section is visible at the bottom left. A dropdown menu titled 'Udp Visit Types' is open, showing a search field with 'visit\_type' and a list of options: 'Low Vision Exam', 'Office Visit', 'Post-Op Exam', and 'Well Vision Exam'. On the right side of the dropdown, there are 'Cycle' and 'Information' buttons.

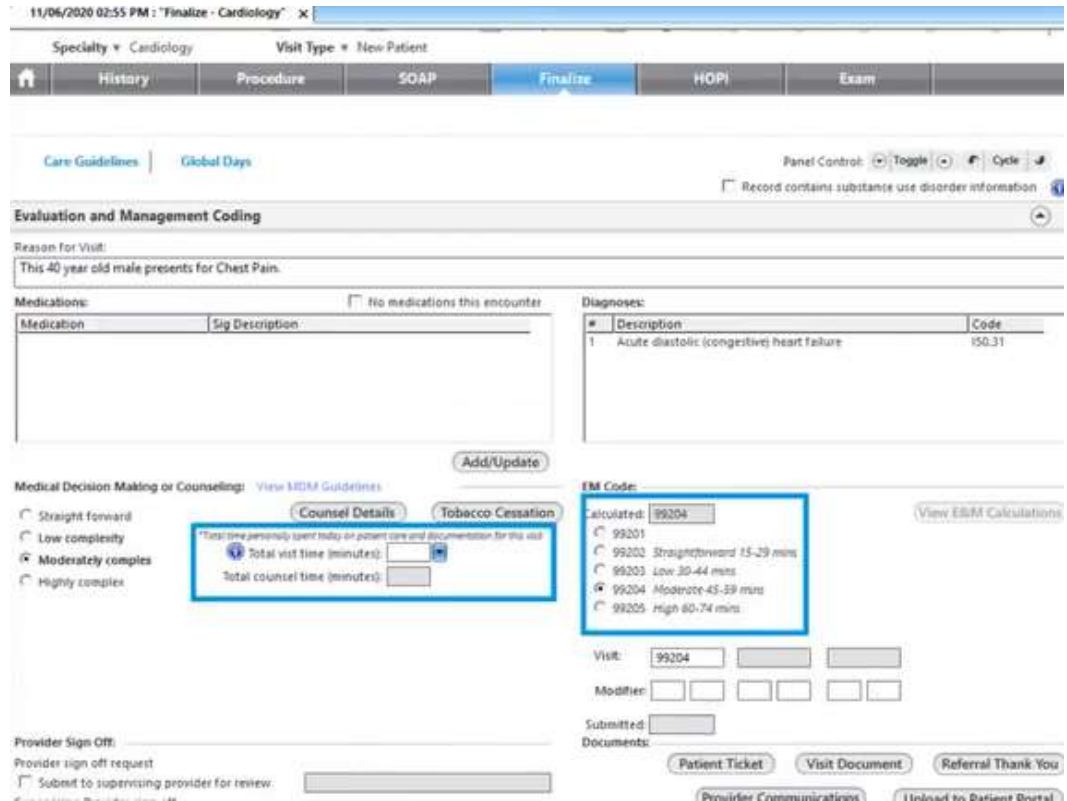
- New specialty of Optometry added with 4 visit types.



**Cardiology**

# Cardiology Custom Visit Types

- AMA & CMS coding and payment changes for 99201 – 99215 effective 01/01/21
- Ability to set up and submit Cardiology custom visit types based on 2021 new guidelines



11/06/2020 02:55 PM : "Finalize - Cardiology" x

Specialty \* Cardiology Visit Type \* New Patient

History Procedure SOAP **Finalize** HOPI Exam

Care Guidelines | Global Days

Panel Control: Toggle Cycle

Record contains substance use disorder information

**Evaluation and Management Coding**

Reason for Visit:  
This 40 year old male presents for Chest Pain.

Medications:  No medications this encounter

Medication	Sig Description
------------	-----------------

Add/Update

Medical Decision Making or Counseling: View MDM Guidelines

Straight forward  
 Low complexity  
 Moderately complex  
 Highly complex

**Counsel Details** **Tobacco Cessation**

\*Total time personally spent today on patient care and documentation for this visit

Total visit time (minutes):

Total counsel time (minutes):

**EM Code:**

Calculated: 99204

99201  
 99202 Straightforward 15-29 mins  
 99203 Low 30-44 mins  
 99204 Moderate 45-59 mins  
 99205 High 60-74 mins

Visit: 99204

Modifier:

Submitted:

Documents:

\*\*Configuration Required



**Interoperability**  
**21<sup>st</sup> Century Cures Act**

# USCDI Patient Demographics

- Data elements required for patient matching:
  - Current Address
  - Previous Address (new)
  - Birth Sex (new value - unknown)
  - Phone Number
  - Phone Number Type
  - Email address
- Standard IDs for County and Country fields – removed ability to free text. Master list hidden.
- Patient Address Crystal Report created to identify the patients with free text County or Country fields
- Can now remove address history, if needed. Advanced Audit tracks this activity.

The screenshot displays the USCDI Patient Demographics form. The form is divided into several sections, with a sidebar on the left containing navigation options: Demographic, Status, Client Defined, Privacy, Employer, Relations/Rol, UDS, Ext, History, Pharmacy, and Chart Details. The main form area includes the following sections:

- Demographics:** Fields for Last Name (Doe), First Name (John), Middle Initial (T), Preferred Name, Medical Record (22), Social Security Number, Birth Date (01-01-2000), Age (11 yrs), Birth Sex (Mal), Current Gender (Male), Gender Identity (<none>), Sexual, Preferred, and Exempt.
- Address:** Fields for Billing (selected) or Secondary, Street 1, Street 2, City (Ambler), State (PA (Pennsylvania)), Zip (19002), Country (USA), and County (MONTGOMERY).
- Contact Information:** Fields for Contact Method (0 Home Phone, 2 Day Phone, 2 Alternate Phone, 4 Secondary Phone, 5 Cell Phone) and Number/Address. Notifications are indicated by checkboxes (N/A).
- Demographics (Secondary):** Fields for Marital Status, Mother's Maiden, Student Status, Race, Ethnicity, Pref, Religion, Church, and Community.
- Primary Care Provider:** Fields for Primary Care Provider, Primary Dental Provider, and Expired Date.
- Available Insurance:** Fields for Payer Name, Avail, Plan N, Policy N, Group Na, Group, Effective D, and Expired D.

# CCDA R2.1 Updates

## Social History Type

Code	Description
100487004	Environmental risk factor (observable entity)
100421008	Educational achievement (observable entity)
100079003	Alcohol intake (observable entity)
100272008	Health-related behavior (observable entity)
100819007	Tobacco use and exposure (observable entity)
100423009	Exercise (observable entity)
100200007	Hazardous, family and support network detail (observable entity)
100300000	Details of drug misuse behavior (observable entity)
100393001	Nutritional observable (observable entity)
100393007	Employment detail (observable entity)
100214004	Transportation details (observable entity)
100483007	Traffic exposure status (observable entity)
100480009	Housing history (observable entity)
100213005	Usage of radiation exposure (observable entity)
100480004	

## Problem Type (Family History)

Code	Description
23300-4	Diagnosis
73375-8	Cognitive function [interpretation]
73312-8	Clinical finding Family member
73314-7	Complaint Family member
73314-5	Diagnosis Family member
73316-2	Condition Family member
73316-0	Functional performance Family member
73317-8	Symptom Family member
73318-6	Problem Family member
73318-4	Mental function Family member
73321-0	Clinical finding
73322-8	Complaint
73323-6	Condition
73324-4	Functional performance
73325-1	Symptom
73326-9	Problem
540030008	Finding of functional performance and activity (finding)
541290000	Diagnosis interpretation (observable entity)
570030000	Cognitive function finding (finding)
580040000	Clinical finding (finding)
590560006	Complaint (finding)
510790008	Finding reported by subject or history provider (finding)
59070008	Problem (finding)
540720001	Disease (observable)

- Added Social History and Family History codes to CCDA
- Mappings are provided by default, but users can modify or add to, if desired.
- Radiation Exposure added to Social Hx

The screenshot shows a 'Social History - Status' form with the following sections:

- Demographics:** Race (Asian, Black or African American), Ethnicity (Canadian, Mongolian), Preferred language (English), Language spoken at home (Central Khmer), Country of birth (Armenia), Hand dominance (Right, Left, Ambidextrous).
- Employment:** Table with columns for Employment, Occupation, and Restrictions. One entry shows 'erg' under Occupation.
- Occupational Hazards:** Includes 'anesthetic agents' and 'Benzene'.
- Radiation Exposure (highlighted):** Exposure Date (04/30/2020), Type (Beta radiation), Dose (55), Unit (Millirem).
- Marital Status/Family/Social Support:** Education (College graduate), Degree obtained (Doctorate), From what country (Afghanistan), Current status, Previously widowed (No), Previous divorce (No), Has children (Yes), Housing status (Secondary Residence), Residency, Support network (Patient's support network includes care worker, children, clergy, father, former spouse, friends, landlord/landlady, mother, neighbors, sibling).

# API FHIR R4: Care Plan Enhancements

- Care Plan Requirements
  - Care Plan Narrative
  - Care Plan Narrative Status
  - Care Plan Status
  - Care Plan Intent
- Health Concern Requirements
  - Clinical Status
  - Verification Status
- Goal Requirements
  - Goal Status

The screenshot displays a clinical interface with three main sections: 'Add/Edit Health Concerns', 'Goals, Interventions and Outcomes', and a data table. Red boxes highlight specific fields: 'Type: Care Plan', 'Status: Active', 'Intent: Plan' in the top section; 'Clinical Status' and 'Verification Status' in the 'Add/Edit Health Concerns' section; and '\*Status: Active' in the 'Goals' section.

**Health Concerns Table:**

Observation	Date
Alive and well	Nov-23-2020

**Goals Table:**

Concern	Status	Date
Other 2 - Comments 2	Completed	Nov-22-2020

**Goals Table:**

Health Concern	Goal	Type	Priority	Status	Date
Weight - 95.254 kg	Reduce weight below 190 lbs	Patient Goal			Nov-24-2020
Allergic to MILK	Avoid Dairy Products	Provider Goal			Nov-24-2020

\*\*Configuration Optional



# USCDI Vital Signs

"Pediatric Under 2 Years - Vital Signs" - [New Record]

Gestational age at birth:  weeks  days

**Height/Length measurements:**

ft |  in |  total in |  cm Position:  Standing  Lying

Last measured:   Measured today  Carried forward

**Weight measurement:** Context:  Dressed with shoes  Dressed without shoes

**Growth Percentile:** [Growth Chart](#)

Height:	Head:	Weight:
<input type="text" value="0.0"/>	<input type="text"/>	<input type="text" value="0.1"/>

**Weight for length:**

- United States Core Data for Interoperability
- Elements Added to support USCDI:
  - BMI Percentile 2-20
  - Weight for Length Percentile <3
  - Occipital-frontal Circumference Percentile <3
- Include all USCDI vital sign data elements in CCDA
- Include all USCDI vital sign data elements in API responses to requests for vitals

# USCDI Care Team Members

- Patient can have Multiple Care Teams
- Each Care Team needs to be Defined
  - Name of the Care Team
  - Narrative about the Care Team
  - Status & Effective Times
- Care Team Members Include
  - Practitioner
  - Patient
  - Relative, Friend or Guardian
  - Organization
- NextGen Has 2 Care Teams:
  - Practice Care Team
    - Clinical Professionals
    - Agency/Organization
  - Patient Care Team
    - Clinical Professionals
    - Agency/Organization
    - Other

**Practice Care Team Details:**

Team Name	Team Status	Team Active
P Anger Management Team	Active	
P Diabetes Team	Active	
P Diabetes Team	Active	
Diabetes Team	Active	
Diabetes Team	Active	
Diabetes Team	Active	

*\* P = Primary Provider*

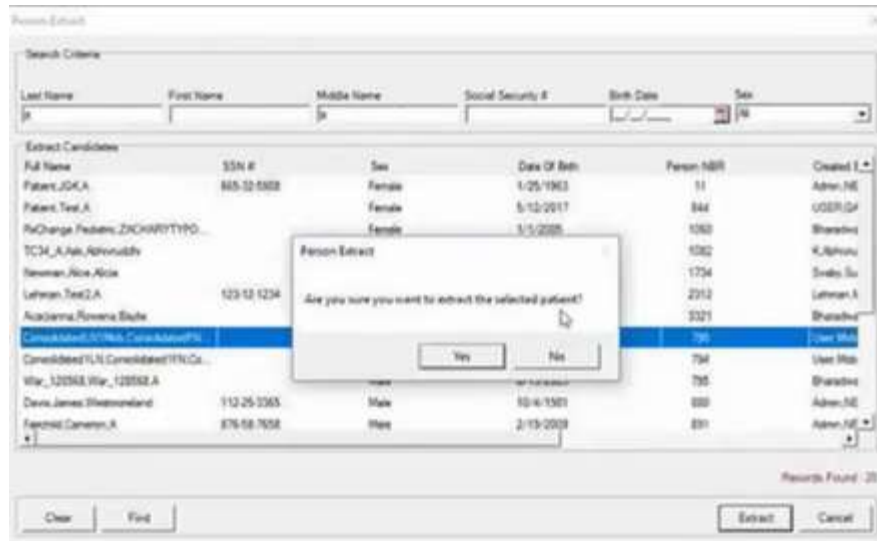
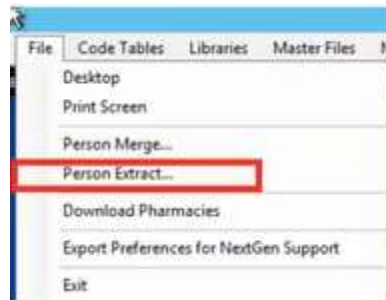
**Individual Care Team Members Details:**

Team Name	Participant Type	Member Name
Anger Management Team		
Diabetes Team	Clinical professional	Non-Physician, T...
Diabetes Team		Admin, NextGen
Diabetes Team		Smith, John

**\*\*Configuration Required – Practice Care Team**

# Export of Electronic Health Information (EHI) For a Single Patient

- Client customizations are not included
- Psychotherapy notes are not included
- Any proprietary NextGen content is not included, ex master files
- Publicly accessible database dictionary will be made available via hidden link in the zip file
- EHR Export Utility – Windows Service. Trigger export to happen on demand vs daily run (Parquet format)



# Allergy API Updates

- Clinical Status mapped from module values
- Verification Status mapped from module values

```
"resourceType": "Bundle", "type": "searchset", "total": 1, "link": [{"relation": "self", "url": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/AllergyIntolerance?page=1"}], "entry": [{"fullUrl": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/AllergyIntolerance/8b57d1c2-d7f9-4a6c-b8c0-ec4f735768fb", "resource": {"resourceType": "AllergyIntolerance", "id": "8b57d1c2-d7f9-4a6c-b8c0-ec4f735768fb", "clinicalStatus": {"coding": [{"system": "http://terminology.hl7.org/CodeSystem/allergyintolerance-clinical", "code": "active", "display": "Active"}], "text": "Active"}, "verificationStatus": {"coding": [{"system": "http://terminology.hl7.org/CodeSystem/allergyintolerance-verification", "code": "confirmed", "display": "Confirmed"}], "text": "Confirmed"}, "code": {"coding": [{"system": "http://www.nlm.nih.gov/research/umls/rxnorm"}], "text": "SULFA (SULFONAMIDE ANTIBIOTICS)"}, "patient": {"reference": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/Patient/bb9f3027-45dd-41ec-a245-9194d7101a13", "display": "Test, Surgery"}, "recorder": {"reference": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/Practitioner/c310fd04-ce98-4ae2-b1b8-3fdb6036191f", "display": "Greenfield, Robert"}, "reaction": {"manifestation": {"coding": [{"system": "http://snomed.info/sct", "code": "39579001", "display": "Anaphylaxis"}], "text": "Anaphylaxis"}, "severity": "moderate"}}}]}
```

# Problem API Updates

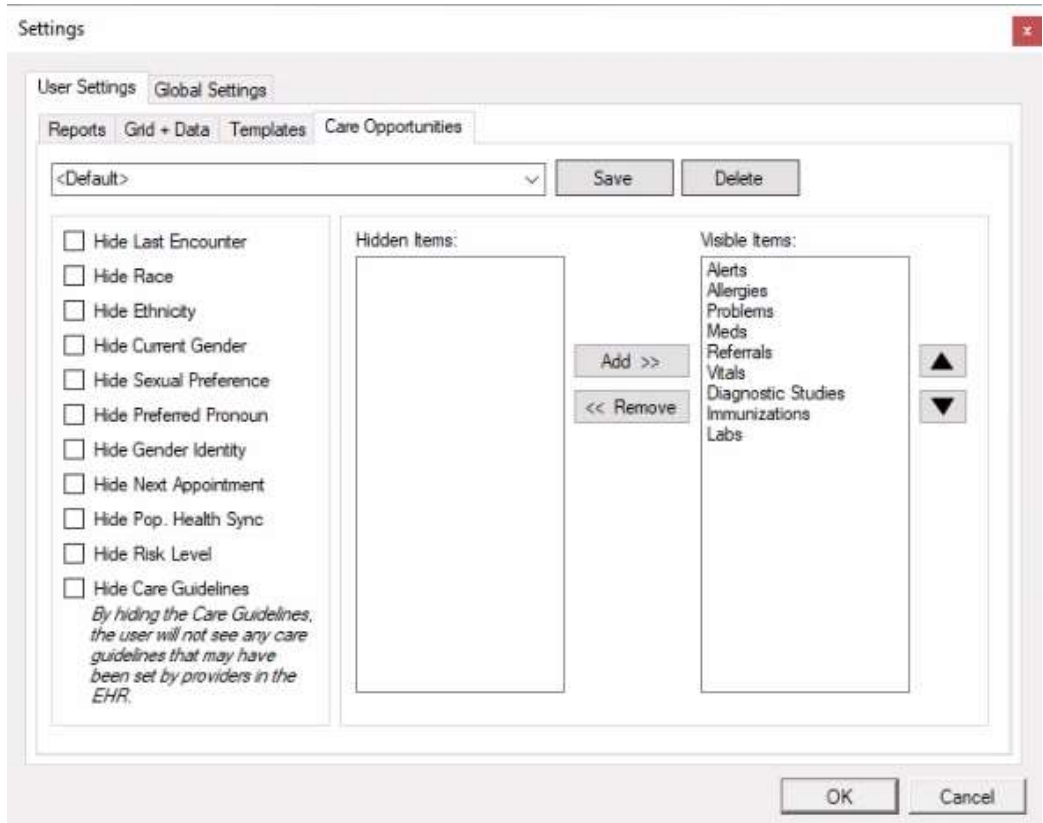
- Clinical Status from module
- Verification Status from module

```
{ "resourceType": "Bundle", "type": "searchset", "total": 1, "link": [{"relation": "self", "url": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/Condition?page=1"}], "entry": [{"fullUrl": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/Condition/P-dad1894d-78e7-464a-b29e-32ed280a5f56", "resource": {"resourceType": "Condition", "id": "P-dad1894d-78e7-464a-b29e-32ed280a5f56", "clinicalStatus": {"coding": [{"system": "http://terminology.hl7.org/CodeSystem/condition-clinical", "code": "active", "display": "Active"}], "text": "Active"}, "verificationStatus": {"coding": [{"system": "http://terminology.hl7.org/CodeSystem/condition-verification-status", "code": "confirmed", "display": "Confirmed"}], "text": "Confirmed"}, "category": [{"coding": [{"system": "http://terminology.hl7.org/CodeSystem/condition-category", "code": "problem-list-item", "display": "Problem List Item"}], "text": "Problem"}], "code": {"coding": [{"system": "http://snomed.info/sct", "code": "111569009", "display": "Hyperthermia-hyperphagia-hypothyroidism syndrome"}], "text": "Hyperthermia-hyperphagia-hypothyroidism syndrome"}, "subject": {"reference": "https://fhir.nextgen.com/ngc/prod/fhir-api-r4/fhir/r4/Patient/bb9f3027-45dd-41ec-a245-9194d7101a13"}, "onsetDateTime": "2020-01-13T00:00:00+00:00"}]}
```

# Population Management Hub

# Customize Care Opportunities Display

- Allows the user to customize what data is displayed within the Care Opportunities tab and in what order they display



Settings

User Settings Global Settings

Reports Grid + Data Templates Care Opportunities

<Default> Save Delete

Hide Last Encounter  
 Hide Race  
 Hide Ethnicity  
 Hide Current Gender  
 Hide Sexual Preference  
 Hide Preferred Pronoun  
 Hide Gender Identity  
 Hide Next Appointment  
 Hide Pop. Health Sync  
 Hide Risk Level  
 Hide Care Guidelines

*By hiding the Care Guidelines, the user will not see any care guidelines that may have been set by providers in the EHR.*

Hidden Items:

Visible Items:

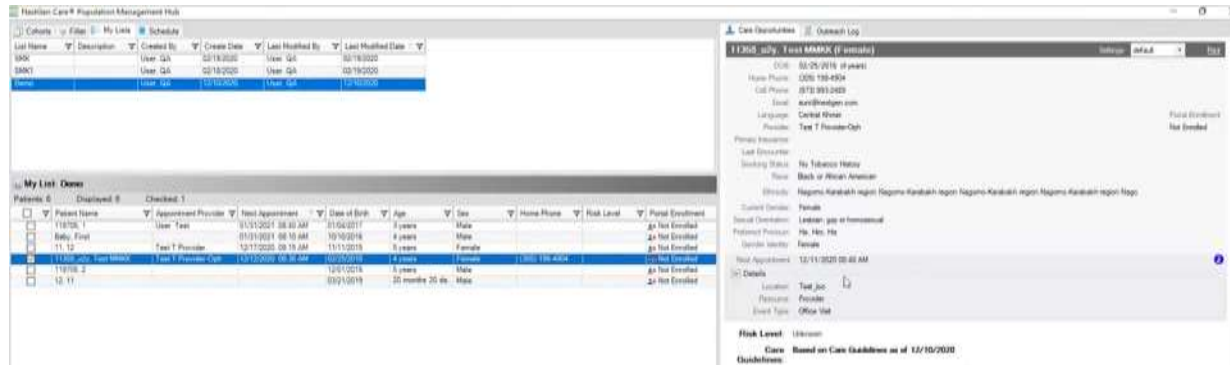
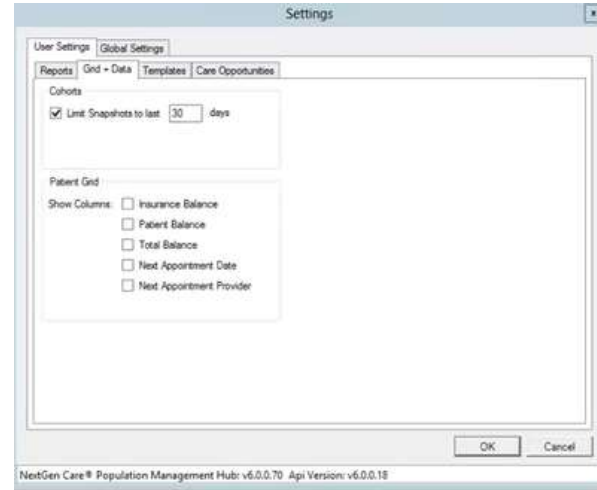
Alerts  
Allergies  
Problems  
Meds  
Referrals  
Vitals  
Diagnostic Studies  
Immunizations  
Labs

Add >> << Remove

OK Cancel

# View Next Scheduled Appointment

- Gives the hub user the quick ability to see and sort the patient's next scheduled appointment on the results grid for a cohort without opening the patient's Care opportunities tab

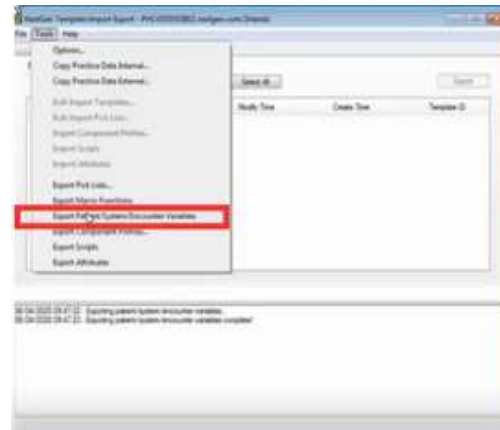
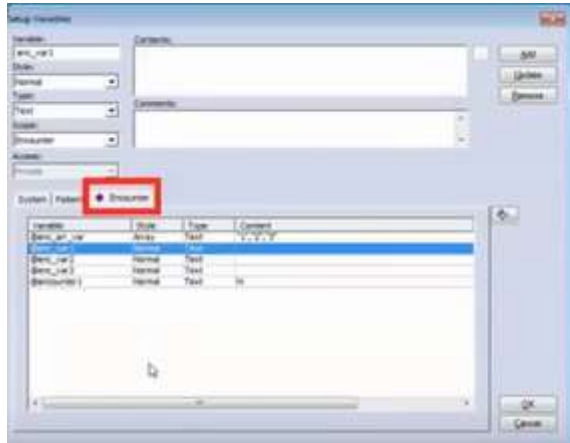


\*\*Configuration Required



# Template Editor

# New Encounter Variable in Template Editor



**PM**



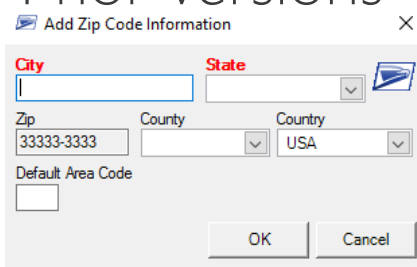
# Restrict On-The-Fly Zip Code

- This will prevent users from entering invalid Zip Code if they do not have the Master File access rights.
- A warning message will display when they do have appropriate rights in the following areas:
  - Person/Patient Information screens. Insured, Guarantor, Relationship, etc
  - Employer Maintenance
  - Insurance Maintenance

# Zip Code Security Restriction

- Users will no longer be able to add Zip Codes in Practice Management if they do not have the security rights to add them in File Maintenance.

Prior Versions



Add Zip Code Information

City State

Zip 33333-3333 County Country USA

Default Area Code

OK Cancel

In this release





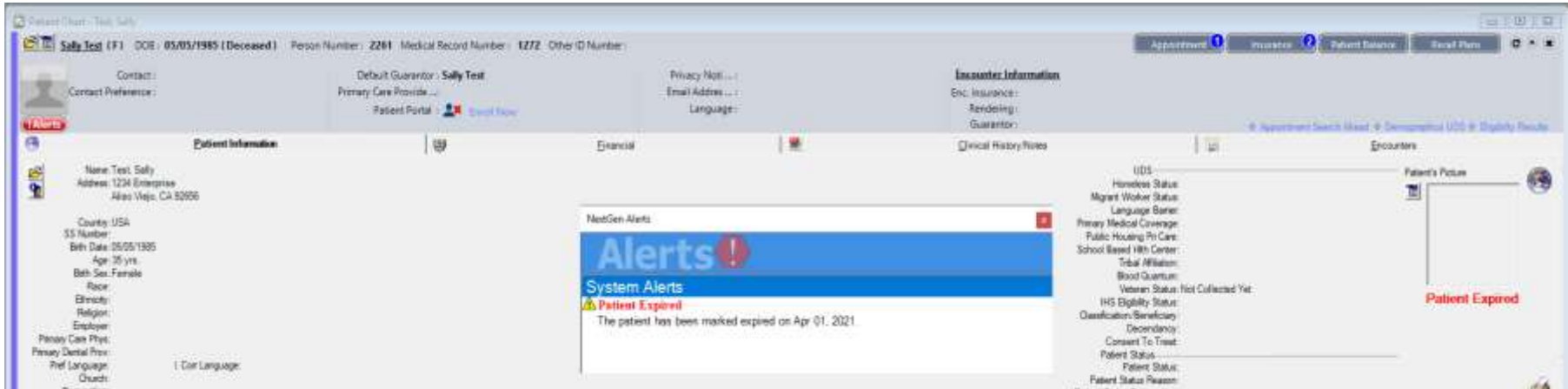
# Credit Card: Allow Override of Transaction

- Clients wanted the ability to use multiple transaction codes to differentiate type of payment like Visa Copay, Visa Coins, Visa Deposit, etc.
- Practice must enable the credit card functionality, configure the credit card processor and select at least one payment method
- Enabling this option will disable the default "Patient Cash" and Account Cash" transaction codes in Practice Preferences.

The screenshot shows the 'Practice Preferences' dialog box. On the left is a 'Preference List' with 'Payment Processing' selected. The main area is titled 'Enable real-time payment processing for these payment methods' and includes several checked options: 'Enable Credit Card Processing', 'Allow partial credit on credit card payments', 'Save Credit Card Token ID on file', and 'Enable Auto Pay Collection Process'. Below these are fields for 'Credit Card Processor' (set to 'InstaMed'), 'Outlet IDs', 'Swipe MID' (1028594), 'Non-Swipe MID' (1028594), 'Terminal ID' (0001), and 'Store ID' (0001). The 'Payment Method' section shows 'Visa' and 'MasterCard' checked, with 'Check' also checked. A red box highlights the 'Override Credit Card Payment Default Transaction Code' checkbox, which is currently unchecked. A 'NextGen' warning dialog box is overlaid on the screen, containing a yellow warning icon and the text: 'To save your preferences, do at least one of the following: • Uncheck any payment methods that have no transaction code populated OR select the default transaction code. • Check the Override Credit Card Payment Default Transaction Code option.' An 'OK' button is at the bottom of the warning box.

# Deceased Patient Indicators Changed

- Deceased patients will no longer display the angel icon. This is replaced with a caution sign with the alert and the words Patient Expired under the patient picture



The screenshot displays a patient chart for Sally Test (DOB: 05/05/1985, Deceased). The interface includes sections for Patient Information, Financial, and Encounters. A central 'Alerts' window is open, showing a 'System Alerts' section with a red warning icon and the text: 'Patient Expired. The patient has been marked expired on Apr 01, 2021.' The patient's name 'Sally Test' is visible in the top left, and the status 'Patient Expired' is visible in the bottom right of the patient information area.



# Option to Disable Default Encounter Payers

- Prior to this release there was no option to prevent the application from pulling forward Encounter Payers. If the previous insurance is no longer valid, this was causing extra steps to remove the incorrect insurance and add the current insurance.
- Practice can choose to have the encounter default as Self-Pay.
  - Note: This could result in an increase of self-pay encounters
  - This setting does not apply to encounters created in EHR, Optical, Document Management, or EDR.





# Disable Default Encounter Payers Practice Preferences

- Setting will be checked post upgrade to keep the functionality as it is today.

Practice Preferences

Preference List

- Alerts
- Appt Scheduling
- AutoFlow
- Budget Accounts
- Charge Entry
- Chart
- Claims
- Contract Edits
- Data\Fee Ticket
- EHR
- Eligibility Verification
- Encounters**
- External
- Forms
- General
- Holidays
- Imaging

User Defined Fields

User-Defined 1	Enc UD1
User-Defined 2	ALLScripts Enc#
User-Defined 3	Outbound referring provider
User-Defined 4	

Default Patient Type

Require Patient Type

Delay Medicare Billing By 0 Days From Encounter Date

Require Rendering Physician

Require Referring Physician

Prompt to default Rendering Physician for patient's chart

Prompt to default Referring Physician for patient's chart

Default Referring from Rendering Physician for Encounters

Providers

Admitting  Ordering

First Consulting  Second Consulting

Supervisor  Require Supervisor

When copying from last encounter

Copy

Encounter Details  Diagnosis

Insurance

Default previous payer(s) to encounters created in PM

Require Facility

Always

Only if Admit or Discharge date is populated

When this is unchecked a message will display.

NextGen

Turning off this preference will cause new encounters created from PM to default to self pay.

Are you sure you wish to continue?

Yes No

# Confirm Insurance in Auto Flow

- Insurance must be confirmed in autoflow can be enabled

Practice Preferences

Preference List

- Alerts
- Appt Scheduling
- AutoFlow
- Budget Accounts
- Charge Entry
- Chart
- Claims
- Contract Edits
- Data/Fee Ticket
- EHR
- 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
- Pre-Services
- Printing

AutoFlow Sequences for menu option "Check-In/Create Encounter"

Location	AutoFlow Sequence
<All Locations>	KGW Check In
Beach Optical	<none>
Cardiology Clinic	<none>
CHC Behavioral Health	<none>
CHC Dental	<none>
CHC Medical	<none>
CHC Vision	<none>
Coastal Internal Medicine	<none>
Desert Springs Physical Therapy	<none>
Desert Springs Surgical Ctr	<none>

AutoFlow Sequences for menu option "Checkout"

Location	AutoFlow Sequence
<All Locations>	KGW Check Out
Beach Optical	<none>
Cardiology Clinic	<none>
CHC Behavioral Health	<none>
CHC Dental	<none>
CHC Medical	<none>
CHC Vision	<none>
Coastal Internal Medicine	<none>
Desert Springs Physical Therapy	<none>
Desert Springs Surgical Ctr	<none>

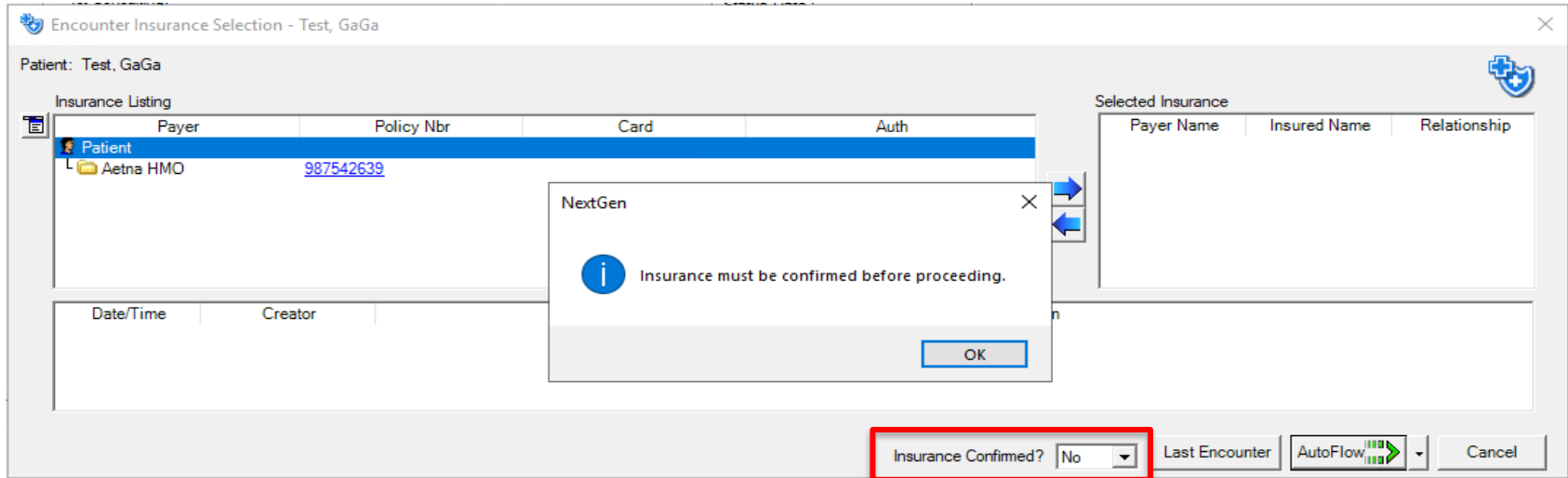
Enable AutoFlow button after workable tasks have been completed.

Insurance must be confirmed before proceeding to the next autoflow sequence.

This option is available today and can be utilized independently from the Default previous payers setting

# Option to Disable Default Encounter Payers

If Default previous payer and Insurance must be confirmed are enabled, when navigating Autoflow the insurance will not automatically attach and Insurance Confirmed must be Yes in order to continue.



The screenshot shows the 'Encounter Insurance Selection' window for patient 'Test, GaGa'. It features an 'Insurance Listing' table with columns for Payer, Policy Nbr, Card, and Auth. A message box from 'NextGen' is displayed in the center, stating 'Insurance must be confirmed before proceeding.' with an 'OK' button. At the bottom, the 'Insurance Confirmed?' dropdown menu is highlighted with a red box and set to 'No'. Other controls include 'Last Encounter', 'AutoFlow', and 'Cancel' buttons.

Payer	Policy Nbr	Card	Auth
Patient			
Aetna HMO	987542639		

Payer Name	Insured Name	Relationship
------------	--------------	--------------

Insurance Confirmed? No

# Last Encounter Payers

- Last Encounter functionality stays the same. Clicking this will pull forward the insurance from the last encounter.

Encounter Insurance Selection - Test, GaGa

Patient: Test, GaGa

Insurance Listing			
Payer	Policy Nbr	Card	Auth
Aetra HMO	907542039		

Selected Insurance		
Payer Name	Insured Name	Relationship
Aetra HMO	Test, GaGa	Patient

Insurance Confirmed?  No  Yes **Last Encounter** AutoFlow Cancel

Create Encounter - Test, GaGa

Billable Date: 03/24/2021 | Billable Time: | Occurrence Code: Illness | State: | Onset Date: | Onset Time: |

**General** | Clinical | Billing & Collections | Encounter Specifics | UB | Charge | Marketing | History

Patient Type: | Condition Related to Employment: | Provider: **Fluoridomg**

Remarks: | Same/Similar Date: | Referring: |

Complaints: | Date Last Seen: | Referring Facility: |

Practice Specific: | ALL Scripts Encnt: | First Consulting: |

Outbound referring provider: | | Second Consulting: |

Ordering: |

Admit Date: | Admit Time: | Initial Treatment Date: | Supervisor: |

Discharge Date: | Discharge Time: | Discharge Status: | **Service Location**: |

Facility: | Incident-To Bill Encounter: |

Guardian: | Relation: Patient |

Encounter Types: | Case | Case Data: |

Billable: |

First Encounter On Statements |  Patient is Homebound |  Exempt from Outsourcing |  Initial Enc in Series

Homeless Status: | Service Type: |  In Progress

**Last Enc** OK Cancel

# Person Insurance Display Changes

- In an effort to clean up the view of Insurance Listing, by default the system will not display Hidden Insurances.
- There is a checkbox if you would like the hidden Insurances displayed.

The screenshot shows the 'Modify Patient Information' form. The 'Insurance Listing' section is at the bottom, with a table of insurance policies. A red box highlights the 'Show Hidden' checkbox, which is currently unchecked. The table has columns for Payer Name, Available, Plan Nbr, Policy Nbr, Group Name, Group Nbr, Effective Date, and Expired Date.

Payer Name	Available	Plan Nbr	Policy Nbr	Group Name	Group Nbr	Effective Date	Expired Date
United Healthcare	✓		9876543				
McGhee, Tammi (Sp...	✓		1234567				
Medicare Part A And Medicare	✓		1234567				

# Person Insurance Display Changes

- Application updated with the Show hidden Insurance in multiple places

This screenshot shows a patient record for Robert McGhee (M). The interface includes a top navigation bar with a 'Show Hidden' button highlighted in a red box. Below this, the patient's insurance information is displayed in a table. A pop-up window titled 'Insurance Listing - McGhee, Robert' is open, showing a list of insurance plans with a 'Show Hidden' button also highlighted in a red box.

Plan Name	Policy No.	Group Name	Group No.	Effective Date	Contract Date
United Healthcare	9876543				
McGhee Tammi (Sp)	1234567				
Medicare Part A And B					
Medicare	1233333				

This screenshot shows an appointment booking interface. The 'Insurance Listing' section is visible, with a 'Show Hidden' button highlighted in a red box. The insurance listing includes the patient's name and several insurance plans.

Insurance Listing
Patient
United Healthcare
McGhee, Tammi (Spouse)
Medicare Part A And B
Medicare

# Employer Insurance Maintenance

- Same functionality also applied at the Employer Insurance Listing

Modify Patient Information

Prefix Last  First  Middle  Suffix  Preferred Name  Med  
Social Security  Birth Date  Age  Birth Sex  Current Gender  Gender Identity  Sexual Orientation  Preferred

Employer Maintenance

Employer

**General** | External |

Employer Name

Demographics

Street  Billing Address  Corporate Address

Billing Contact

Last  First  Middle

Ext  Fax Number

Employer Insurance Association Listing

Employer: EMedapps

Insurance Listing  Show Hidden

Plan Name
BCBS Contract
United Healthcare

Close

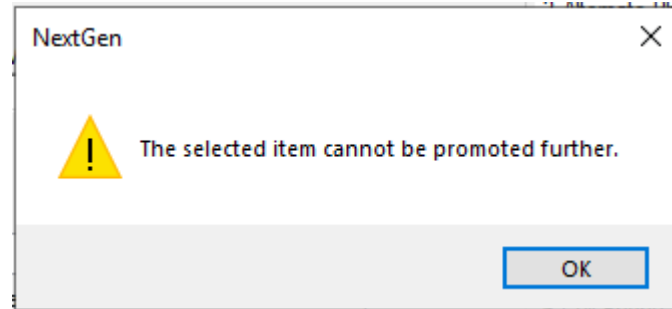
Primary Employer

Insurance

Hide

# Hidden Insurance

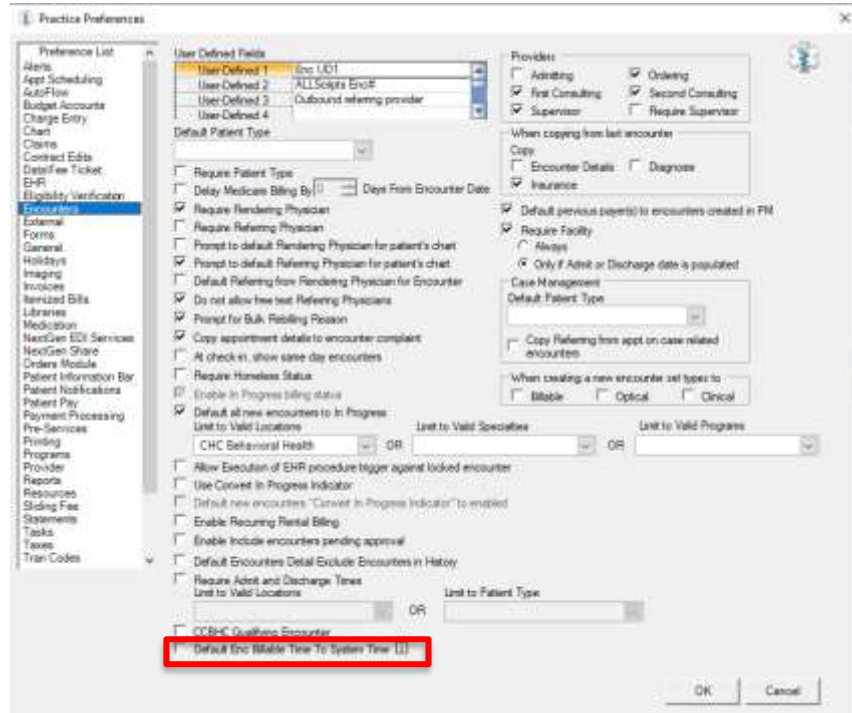
- If an insurance is hidden in File Maintenance the front end staff will not be able to unhide the insurance at the Person/Patient Level.
- Also will not be able to promote hidden insurances above unhidden insurances





# Default Encounter Time to System Time

- If this is enabled the Encounter Billable time stamp will equal the system time stamp when created from the following:
  - Patient Chart
  - Charge Entry
  - Group Encounters Outside Appointments



The screenshot shows the 'Practice Preferences' dialog box with the 'Encounters' section selected in the left-hand 'Preference List'. The 'User Defined Fields' section contains four entries: 'User Defined 1' (Enc LID), 'User Defined 2' (ALL Scripts Enroll), 'User Defined 3' (Outbound referring provider), and 'User Defined 4'. The 'Default Patient Type' is set to 'Encounter'. The 'Require Patient Type' checkbox is unchecked. The 'Delay Medicare Billing By' is set to 0 days. The 'Require Referring Physician' checkbox is checked. The 'Prompt to default Referring Physician for patient's chart' checkbox is checked. The 'Prompt to default Referring Physician for Encounter' checkbox is checked. The 'Do not allow free text Referring Physicians' checkbox is checked. The 'Prompt for Bulk Refilling Reason' checkbox is checked. The 'Copy appointment details to encounter complaint' checkbox is checked. The 'At check in, show same day encounters' checkbox is unchecked. The 'Require Homeless Status' checkbox is unchecked. The 'Enable In Progress billing status' checkbox is checked. The 'Default all new encounters to In Progress' checkbox is checked. The 'Limit to Valid Locations' dropdown is set to 'CHC Behavioral Health'. The 'Limit to Valid Specialties' dropdown is set to 'OR'. The 'Limit to Valid Programs' dropdown is set to 'OR'. The 'Allow Execution of EHR procedure trigger against locked encounter' checkbox is unchecked. The 'Use Covered In Progress Indicator' checkbox is unchecked. The 'Default new encounters "Covered In Progress Indicator" to enabled' checkbox is unchecked. The 'Enable Recurring Rental Billing' checkbox is unchecked. The 'Enable Incomplete encounters pending approval' checkbox is unchecked. The 'Default Encounters Detail Exclude Encounters in History' checkbox is unchecked. The 'Require Admit and Discharge Times' checkbox is checked. The 'Limit to Valid Locations' dropdown is set to 'OR'. The 'Limit to Patient Type' dropdown is set to 'Encounter'. The 'CCBH' Qualified Encounter checkbox is unchecked. The 'Default Enc Billable Time To System Time' checkbox is checked and highlighted with a red box. The 'OK' and 'Cancel' buttons are at the bottom right.

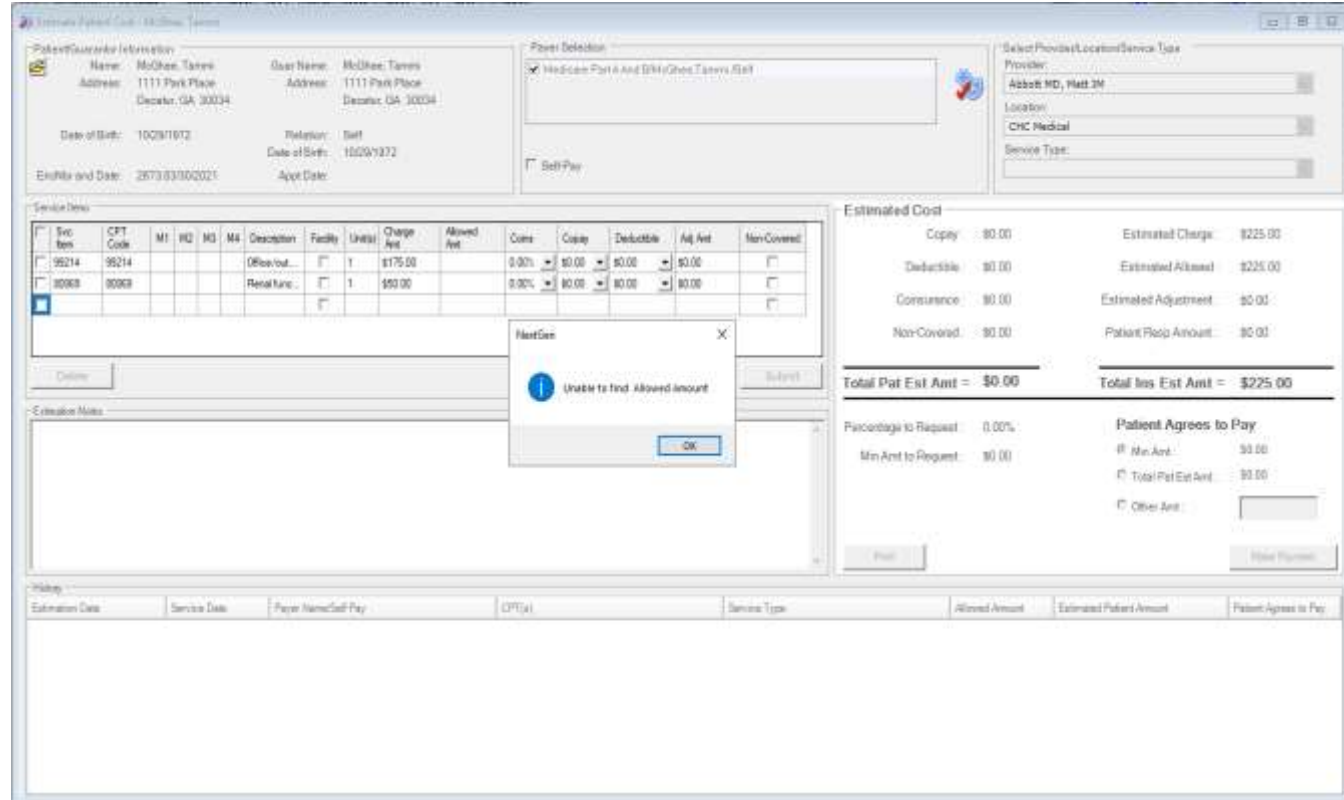


# Estimate Patient Cost

- Pre Installed and Free to all clients
- Estimate Patient Cost can use information from:
  - Contract Allowable Field
  - Encounter Maintenance Practice CoPay Amount
  - Encounter Transaction History
  - NextGen Eligibility Verification (License Required)

# Estimate Patient Cost

- Launch From:
  - Appointment Book
  - Encounter
  - People/Patient Lookup
  - Task Bar



**Patient/Insurance Information**

Name: McOlsen, Tamara    User Name: McOlsen, Tamara  
Address: 1111 Park Place, Decatur, GA, 30034    Address: 1111 Park Place, Decatur, GA, 30034  
Date of Birth: 10/28/1972    Relation: Self    Date of Birth: 10/28/1972  
Enroll and Date: 257383302021    Appt Date:

**Patient Selection**

Medicare Part A and B (Medicare, Self)  
 Self-Pay

**Select Provider/Location/Service Type**

Provider: Abbott MD, Matt JM  
Location: CHC Medical  
Service Type:

**Service Details**

Svc Item	CPT Code	M1	M2	M3	M4	Description	Family	Units	Charge Amt	Allowed Amt	Coinc	Copay	Deductible	Adj Amt	Non-Covered
<input type="checkbox"/>	95214					Office/out...	<input type="checkbox"/>	1	\$175.00		0.00%	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
<input type="checkbox"/>	80908					Renal func...	<input type="checkbox"/>	1	\$50.00		0.00%	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>

**Estimated Cost**

Copy	\$0.00	Estimated Charge	\$225.00
Deductible	\$0.00	Estimated Allowed	\$225.00
Coincurrence	\$0.00	Estimated Adjustment	\$0.00
Non-Covered	\$0.00	Patient Resp Amount	\$0.00
<b>Total Pat Est Amt = \$0.00</b>		<b>Total Ins Est Amt = \$225.00</b>	

**Patient Agrees to Pay**

Percentage to Request: 0.00%  
Min Amt to Request: \$0.00

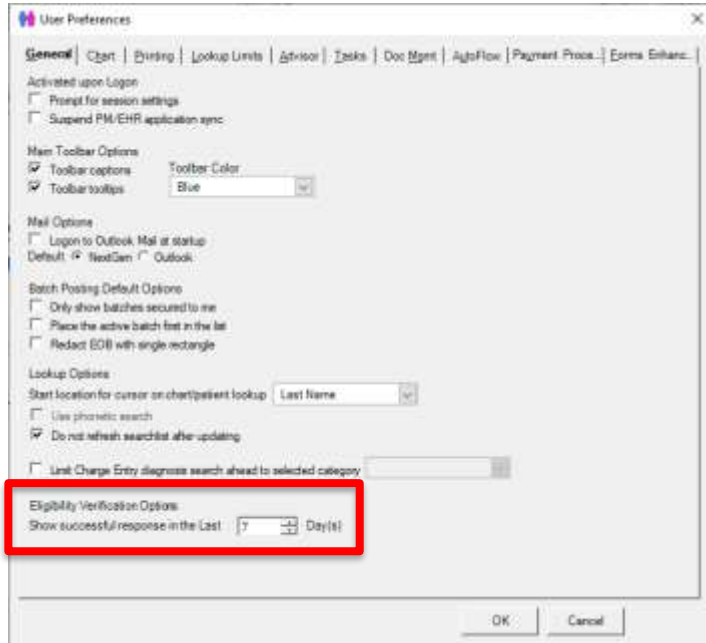
Min Amt: \$0.00  
 Total Pat Est Amt: \$0.00  
 Other Amt:

**History**

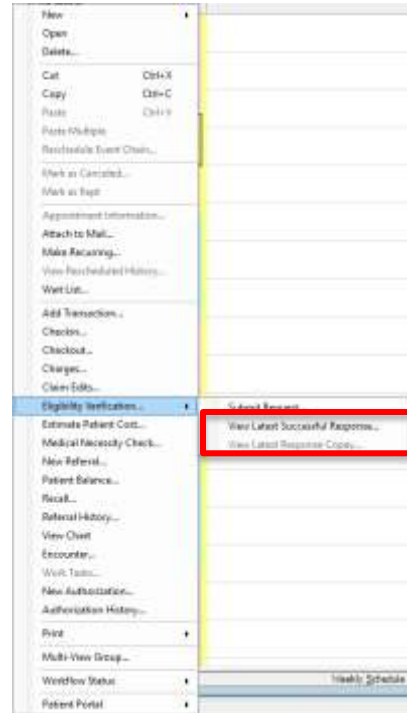
Estimation Date	Service Date	Payer Name/Self-Pay	CPT(s)	Service Type	Allowed Amount	Estimated Patient Amount	Patient Agrees to Pay
-----------------	--------------	---------------------	--------	--------------	----------------	--------------------------	-----------------------

# Eligibility Transactions

- Set number of days in User Preferences 1-365



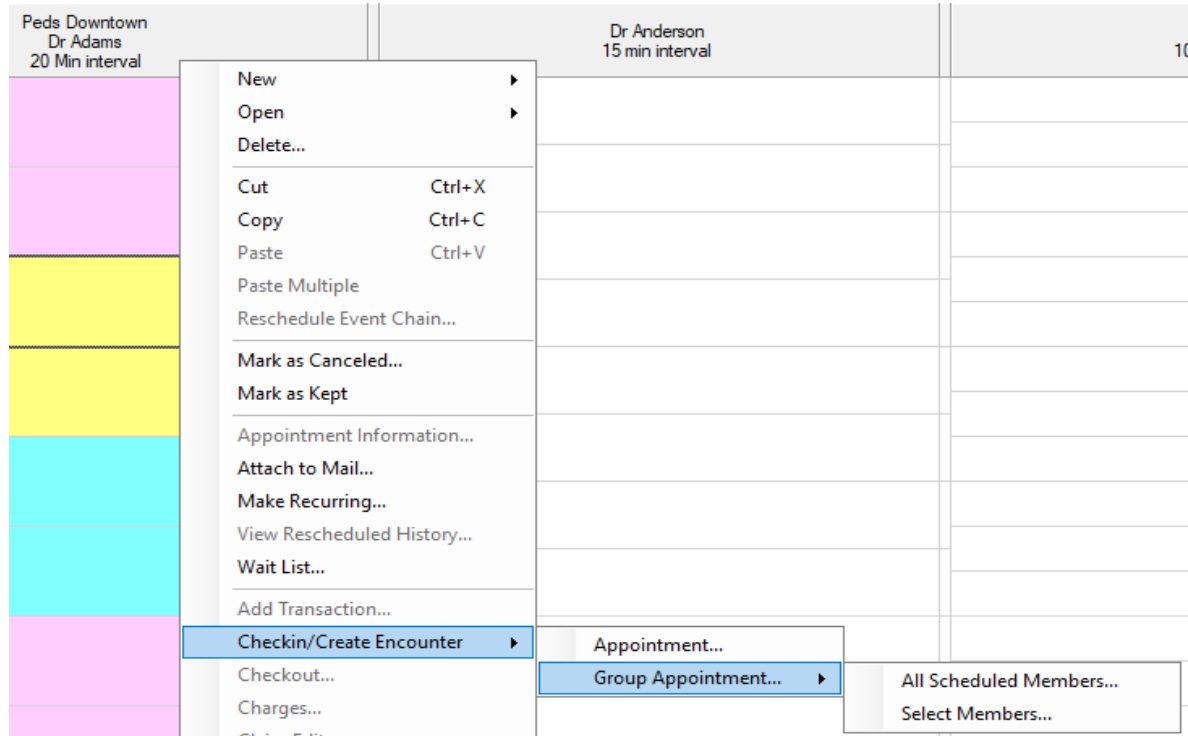
The screenshot shows the 'User Preferences' dialog box with the 'General' tab selected. The 'Eligibility Verification Options' section is highlighted with a red box. It contains the text 'Show successful response in the Last' followed by a spinner box set to '7' and the text 'Day(s)'. Other sections include 'Activated upon Logon', 'Main Toolbar Options', 'Mail Options', 'Batch Posting Default Options', and 'Lookup Options'.



The screenshot shows a context menu for 'Eligibility Verifications'. The menu items include 'New', 'Open', 'Delete...', 'Cut', 'Copy', 'Paste', 'Print', 'Print Multiple', 'Reschedule Event Chain...', 'Mark as Cancelled...', 'Mark as Expired', 'Appointment Information...', 'Attach to Mail...', 'Make Recurring...', 'View Pre-scheduled History...', 'Web Unit...', 'Add Transaction...', 'Checks...', 'Checkout...', 'Changes...', 'Clear Edits...', 'Eligibility Verifications...', 'Estimate Patient Cost...', 'Medical Necessity Check...', 'New Referral...', 'Patient Balance...', 'Recall...', 'Referral History...', 'View Chart', 'Encounter...', 'Work Task...', 'New Authorization...', 'Authorization History...', 'Print', 'Multi-View Group...', 'Workflow Status', and 'Patient Portal'. The 'View Latest Successful Response' and 'View Latest Response Copies' options are highlighted with a red box.

# Group Scheduling Changes

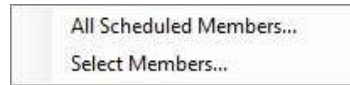
- If Enable Group scheduling is set in Practice Preferences the additional options to manage the Group Appointments will be enabled.



The screenshot displays a scheduling interface with two columns: 'Peds Downtown Dr Adams 20 Min interval' and 'Dr Anderson 15 min interval'. A context menu is open over a pink appointment slot in the 'Peds Downtown' column. The menu includes options such as 'New', 'Open', 'Delete...', 'Cut', 'Copy', 'Paste', 'Appointment Information...', and 'Checkin/Create Encounter'. The 'Checkin/Create Encounter' option is highlighted, and a sub-menu is visible with 'Appointment...' and 'Group Appointment...'. The 'Group Appointment...' option is also highlighted, and a further sub-menu shows 'All Scheduled Members...' and 'Select Members...'.

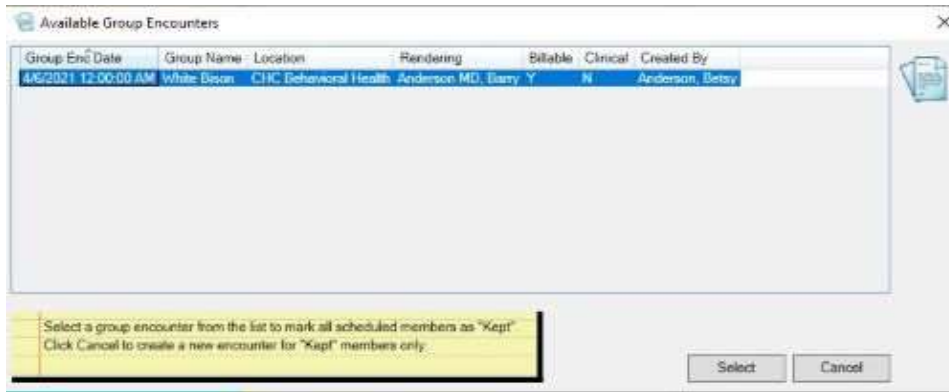
# Group Mark Appointment as Kept

- Have the option to check in all members at once or when they arrive.
- Have the option to check in all members at once or when they arrive by placing the check mark next to the Patient Name.
- Add Group Encounter screen will default the Service Location and Rendering Physician. Also have the ability to add Patient Type



# Group Check-In Existing Group & Autoflow

- If the Group was created from EHR or Tasks you can add the Group to the appointment book and Select the existing Group to link them together

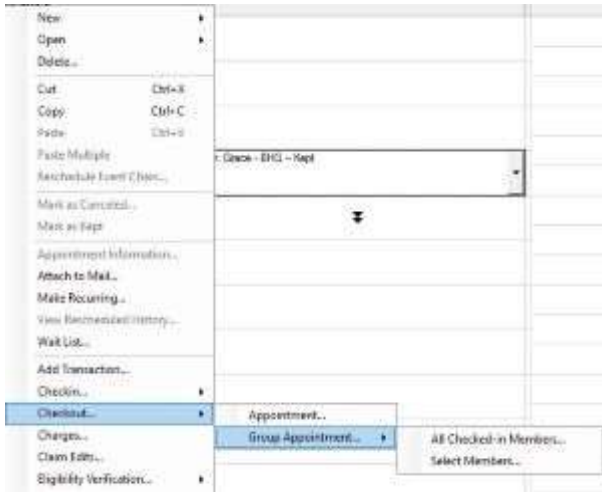


- Select the patient name from the Appointment Book and select Checkin Appointment. This will launch Autoflow

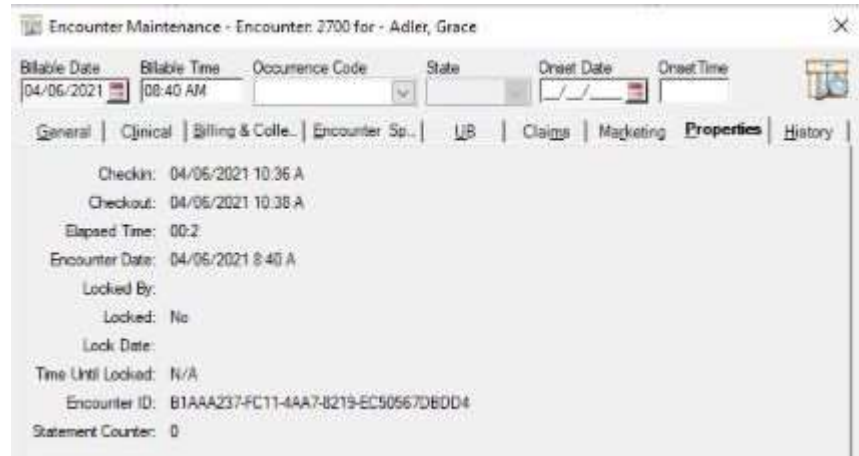


# Group Checkout

- Ability to Checkout all Kept members or Individually



- Encounter History will now have Checkin and Checkout Time stamps







# BH – Assign Program at Charge Level

- Some BH Payers require like charges on the same day to be rolled up into one claim. Since PM receives these charges in the consolidated encounter the link to the original Program in the Encounter is broken. (BH 3.0 and higher)
- This enhancement will link Programs to a charge for reporting on the following:
  - Daily Activity Detail
  - Daily Charges
  - Changes in A/R By Encounter/Line Item
  - Service Item Summary Extended Amount and Transaction/Transaction Source

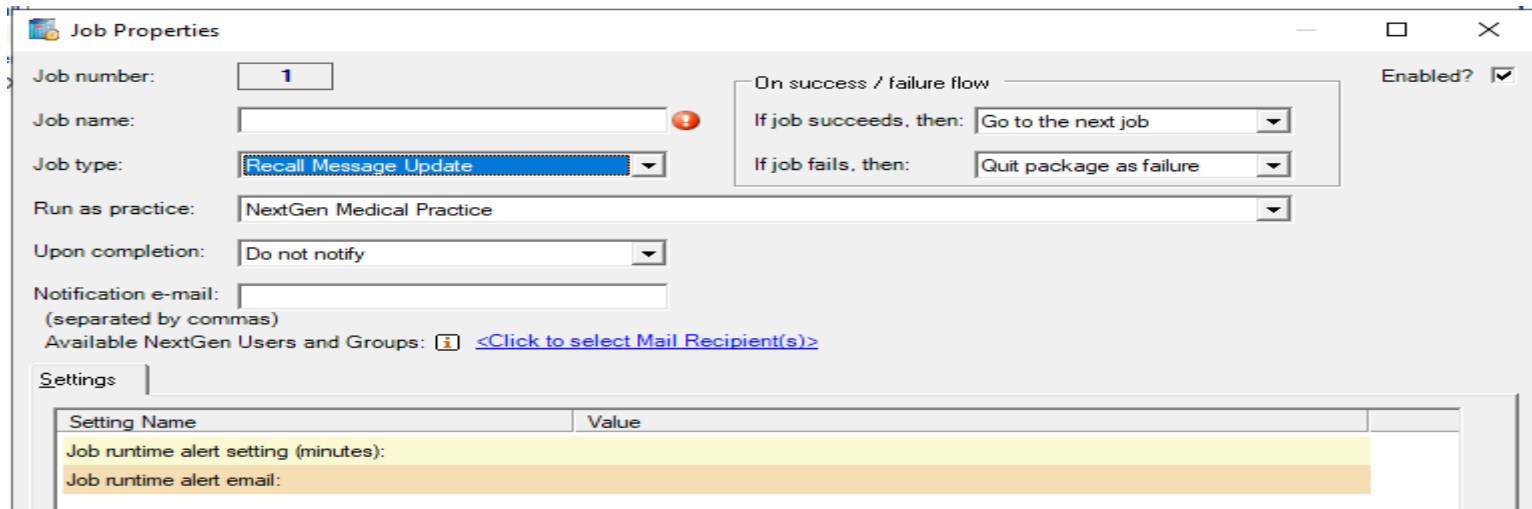


# BH – Multiple Payer Credentials Entries

- Updated the Non Coordinated SIM Library to validate SIM and Provider credential to determine which configuration to be applied
- If multiple configurations for the same SIM are found then the combination of SIM & Provider Credential

# EDI Recall Message Method & Results

- Detailed information regarding notifications will now be stored within the Recall Plan
- Manually run File > Processes > Recall Message Update or set up job on the BBP



**Job Properties**

Job number:

Job name:


Job type:

Run as practice:

Upon completion:

Notification e-mail:

(separated by commas)

Available NextGen Users and Groups:  [<Click to select Mail Recipient\(s\)>](#)

On success / failure flow  Enabled?

If job succeeds, then:

If job fails, then:

**Settings**

Setting Name	Value
Job runtime alert setting (minutes):	
Job runtime alert email:	

# Recall EDI Messages

- Click Messaging Info to view details

The screenshot shows the 'Edit Recall Plan' window with the following details:

- Recall Plan:** Annual Check Up
- Return Date:** 04/05/2022
- Event:** Well Woman
- Recall Every:** 365 Day(s)
- Resource:** [Empty]
- Last Date:** 04/05/2021
- Location:** [Empty]
- Note:** [Empty]

The 'Recall Plan Message Information' table is displayed with the following data:

Return Date	Contact Sequence	Msg Scheduled Date	Msg Sent Date	Method	Result
11/19/2019	3rd Message	11/14/2019	11/15/2019	Voice	Voice Message Sent
11/19/2019	3rd Message	11/14/2019	11/15/2019	Text	Test Message Sent
11/19/2019	3rd Message	11/14/2019	11/15/2019	Email	Mail Sent
11/19/2019	2nd Message	11/09/2019	11/10/2019	Voice	Voice Message Sent
11/19/2019	2nd Message	11/09/2019	11/10/2019	Text	Test Message Sent
11/19/2019	2nd Message	11/09/2019	11/10/2019	Email	Mail Sent
11/19/2019	1st Message	11/04/2019	11/04/2019	Voice	Voice Message Sent
11/19/2019	1st Message	11/04/2019	11/04/2019	Text	Test Message Sent
11/19/2019	1st Message	11/04/2019	11/04/2019	Email	Mail Sent

Photo Source: NextGen

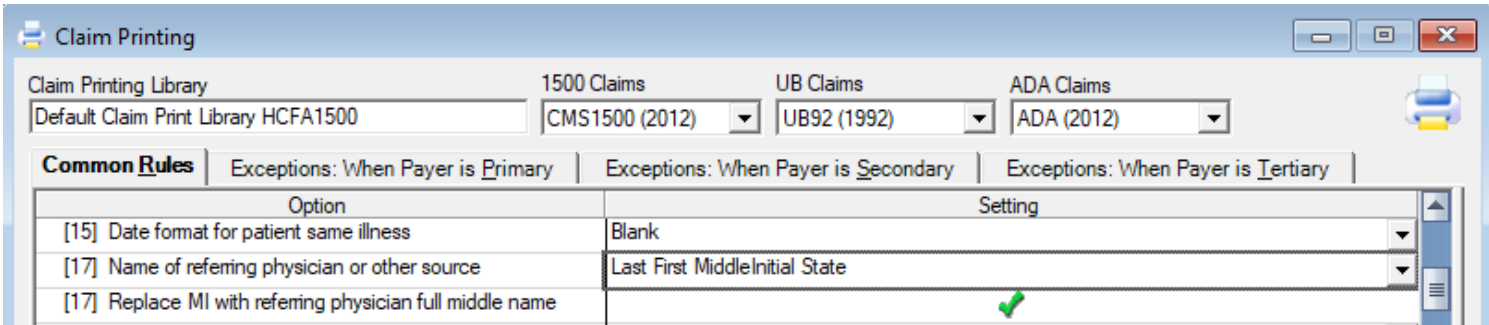



# Claim Form Updates

- UB-04 Three options to populate FL-38
  - Default value is Responsible party name/address
  - Populate Payer Name/Address
  - Blank
- Support 2019 ADA Paper Claim Form
  - Sunset ADA 2006
  - New Payer Policy number option added to Box 23 Patient ID and account number and Narrative w/o Charge Line Identifiers option added to Box 35 Remarks field ADA (2019) ADA (2012)

# Send Full Referring Provider Name

- Changes to Claim Print Library 1500 to replace middle initial with full middle name

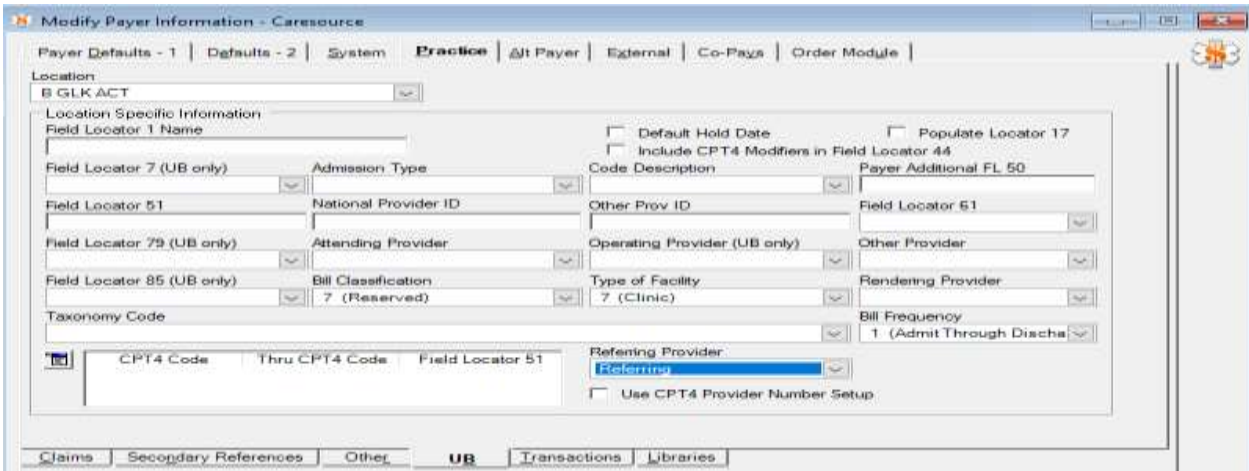


Option	Setting
[15] Date format for patient same illness	Blank
[17] Name of referring physician or other source	Last First MiddleInitial State
[17] Replace MI with referring physician full middle name	

- Referring provider name prints up to 24 characters in Box 17 of CMS 1500 (2012) System will truncate in this order State, Middle Name, First Name, and Last Name.

# EDI Claim Profile Send Full Referring Name

- Option to set up Professional, Institutional, and Dental Claims with Full Referring Physician Name
- Referring Provider middle name submits up to 25 characters in 837P, 837I, and 837D
- Referring Provider must be selected on UB tab in the Payer Master



Modify Payer Information - Caresource

Payer Defaults - 1 | Defaults - 2 | System | **Practice** | Payer | External | Co-Pays | Order Module

Location: B GLK ACT

Location Specific Information

Field Locator 1 Name

Field Locator 7 (UB only) | Admission Type | Code Description | Payer Additional FL 50

Field Locator 51 | National Provider ID | Other Prov ID | Field Locator 51

Field Locator 79 (UB only) | Attending Provider | Operating Provider (UB only) | Other Provider

Field Locator 85 (UB only) | Bill Classification | Type of Facility | Rendering Provider

Taxonomy Code | 7 (Reserved) | 7 (Clinic) | Bill Frequency | 1 (Admit Through Discharge)

CPT4 Code | Thru CPT4 Code | Field Locator 51 | Referring Provider: Referring

Use CPT4 Provider Number Setup

Claims | Secondary References | Other | **UB** | Transactions | Libraries

# EDI Claim Profile

EDI Claim Profile Maintenance

Effective Date: 01/01/2021    Expiration Date: 12/31/2099    Description: Default EDI Profile

Payer Rules for EDI

Use as default EDI rules for all payers

Valid Payers

Payer Name	Address

Professional | Institutional | Dental

Option	Setting
<b>General EDI Options</b>	
Send Service Facility Location Loop with POS 99 Details	
<b>2300 EDI Options</b>	
Send 2310A Referring Provider Full Middle Name	
<b>2400 EDI Options</b>	
Send 2420A Rendering Provider Loop	
Send 2420C Service Facility Location Loop	

Professional | Institutional | Dental

Option	Setting
<b>2300 EDI Options</b>	
Send 2310F Referring Provider Full Middle Name	
<b>2400 EDI Options</b>	
Send 2420C Rendering Provider Loop	

Professional | Institutional | Dental

Option	Setting
<b>2300 EDI Options</b>	
Send 2310A Referring Provider Full Middle Name	
<b>2400 EDI Options</b>	
Send 2420A Rendering Provider Loop	
Send 2420D Service Facility Location Loop	



# CHC TOB/Discharge Status UB Claim Print

Currently if patient discharge status is populated in Encounter Maintenance it only is Included in electronic claims

- By default this will be disabled
- Billed and Rebilled claims will populate correct Patient discharge value in [FL17] and correct resubmission code

Claim Printing Library: Medicare Claim Print | 1500 Claims: CMS1500 (2012) | UB Claims: UB04 (2004) | ADA Claims: ADA (2019)

Common Rules | Exceptions: When Payer is Primary | Exceptions: When Payer is Secondary | Exceptions: When Payer is Tertiary

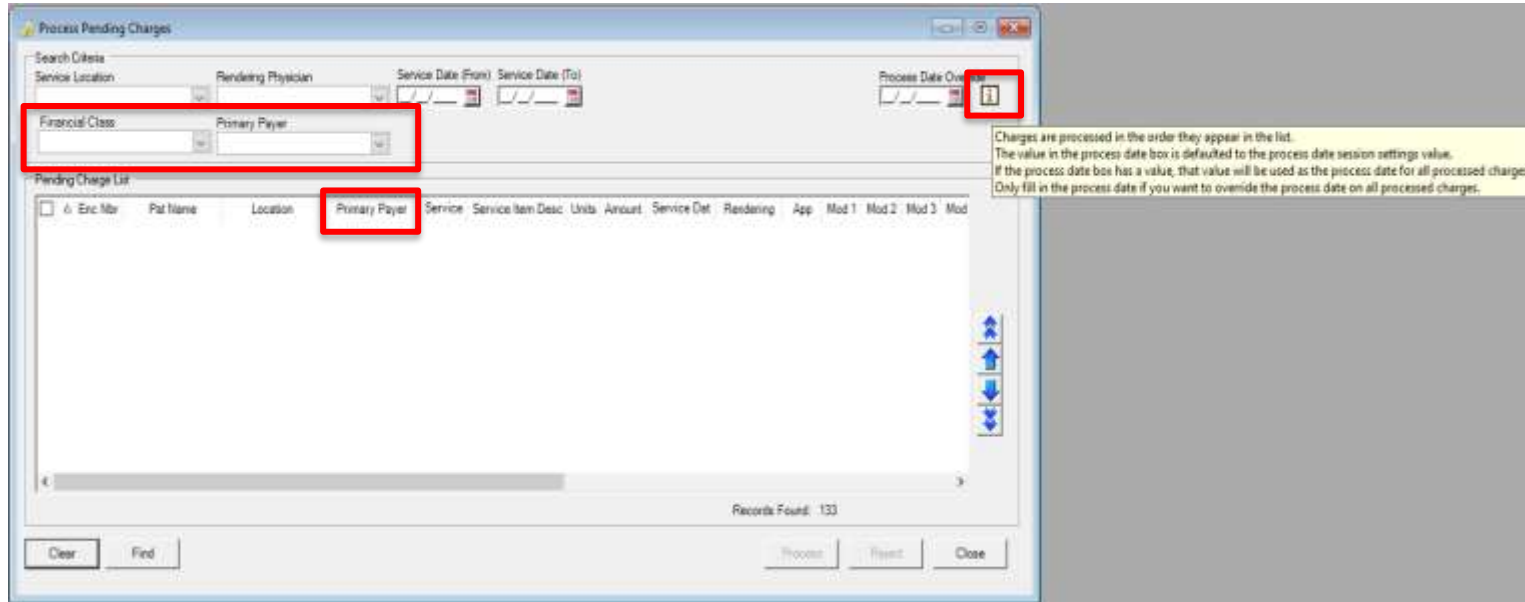
Option	Setting
[FL1] Billing/Location address	
[FL2] Billing/Location address	
[FL3a] Patient Control Number	
[FL3b] Medical Record Number	
[FL4] 4 Digit Bill Type	
[FL8a] Patient Name	
[FL9e] Country Code	
[FL17] Populate Patient Discharge status from Encounter Maintenance	✓
[FL30] Delay Reason Code	
[FL37] Unassigned UB Field	
[FL38] Resp Party/Address	Resp party name/address
[FL42] Four-digit Claim Total Rev Code	

Selections made for fields on this tab will apply regardless of whether the payer this library is associated with is Primary, Secondary, or Tertiary.

WhoWhen | Default to Payers | OK | Cancel | Hide Library

# Process Pending Charges

- Filters for Primary Payer and Financial Class have been added  
Information Icon. These Filters are not available on the BBP.



Charges are processed in the order they appear in the list.  
The value in the process date box is defaulted to the process date session settings value.  
If the process date box has a value, that value will be used as the process date for all processed charges.  
Only fill in the process date if you want to override the process date on all processed charges.

Records Found: 133



# CA Medicaid Managed Care Paper Claims

- Certain payers require the NDC number with N4 Qualifier without description in Box 24A, Basis of Measure and Charge Quantity 24D upper portion of the CMS 1500 2012.
- If only certain Payers have this requirement, copy your existing claim print Library to make the required changes. Then attach the new claim print library to the appropriate payers.

[24] Display supplemental data qualifier	
[24] Supplemental charge-related data to display above line	NDC basis of measure/charge units(N4)(Column D)

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL.	J. RENDERING PROVIDER ID.#
	From	To							CPT/HCPCS	MODIFIER							
MM	DD	YY	MM	DD	YY												
N400555087302								UN0000100000								1234567	
03	10	2020	03	10	2020	11		J1050			A	150 00	100		NPI		

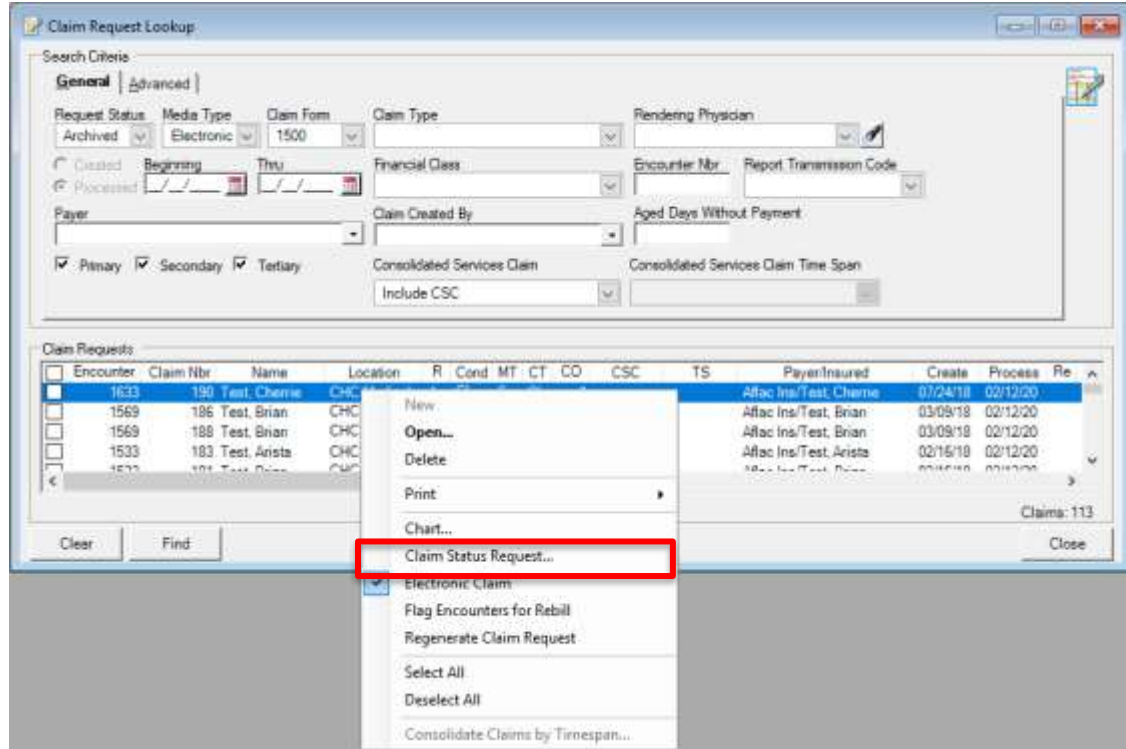


# Fields Added to Claim Request Report

- Since Claim Modifier Library adds modifiers to Claims based on rules we need a report to review the detail information. This report will now include the following
  - CPT4 Codes
  - Diagnosis Codes
  - Modifiers
  - Dates of Service
  - Charge Amount
  - Rendering Provider

# Claim Status Request

- Request can be made for Archived Electronic Claims
  - Institutional
  - Professional
  - Dental

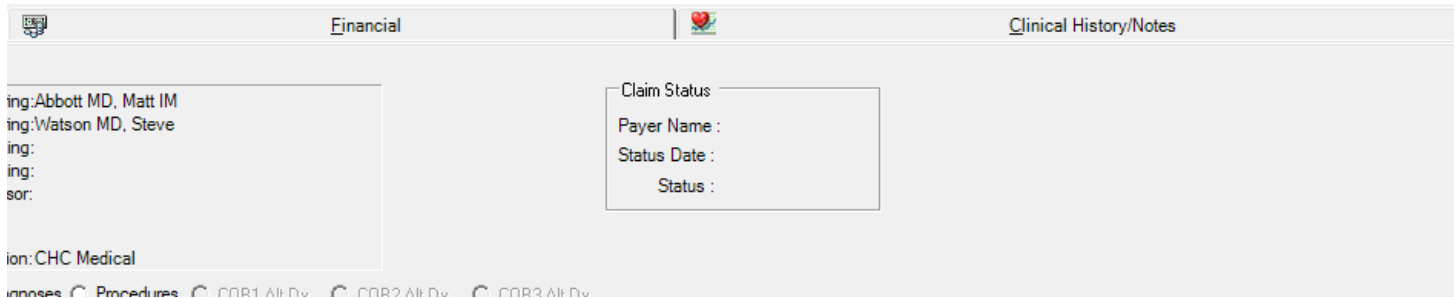


The screenshot shows the 'Claim Request Lookup' application window. The 'Search Criteria' section includes fields for Request Status (set to 'Archived'), Media Type (set to 'Electronic'), Claim Form (set to '1500'), Claim Type, Rendering Physician, Financial Class, Encounter Nbr, Report Transmission Code, Payer, Claim Created By, Aged Days Without Payment, Consolidated Services Claim (set to 'Include CSC'), and Consolidated Services Claim Time Span. The 'Claim Requests' table lists several rows with columns for Encounter, Claim Nbr, Name, Location, R, Cond, MT, CT, CO, CSC, TS, Payer/Insured, Create, Process, and Re. A context menu is open over the table, with 'Claim Status Request...' highlighted in a red box. Other menu items include New, Open..., Delete, Print, Chart..., Electronic Claim, Flag Encounters for Rebill, Regenerate Claim Request, Select All, Deselect All, and Consolidate Claims by Timespan...

Encounter	Claim Nbr	Name	Location	R	Cond	MT	CT	CO	CSC	TS	Payer/Insured	Create	Process	Re
1633	190	Test, Cherie	CHC								Affac Ins/Test, Cherie	07/24/18	02/12/20	
1569	186	Test, Brian	CHC								Affac Ins/Test, Brian	03/09/18	02/12/20	
1569	188	Test, Brian	CHC								Affac Ins/Test, Brian	03/09/18	02/12/20	
1533	183	Test, Arista	CHC								Affac Ins/Test, Arista	02/16/18	02/12/20	

# Claim Status in Patient Chart

- Created new report design
- New Claim Status Report
- Historical transactions in Clinical History/Notes
- Submit claim status request from Encounter
- Display claim status information in the encounter
- Updated logic of sending Billing or Rendering/Attending provider in 2100C Loop



The screenshot shows a patient chart interface with two tabs: "Financial" and "Clinical History/Notes". The "Financial" tab is active and displays a list of providers on the left and a "Claim Status" form on the right.

**Financial Tab:**

- ing:Abbott MD, Matt IM
- ing:Watson MD, Steve
- ing:
- ing:
- ing:
- ion:CHC Medical

**Clinical History/Notes Tab:**

- Processes
- Procedures
- COB1 All De
- COB2 All De
- COB3 All De

**Claim Status Form:**

- Claim Status
- Payer Name :
- Status Date :
- Status :

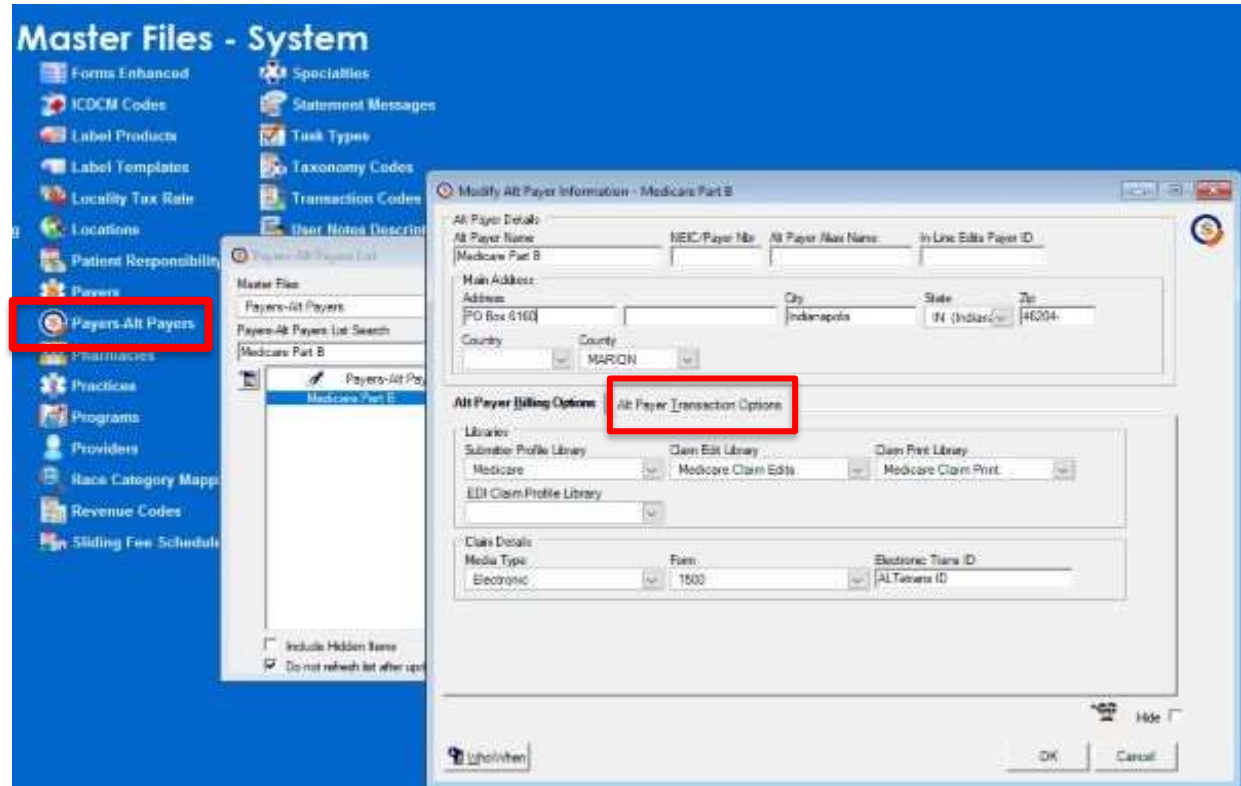


# New Alt Payer Master File

- All existing Alt Payers are migrated to this new Master File
- Updated the Alt Payer tab in the Payer Master File to allow multiple Alt Payer Carve Out Criteria
- Enhanced claim generation capabilities to split charges for a single encounter to create claims for multiple payers
- Enhanced PM to accept payments from multiple Alt payers for a single encounter
- Reporting on Alt Payer

# Payers-Alt Payers

- New option in System Master Files
- Existing Alt Payers will migrate over

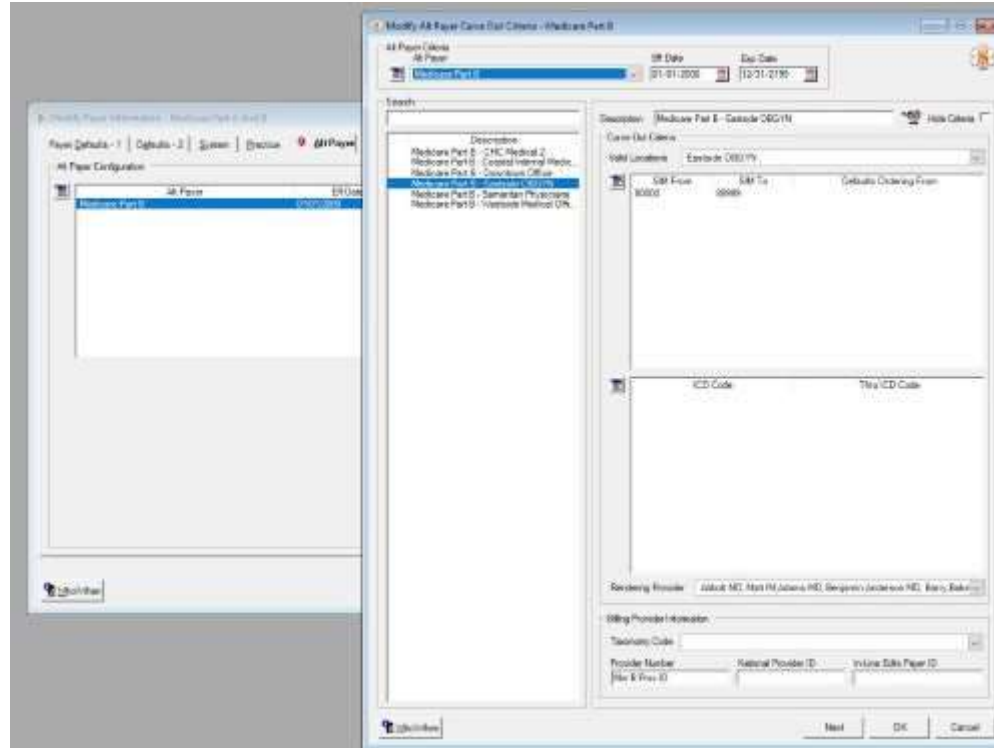


The screenshot displays the 'Master Files - System' application interface. The left sidebar contains various menu items, with 'Payers-Alt Payers' highlighted in a red box. The main window shows a 'Modify Alt Payer Information - Medicare Part B' dialog box. This dialog box has several sections: 'Alt Payer Details' with fields for 'Alt Payer Name', 'NEC/Payer No.', 'Alt Payer /Alt Name', and 'In Line Edit Payer ID'; 'Main Address' with fields for 'Address', 'City', 'State', and 'Zip'; 'County' with a dropdown menu set to 'MARION'; 'Alt Payer Billing Options' with a dropdown menu set to 'Alt Payer Transaction Options'; and 'Claim Details' with fields for 'Media Type', 'Form', and 'Electronic Trans ID'. The 'Luhovits' logo is visible at the bottom left of the dialog box, and 'OK' and 'Cancel' buttons are at the bottom right.



# Payer Master Changes

- Alt Payer Tab can now have multiple payers selected and defined to split the charges to multiple claims
- New Alt Payer configuration report



# Alt Payer Changes in PM

- Visual indicator on the insurance tab that will list the Alt Payers associated
- Payment entry will also display all Alt Payers

**Patient Information**

**Encounter Insurance**

Insurance	Payment	Adjustment	Policy Nbr	Insured	Ci
Medicare Part A And B		-\$225.00	123456789A	McGhee, Tammi	

Patient

Group Name:  
Group Number:  
Contact:  
Contact Phone:  
Contact Fax:

Verification

Benefits Assigned

Release of Info: Yes, Signed Stmt Perm Rel

Required  
Notified By:  
ication Date:  
Required  
Verified By:  
ication Date:  
quired  
tion Number:  
quired  
rral Number:  
Submit Date:  
ibility Status:  
CMN Form:  
/Casualty #:

**Financial**

**Insurance Information**

Insured: McGhee, Tammi  
Payer: Medicare Part A And B  
Insured SSN: ###-##-5555  
Insurance Type: Medicare Part B  
Financial Class: Medicare  
Managed Care Plan:  
NEIC Number:  
Claim Type: Medicare Part B  
Claim Edit Library: Default Claim Edits (default)  
Claim Print Library: Default Claim Print Library  
Encounter Rate Library:  
Reason Code Library:  
Remittance Profile Library: default\_Default Remittance...  
Submitter Profile Library: Medicare  
Place of Service Library:  
Type of Service Library:  
Eligibility Profile Library: (default)

**Alternate Payer Details**

Alt Payer	Eff Date	Exp Date
Medicare Part B	01/01/2000	12/31/2199

Source/Acct: Encounter | McGhee, Tammi

Patient/MRN: McGhee, Tammi | 441

Enc/Clm #: 2673 03/30/2021 Billed CHC Medical | Resub #:

Payer: | Clm Reasons:

Tracking: Medicare Part A And B/McGhee, Tammi | Act Credit:

Date: Medicare Part B/McGhee, Tammi (ALTERNATE) | ic Credit:

Pay Amt: | Patient | Pay Code:

Adj Amt: | | Adj Code:

Next Open

# BBP Print Custom Claim Forms

- If you have built Forms or Forms Enhanced to attach to the Payer to meet specific Paper Claim requirements, you can now set that up as a Job on the BBP.

Job Properties

Job number: 9

Job name: Print Forms

Job type: Print Pending Paper Claims

Run as practice: NextGen Medical Practice

Upon completion: Do not notify

Notification e-mail: (separated by commas)

Available NextGen Users and Groups: <Click to select Mail Recipient(s)>

Settings | Practices

Setting Name	Value
Claim Print Action	
Claim Form	
Claim Type	ADA 2013 ADA 2012 CMS1500 (2005) CMS1500 (2012) UB04 UB03
Rendering Physician	
Financial Class	
Primary	
Secondary	Custom Claim Form
Tertiary	Yes
Claim Request Create Date From/To	
Update "Pending" to "Archived" Status	Yes

Run this job in debug mode (PM-related jobs only)

Log all SQL for this job (PM-related jobs only)

OK Cancel

# BBP Print Statement Option

- New option to Print/Export Statements when Exceptions Exist.

The screenshot shows the 'Job Properties' dialog box with the following fields and settings:

- Job number: 2
- Job name: Statements
- Job type: Statements
- Run as practice: NextGen Medical Practice
- Upon completion: Do not notify
- Notification e-mail: (separated by commas)
- Available NextGen Users and Groups: [Click to select Mail Recipient\(s\)](#)
- Settings: Practices

Setting Name	Value
Statement Run Report: Snapshot Name	
Check for Statement Exceptions?	Yes
Print/Export Statements when Exceptions Exist?	Yes
Statement Exception Report: Printer Name	
Statement Exception Report: Export Format	
Statement Exception Report: Export File Name	
Statement Exception Report: Export Overwrite Option	Add a timestamp to the file name (filename_yyyyymmdd@format.ext)
Statement Exception Report: Email Export File To	
Statement Exception Report: Save Snapshot	No
Statement Exception Report: Snapshot Name	

At the bottom of the dialog, there are checkboxes for 'Run this job in debug mode (PM-related jobs only)' and 'Log all SQL for this job (PM-related jobs only)', along with 'OK' and 'Cancel' buttons.



# Tracking Contract ERA Payment Discrepancies Reason Codes

- New setting Default for Contract <>Era Payment Amount
- New Task Type Auto Creation Action - Payment Received but not for the contractual reimbursement amount
- New column on Contractual Analysis report - Diff TP Pay Amt
- Build New Custom Reason Code and designate valid PR codes to balance to the allowed amount
- Functionality only applies if it is an ERA Payment and the Primary Payer

# Create New Custom Reason Code

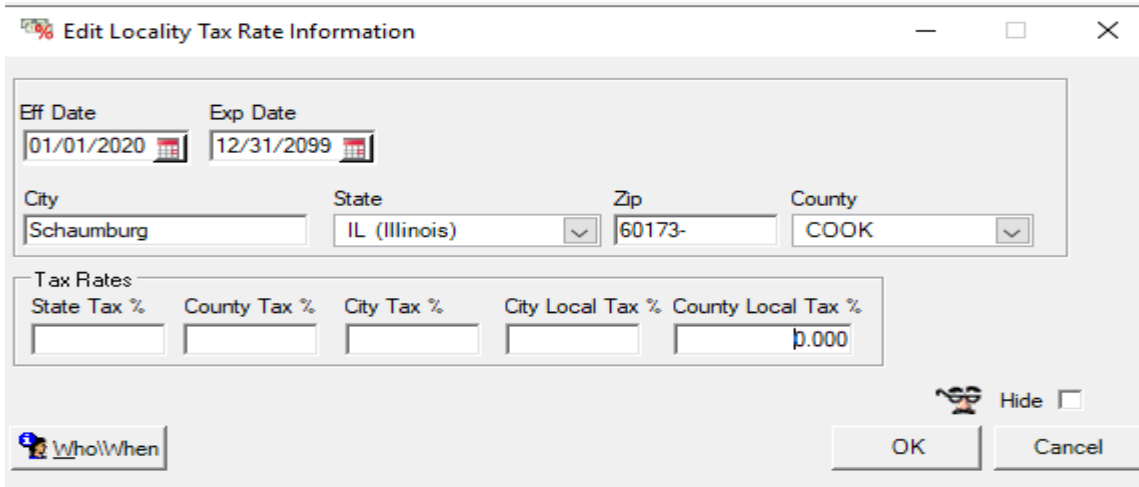
- Create New reason code and select PR codes as desired
- To hold the balance in the Primary bucket set the Transaction Status
- Address Reason Code Priority so the new code is higher than the PR codes you have tied in



ERA PR amount + Paid amount = Contract Reimbursement amount;  
if not, the custom Reason Code will insert onto the ERA Transaction

# Tax Rate Changes

- NextGen as added a fifth field to allow the capture of County Local Tax



The screenshot shows a dialog box titled "Edit Locality Tax Rate Information". It contains the following fields and controls:

- Eff Date:** 01/01/2020 (with a calendar icon)
- Exp Date:** 12/31/2099 (with a calendar icon)
- City:** Schaumburg
- State:** IL (Illinois) (dropdown menu)
- Zip:** 60173-
- County:** COOK (dropdown menu)
- Tax Rates:**

State Tax %	County Tax %	City Tax %	City Local Tax %	County Local Tax %
				0.000
- Who/When:** A field with a user icon and a timestamp.
- Buttons:** OK, Cancel, and a Hide checkbox with a magnifying glass icon.

# Tax Rate

- You will find this new field in each of the Tax Rate Libraries and reports

**Add/Modify Tax Rate**

Tax Rate Description  
Eye Glass

Eff Date: 01/01/2000 Exp Date: 12/31/2009  Apply Tax Rate From Local

Tax Line	SIM	Tax Rate Percent	
	State	7.000	Maps to State in locality tax
<input checked="" type="checkbox"/> Additional Tax Line	County	4.000	Maps to County in locality tax
<input checked="" type="checkbox"/> Additional Tax Line	City	8.000	Maps to City in locality tax
<input checked="" type="checkbox"/> Additional Tax Line	Local	4.000	Maps to City Local in locality tax
<input checked="" type="checkbox"/> Additional Tax Line	Col	5.000	Maps to County Local in locality tax

**Tax Rate Configuration**

Valid Payers

Valid Payers	Payer	Address
<input checked="" type="checkbox"/>	Medicare	Ho Box 6160 Indianapolis, IN 46204

Include ALL data not equal to the selected records  
 Include Self Pay Encounters/Invoices  
 Apply Tax Rate at Encounter/Invoice Level  
 Apply Tax Rate at Line Item Level

Valid Service Items

Valid Service Items	SIM	SIM Description
<input checked="" type="checkbox"/>	V2020	VISION SVCS FRAME'S PURCHASES

Include ALL data not equal to the selected records

Who/When

**Tax Exemption Library**

Tax Exemption Name  
Exemption

State: Location:

Search:

SIM	Desc
99211	Office

Tax Exempt SIMs

Service Item #	CPT4 Code	Description
99211	99211	Office/outpatient visit, est, minimal

Eff Date: Exp Date: Locations: Tax 1 Tax 2 Tax 3 Tax 4 Tax 5

Tax Exempt SIMs Setup

Service Item #	CPT4 Code	Description
99212	99212	Office/outpatient visit, est, prob fac

Effective Date: 01/01/2000 Expiration Date: 12/31/2009

Location: CHC Medical

Tax 1	Tax 2	Tax 3	Tax 4	Tax 5
				<input checked="" type="checkbox"/>

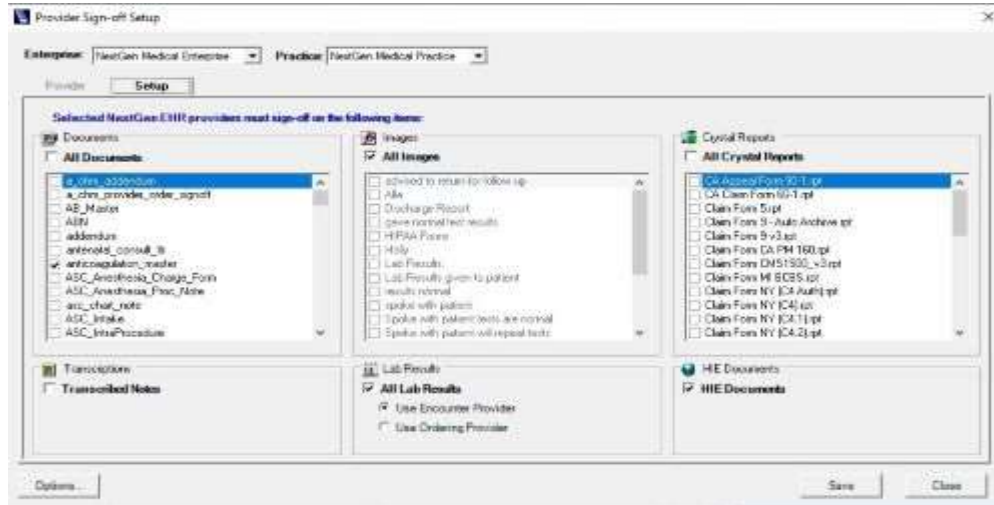
Next OK Close

Who/When



# Claim Edits Linked With EHR!

- These are the first claim edits that cross reference information in EHR
- Start with set up in System Administrator identifying the Documents or Reports that require sign off





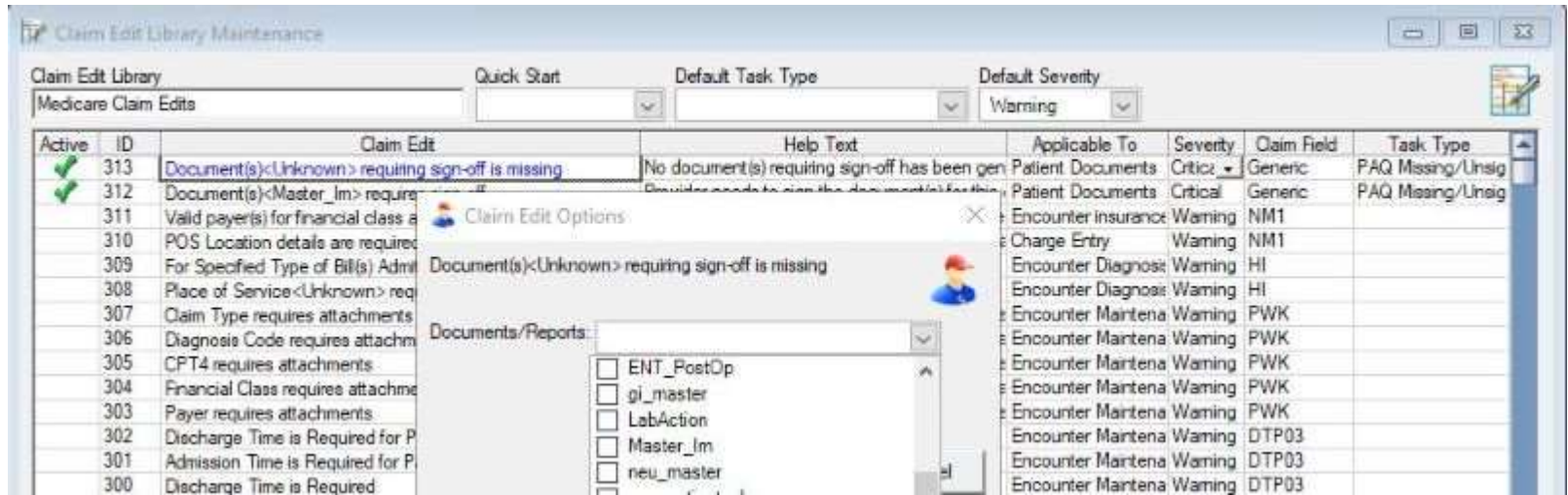
# Claim Edit 312 Document Requires Sign Off

- Enable Claim Edit, Select desired documents, set Severity, Optionally add Task Type.

Active	ID	Claim Edit	Help Text	Applicable To	Severity	Claim Field	Task Type
	313	Document(s)<Unknown> requiring sign-off is missing	No document(s) requiring sign-off has been gen	Patient Documents	Warning	Generic	
✓	312	Document(s)<Unknown> requires sign-off	Provider needs to sign the document(s) for this	Patient Documents	Critical	Generic	PAQ Missing/Unsig
	311	Valid payer(s) for financial class and	Correct the payer for the financial class and the	Encounter insurance	Warning	NM1	
	310	POS Location details are required w		arge Entry	Warning	NM1	
	309	For Specified Type of Bill(s) Admitti		ccounter Diagnosis	Warning	HI	
	308	Place of Service<Unknown> require		ccounter Diagnosis	Warning	HI	
	307	Claim Type requires attachments		ccounter Maintena	Warning	PWK	
	306	Diagnosis Code requires attachment		ccounter Maintena	Warning	PWK	
	305	CPT4 requires attachments		ccounter Maintena	Warning	PWK	
	304	Financial Class requires attachments		ccounter Maintena	Warning	PWK	
	303	Payer requires attachments		ccounter Maintena	Warning	PWK	
	302	Discharge Time is Required for Patie		ccounter Maintena	Warning	DTP03	
	301	Admission Time is Required for Patie		ccounter Maintena	Warning	DTP03	
	300	Discharge Time is Required		ccounter Maintena	Warning	DTP03	

# Claim Edit 313 Document Missing

- Enable Claim Edit, Select desired documents, set Severity, Optionally add Task Type.

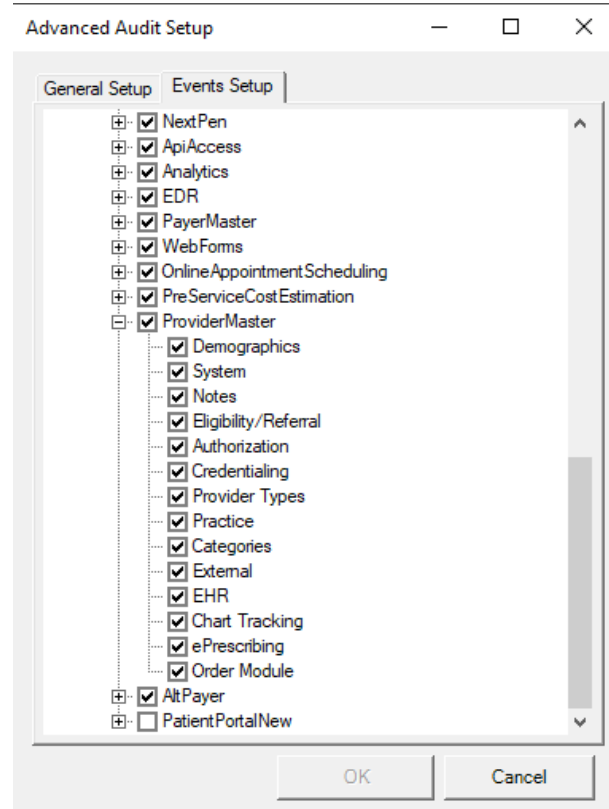


The screenshot shows the 'Claim Edit Library Maintenance' window. At the top, there are fields for 'Claim Edit Library' (Medicare Claim Edits), 'Quick Start', 'Default Task Type', and 'Default Severity' (Warning). Below these is a table with columns: Active, ID, Claim Edit, Help Text, Applicable To, Severity, Claim Field, and Task Type. Row 313 is highlighted, showing 'Document(s)<Unknown> requiring sign-off is missing' with a severity of 'Critical' and task type 'PAQ Missing/Unsig'. A modal dialog titled 'Claim Edit Options' is open, showing a 'Documents/Reports' dropdown and a list of checkboxes: ENT\_PostOp, gi\_master, LabAction, Master\_Im, and neu\_master.

Active	ID	Claim Edit	Help Text	Applicable To	Severity	Claim Field	Task Type
✓	313	Document(s)<Unknown> requiring sign-off is missing	No document(s) requiring sign-off has been gen	Patient Documents	Critical	Generic	PAQ Missing/Unsig
✓	312	Document(s)<Master_Im> require	Provider needs to sign the document(s) for this	Patient Documents	Critical	Generic	PAQ Missing/Unsig
	311	Valid payer(s) for financial class a		Encounter insurance	Warning	NM1	
	310	POS Location details are required		Charge Entry	Warning	NM1	
	309	For Specified Type of Bill(s) Admi	Document(s)<Unknown> requiring sign-off is missing	Encounter Diagnosis	Warning	HI	
	308	Place of Service<Unknown> req		Encounter Diagnosis	Warning	HI	
	307	Claim Type requires attachments		Encounter Maintena	Warning	PWK	
	306	Diagnosis Code requires attachm		Encounter Maintena	Warning	PWK	
	305	CPT4 requires attachments		Encounter Maintena	Warning	PWK	
	304	Financial Class requires attachme		Encounter Maintena	Warning	PWK	
	303	Payer requires attachments		Encounter Maintena	Warning	PWK	
	302	Discharge Time is Required for P		Encounter Maintena	Warning	DTP03	
	301	Admission Time is Required for P		Encounter Maintena	Warning	DTP03	
	300	Discharge Time is Required		Encounter Maintena	Warning	DTP03	

# Advanced Audit Provider Master File

- Ensure that Advanced Auditing is Enabled on the General Tab Under View > Advanced Audit Setup in System Admin
- On the Events Setup Tab Confirm Provider Master and items below are selected





**Is the Upgrade Needed?**

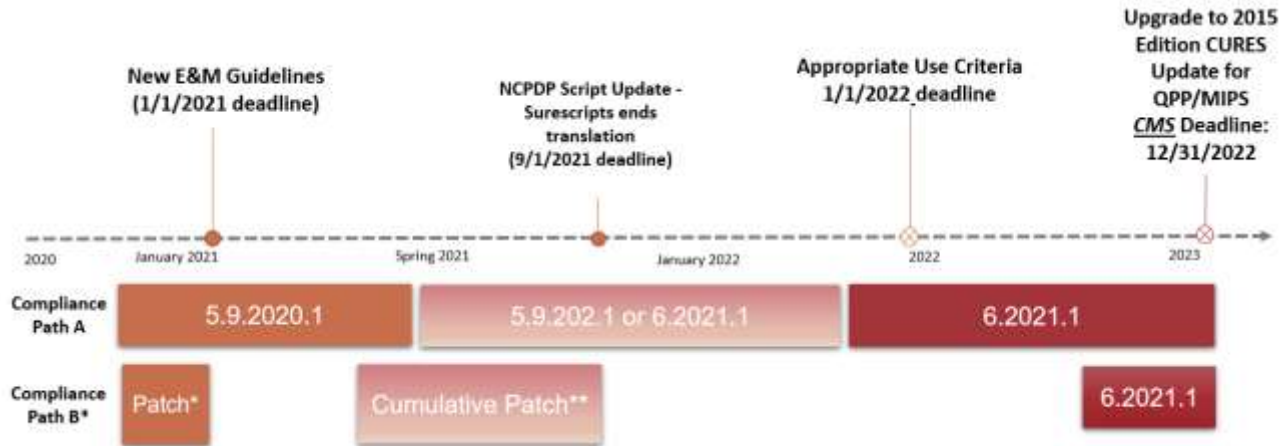


# Do We Need to Upgrade?

- After reviewing all of this, it might seem like a daunting task. Do we really need to upgrade? Answer: **YES!**
- Staying current on your NextGen upgrades is imperative to your clinics overall success and to ensure compliance for regulatory needs.
- On the technical side of things, it can be costly to not upgrade. Microsoft sunsets support for their products and you have to pay extra for extended support. Stay current and save those \$\$!
- The longer you wait to upgrade, the more versions you are behind, the harder it is to upgrade.
- 1 upgrade per year should be every organizations goal!

# Need More Reasons to Upgrade NextGen?

- Practices will need to fully upgrade to 6.2021.1 and implemented by 12/31/22. (CURES certification requirement)
- NextGen® Patient Experience Platform
  - The foundation of the NextGen Patient Experience Platform is the NextGen® PxP Portal and must be upgraded in tandem with NextGen Enterprise Spring '21



# Q&A