
FOR IMMEDIATE RELEASE

NEXTGEN HEALTHCARE REVEALS RESULTS OF ITS RCM SURVEY

Study Aims to Identify Opportunities for Practices to Improve Efficiencies and Bolster Revenue

Horsham, Pa. – February 18, 2015 – [NextGen Healthcare Information Systems, LLC.](#), a wholly owned subsidiary of [Quality Systems, Inc.](#) (NASDAQ: QSII) and a leading provider of healthcare information systems, services and connectivity solutions announced today the results of its RCM Survey Report: [What's Happening Behind the Billing Office Door.](#)

NextGen Healthcare recently conducted a survey among practices across the nation to gain deeper insight into the current state of revenue cycle management (RCM) across various medical practices. Participating practices included both NextGen Healthcare clients and non-NextGen Healthcare clients, spanning varying specialties, staff size, and locations. The survey results reflect the operational and financial metrics provided by each of them.

The RCM Survey evaluated several high-level metrics including: net collection percentages; first-pass clean-claim rate; average days in A/R; and, outstanding collections for 120+ days.

The survey revealed that many medical practices fell short of best practice benchmarks and are potentially missing opportunities to optimize revenue.

Survey results found that:

- Across both the practices that handled billing in-house and those that outsourced, the use of automation in the revenue management process was popular.
- Nearly half of practices reported having just one person handling the denial resolution process.
- On a scale of 1-10, only 15 percent of those surveyed rated their practices' denial follow-up and resolution abilities as a "10" or "Excellent." Thirty-one percent of practices rated their abilities between 1-5.
- 35 percent of incoming calls from patients are regarding billing issues.
- Only four percent of practices rated their abilities around electronic claims submissions as "Excellent." And only 10 percent assigned that rating to their ability to check every Explanation of Benefit and Procedure CPT code to ensure they are paid according to contracts.

“The rationale behind this survey is to assist practices everywhere with the assessment of their own RCM metrics while identifying opportunities to make improvements and optimize revenue,” explained [Monte Sandler](#), executive vice president of NextGen RCM Services. “Setting operational best practices can help healthcare organizations quickly identify areas in need of improvement and, with a team of 900+ billing and practice management experts, NextGen RCM Services comprises the right people, processes and technology to help practices best optimize revenue and improve organization-wide efficiency.”

To download the RCM Survey Report: ‘What’s Happening Behind the Billing Office Door,’ click [here](#). To get a snap shot, download the RCM Survey Report infographic, [here](#).

About NextGen Healthcare

NextGen Healthcare Information Systems, LLC, a wholly owned subsidiary of Quality Systems, Inc., provides integrated clinical, connectivity and financial solutions, including revenue cycle management services for ambulatory, inpatient and dental provider organizations. For more information, visit www.nextgen.com and www.qsii.com. Follow us on [Twitter](#), [Facebook](#), [LinkedIn](#) and [YouTube](#).

About Quality Systems Inc

Irvine, Calif.-based Quality Systems, Inc. and its NextGen Healthcare subsidiary develop and market computer-based practice management, electronic health records and revenue cycle management applications as well as connectivity products and services for medical and dental group practices and small hospitals. Visit www.qsii.com and www.nextgen.com for additional information.

Contacts:

For Media and Public Relations Inquiries Contact:

NextGen Healthcare
Michelle Rovner, 215-657-7010
mrovner@nextgen.com

For Investor Relations Inquiries Contact:

Quality Systems, Inc.
Susan J. Lewis, 954-389-3700
slewis@qsii.com

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cause the anticipated results to differ from those described in the forward-looking statements include the possibility that products will not achieve or sustain market acceptance; the impact of incentive payments under The American Recovery and Reinvestment Act on sales and the ability of the Company to meet continued certification requirements; the development by competitors of new or superior technologies; the timing, cost and success or failure of new product and service introductions, development and product upgrade releases; undetected errors or bugs in our software; changing economic, political or regulatory influences in the healthcare industry; availability of third-party products and components; competitive pressures including product offerings, pricing and promotional activities; the Company's ability or inability to attract and retain qualified personnel; possible regulation of the Company's software by the U.S. Food and Drug Administration; and general economic conditions. Additional risks and uncertainties are set forth in the Company's public filings with the U.S. Securities and Exchange Commission, including the discussion under the heading "Risk Factors" in the Company's most recent Annual Report on Form 10-K and any subsequent Quarterly Reports on Form 10-Q. The Company expressly disclaims any intent or obligation to update these forward-looking statements except as required by law.

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