USER GROUP MEETING
Mandalay Bay, Las Vegas | November 1-4, 2015

NEXTGEN® HEALTHCARE
Presenter(s):
Kyle Evans
Renee’ Schilling

Topic
Common Mistakes Costing you Revenue

Level
100
Safe Harbor Provisions/Legal Disclaimer

This presentation may contain forward-looking statements within the meaning of the federal securities laws, including statements concerning future prospects, events, developments, the Company’s future performance, management’s expectations, intentions, estimates, beliefs, projections and plans, business outlook and product availability. **These forward-looking statements do not represent a commitment, promise or legal obligation to deliver any material, code or functionality. The development, release and timing of any features or functionality described for our products remains at our sole discretion. Future products developed beyond what is contemplated by existing maintenance agreements, will be priced separately. This roadmap does not constitute an offer to sell any product or technology.** We believe that these forward-looking statements are reasonable and are based on reasonable assumptions and forecasts, however, undue reliance should not be placed on such statements that speak only as of the date hereof. Moreover, these forward-looking statements are subject to a number of risks and uncertainties, some of which are outlined below. As a result, actual results may vary materially from those anticipated by the forward-looking statements. Among the important factors that could cause actual results to differ materially from those indicated by such forward-looking statements are: the volume and timing of systems sales and installations; 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 software; changing economic, political or regulatory influences in the health-care industry or applicable to our business; changes in product-pricing policies; 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; uncertainties concerning threatened, pending and new litigation against the Company; general economic conditions; and the risk factors detailed from time to time in the Company’s periodic reports and registration statements filed with the Securities and Exchange Commission.
The Patient Visit

- Patient Check in
- Physician Encounter
- Charge Generation
- Benefit Verification
- Check out

Revenue
Leveraging Your Practice’s Front Office
Three simple strategies to increase your cash Flow
Verify Patient Information

At Appointment Scheduling:

- Confirm Demographics
- Confirm Insurance
Verify Patient Information

Before the Visit:
- Run eligibility check on all insurance
- Review benefits for expected service(s)
- Notify patient of financial responsibility

Appointments Listing
From 9/1/2015 to 9/30/2015

<table>
<thead>
<tr>
<th>Access</th>
<th>Appt Dt</th>
<th>Beg Tm</th>
<th>End Tm</th>
<th>Dur</th>
<th>RTS Status</th>
<th>RTS Resp Stat</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea D. Pedano</td>
<td>09/01/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/02/2015</td>
<td>10:20 A</td>
<td>10:40 A</td>
<td>20</td>
<td>Successful</td>
<td>Mixed</td>
<td>Doctor Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/03/2015</td>
<td>10:20 A</td>
<td>10:40 A</td>
<td>20</td>
<td>Successful</td>
<td>Mixed</td>
<td>Doctor Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/04/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/09/2015</td>
<td>10:20 A</td>
<td>10:40 A</td>
<td>20</td>
<td>Successful</td>
<td>Mixed</td>
<td>Doctor Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/09/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/14/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/15/2015</td>
<td>3:00 A</td>
<td>3:20 A</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Follow UP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/15/2015</td>
<td>10:20 A</td>
<td>10:40 A</td>
<td>20</td>
<td>Successful</td>
<td>Mixed</td>
<td>Doctor Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/16/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/24/2015</td>
<td>12:00 P</td>
<td>12:20 P</td>
<td>20</td>
<td>Successful</td>
<td>N/A1</td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/28/2015</td>
<td>2:00 A</td>
<td>2:40 A</td>
<td>20</td>
<td>Successful</td>
<td>Active</td>
<td>Sick</td>
<td></td>
</tr>
</tbody>
</table>
Verify Patient Information

At Check-In:

- Scan patient’s identification card and insurance card
- Collect patient balance
Collect at Time of Service

- Provide Patient
- Explanation of Benefits
- Patient Statement/Ledger
- Benefits Summary, along with unmet Deductible
Make It Easy for Patient to Pay

Encourage payment options by using Budget Plans
Make It Easy for Patient to Pay

Retain Credit Card on File
Leveraging Your Practice’s Back Office
Service Provided

**Charge Entry**
- Automated
- Eliminate Charge Lag

**Charge Review**
- Payer Requirements
- Modifiers where appropriate
- Payers are attached

**Charge Audit**
- Kept Appointment with no charges Report
- Unbilled Encounters Report

NEXTGEN CONFIDENTIAL–NOT FOR DISTRIBUTION Copyright © 2015 NextGen Healthcare Information Systems, LLC
Claim Filed

Claim Edits
- Payer Specific Edits
- Third Party Custom Edits (RTE)
- Tasking

Claim Reconciliation
- Claims submitted should be reconciled with the claims received by the clearinghouse/payer
- Payer acknowledgements
- Online Claim Status
Claim Filed

Denial Management

- HIPAA x12 Reason Code Library-Shorten Descriptions
- Should be addressed daily
- Protocols for Reason Codes
- Reporting
Payment Received

Payment Reconciliation

ERA and EFT where possible

Confirmation that the ERA & EFT hit the bank

Payment Posted are balanced to the funds received
Payment Received

Audit Posting

Review Payments and adjustments for accuracy

Use Transaction Approval Task
Payment Received

Contract Analysis

Were you paid according to contract?  
Were you paid above your cost?
Session Survey

Please take a moment to complete a brief survey regarding this session.

1. Open your ONE UGM Mobile App (please note: you must have already logged in and accepted the “Terms of Use” to access this feature)
2. Click the **Navigation Button** at the top left of the screen
3. Select “**Sessions**”
4. **Search** for and select this session
5. From the sessions details screen, select “**Survey**” at the bottom right of the screen
6. Remember to hit “**Save**” at the bottom of the survey once you have answered the questions
Any Questions?