

# NextGen<sup>®</sup> Practice Management Billing and Collections User Guide

*Version 5.8*

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The following terms may be used interchangeably throughout this document:

- › NextGen Ambulatory EHR and NextGen EHR
- › NextGen Practice Management and NextGen EPM
- › NextGen Optical Management and NextGen Optik
- › NextGen Document Management and NextGen ICS
- › NextGen Patient Portal and NextMD
- › NextGen Remote Patient Chart Synchronization and NextGen PatientSync
- › NextGen Real Time Services and NextGen Real-time Transaction Server
- › NextGen CHS and NextGen HIE

## *Document Revision History*

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## CHAPTER 1

# Introduction

This section provides information about the organization and purpose of the *NextGen Practice Management Billing and Collections Guide*. It provides a general overview of the topics covered in this guide, defines the audience, and lists assumptions about the level of knowledge required for this guide.

## About This Guide

The *NextGen Practice Management Billing and Collections Guide* provides the information you need to bill encounters and collect delinquent balances in the NextGen Practice Management application.

This guide is intended for any person who works for your practice and has the proper authorization (User ID and Password) to log in and use the application. Each practice could have different standards and internal procedure; therefore, NextGen Practice Management users might have diverse rights and permissions for the use of the application. Your System Administrator should assist all users with the setup of authorization needed to log in, as well as specific rights and permissions needed to use the application.

## Assumptions

This guide assumes that you have basic knowledge and skills for all of the following:

- › Microsoft Windows operating systems
- › Microsoft Office applications
- › All applicable NextGen ambulatory products

## NextGen Practice Management Core Series of Guides

NextGen Healthcare provides comprehensive documentation to help you use NextGen Practice Management more effectively. Presented in a modular structure by function, the core series of guides include procedures, instructions, and explanations in an easy to follow format. For a brief description of the *NextGen Practice Management Core Series of Guides*, refer to the following list. For more detailed information, refer to the individual guides.

- **NextGen Ambulatory EHR and Practice Management Patient Demographics Guide** — provides the information and procedures that users of NextGen Ambulatory EHR, Practice Management, and Optical Management need to enter patient demographic information (such as name, contact information, and Social Security Number), which is used in creating patient records.
- **NextGen Ambulatory EHR and Practice Management Encounter Maintenance Guide** — provides detailed information and instructions on creating and maintaining encounters in the NextGen Ambulatory EHR and Practice Management applications. The guide provides information on defining encounter types, such as Clinical, Billable, and Optical, and deleting encounters. It also provides instructions for configuring claims information, as well as billing and collections information.
- **NextGen Ambulatory EHR and Practice Management Case Management Guide** — provides the information and procedures that users of both NextGen Ambulatory EHR and Practice Management need to group patient encounters based upon common data into cases. Cases may include worker's compensation, occupational health (non-injury), ambulatory care, group health PT as well as other encounter details. This enables users to submit only the medical-record data of each patient that is required to meet insurance and legal obligations.
- **NextGen Practice Management Getting Started Guide** — provides the information you need to begin using NextGen Practice Management, including an overview of Practice Management, log on procedures and security considerations, and the basic layout of the NextGen Practice Management application.
- **NextGen Practice Management Practice Workflow Guide** — provides information to help you manage your practice's workflow. This guide explains how to use the Advisor, Image Explorer, forms and labels, alerts, and Worklog.
- **NextGen Practice Management Appointment Scheduling Guide** — provides detailed information about working with appointments including how to create, change, remove, search, and confirm an appointment. This guide also explains Recall Plans, Waitlist, letters associated with appointments, and working with scheduling conflicts.
- **NextGen Practice Management Accounts and Patient Records Guide** — provides an in-depth description of a patient chart as well as instructions for creating an encounter and adding insurance. This guide also explains co-payments, authorizations, accounts, and invoices.
- **NextGen Practice Management Billing and Collections Guide** — explains the basics of the billing process from entering charges to billing encounters and collecting co-payments. In addition to the basics, the guide provides information to help you rebill encounters, work with Sliding Fee Schedules, import NextGen Ambulatory EHR charges, generate statements, and collect payments.
- **NextGen Practice Management Claims Guide** — provides comprehensive information and instructions to help you set up, configure, generate, and send both paper and electronic claims. Detailed information is also provided about specialty billing and recurring UB billing.
- **NextGen Practice Management Transactions Guide** — provides information to help you create a Batch Header recorder and add payments, adjustments, and refunds. Step-by-step instructions are included for posting transactions.
- **NextGen Practice Management ERA Guide** — provides information and instructions for the Electronic Remittance Advice process including importing and posting ERA files and viewing the *ERA Import Posting* report.

- **NextGen Practice Management Reports Guide** — provides instructions for configuring, generating, memorizing, and printing NextGen Practice Management reports. Descriptions, explanations, and report filter information is provided for each report. Reports are listed by three categories, balancing reports, system generated reports, and process generated report.

## Logging on to the NextGen Applications

You must log on with a user name and password to access the applications. However, with Single Sign On, if you are already logged on to a non-administrative application, such as NextGen Ambulatory EHR, NextGen Practice Management, NextGen ICS, or NextGen Optical Management, you can access other non-administrative applications without logging on again.

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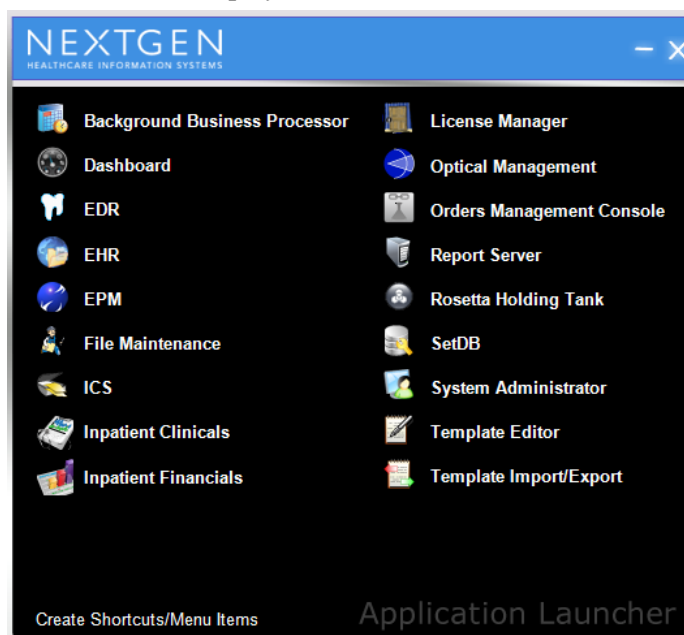
**Reference:** For additional detail and for application-specific information, refer to the *NextGen Ambulatory EHR and Practice Management Logon Guide*.

---

### To access any of the NextGen applications:

- 1 From the **START** button on the Taskbar, click **Programs > NextGen > NextGen** or double-click the NextGen shortcut  on your desktop.

The *NextGen Application Launcher* displays.




---

**Note:** The items listed in the Application Launcher may differ for individual users depending on the user security rights set in the System Administrator application. Some utilities may not be available from the Application Launcher and must be accessed from either the C:\Nextgen (the default location) or \NextGenRoot folder.

---

- 2 Click the appropriate application.

The *Security Logon* dialog box displays.

---

**Note:** The **Authentication** field displays only if your System Administrator enables integrated authentication.

---

There are three types of integrated authentication available:

- › NextGen Database requires manual authentication using your NextGen user credentials.
  - › Active Directory requires manual authentication using your Windows user credentials.
  - › Windows Integrated automatically authenticates by applying the Windows logon credentials used for the current session.
- 3** Select the appropriate **Enterprise** and **Practice**.
  - 4** To log on with your NextGen credentials:
    - › If the **Authentication** field displays, select **NextGen Database**.
    - › Enter your **User ID** and **Password**. User ID is case-sensitive.
  - 5** To log on manually with your Windows credentials:
    - › In the **Authentication** field, select **Active Directory**.The **Domain** field displays.

- Enter your User ID, Password, and Domain associated with your Windows log on credentials.

Database: ngdoc\_57  
Version: 5.7.2.118

User:   
Password:   
Domain:   
Authentication: Active Directory

Enterprise: NextGen Healthcare Enterprise  
Practice: NextGen Medical Practice

Logon Exit

**NEXTGEN**  
HEALTHCARE INFORMATION SYSTEMS

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- To log on automatically with your Windows credentials:

- In the Authentication field, select Windows Integrated.

The Windows credentials used to log on to the computer automatically displays in the User ID, Password, and Domain fields and cannot be changed.

Database: ngdoc\_57  
Version: 5.7.2.118

User: radmin  
Password:   
Domain: atlanta.nextgen.com  
Authentication: Windows Integrated

Enterprise: NextGen Healthcare Enterprise  
Practice: NextGen Medical Practice

Logon Exit

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- Click the Logon button or press the Enter key.

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## CHAPTER 2

# *The Billing Process*

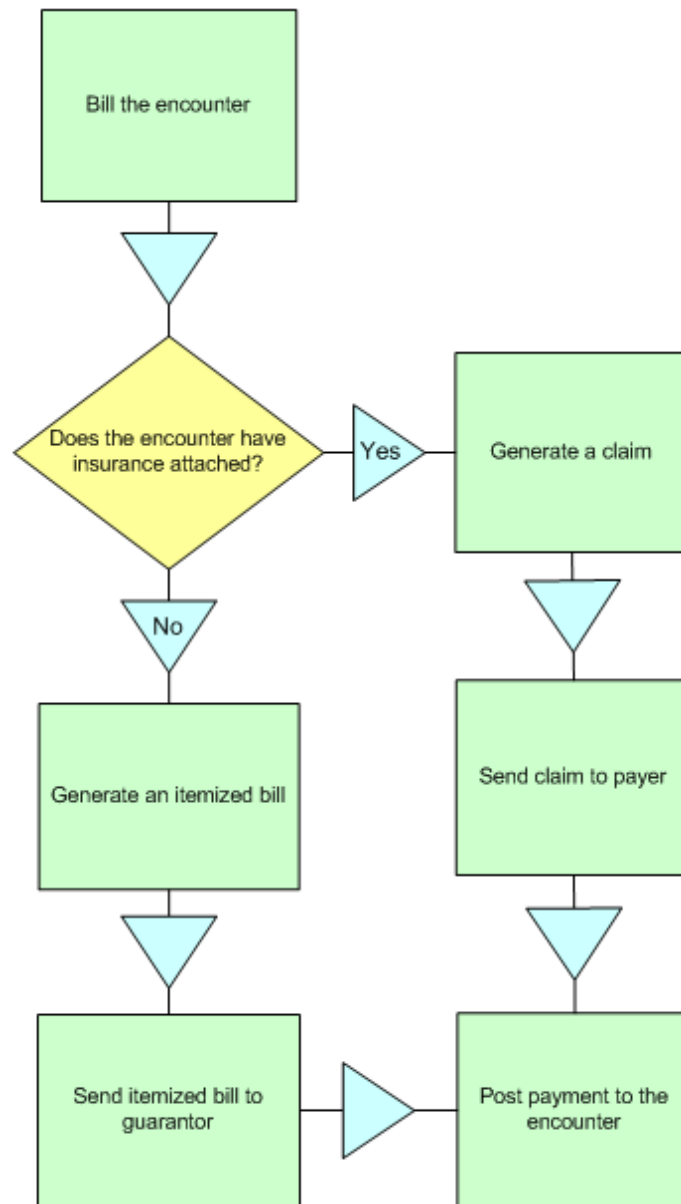
This section provides information on how to perform the billing process with NextGen Practice Management.

## *The Billing Process Overview*

After charges are applied to an encounter, you can:

- Bill the encounter to the guarantor (for encounters with no attached insurance), or
- Bill the encounter to a payer (for encounters with attached insurance).

You can bill only those encounters with an Unbilled (U) or a Rebill (R) encounter status.



To bill a single encounter (On Demand billing (see "Billing a Single Encounter (On Demand Billing)" on page 17)), access the **Encounters** tab of the patient chart and right-click on the encounter you want to bill. Select **Bill** from the short-cut menu.

To bill multiple encounters at once (Batch billing (see "Billing Multiple Encounters (Batch Billing)" on page 18)), use the Encounter Lookup feature to locate Un-billed encounters. Select the encounters you want to bill from the list of located encounters. Right-click on one of the selected encounters and select **Bill** from the short-cut menu.

You can review the charges applied to the encounter in the *Encounter Bill* dialog box.



For encounters with insurance, the application generates a claim by checking the encounter against the Claim Edits that are configured in the Claim Edits library. The results of this Claim Edit check display in the Claim Production Status report. If the edit check discovered errors, you might be required to modify the encounter and then bill it again.

For encounters with no insurance attached, the application generates an itemized bill that is addressed to the encounter guarantor.

After must send the claim to the payer or the itemized bill to the guarantor.

When you receive payment, you must post the payment to the encounter. The application records the payment as a transaction with the encounter.

## Billing a Single Encounter (On Demand Billing)

### To bill a single encounter:

- 1 Access the Unbilled encounter by using Encounter Lookup.

The **Encounter** tab of the patient chart displays with the encounter that you selected highlighted in the Encounters list.

- 2 Right-click on the highlighted encounter and select **Bill** from the shortcut menu.

The *Encounter Bill* dialog box displays.

Service	CPT4	Description	Qty	Total	Ins1	Ins2	Ins3	Status
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10/11/2007 99241 Office consultation, minor	1.00	\$149.00				Unbilled

- 3 Select the applicable line items. By default, all charges are selected.

**Note:** To remove a charge from the billing process, un-check the box next to the line item. (If the encounter has multiple payers, you can designate which payer to create the claim for by clicking the **Balance Control** button.)


- 4 Click **OK** to bill the charges.

The application runs the charges through the claim edits and generates the Claim Production Status report to alert you to any problems the edits may have encountered.

- 5 After you have reviewed the Claim Production Status Report, you can move the encounter to a Billed status by closing the report. Click the **Close Report** button to close the report.
- 6 Click **OK** to close the report and create the claim.

## *On Demand Billing - Encounter Has Insurance*

### **To bill a single encounter with insurance:**

- 1 Open the encounter you want to bill.
- 2 Click the Demand Bill  button on the main toolbar.  
The *Encounter Bill* dialog box window displays.
- 3 From the *Encounter Bill* dialog box, select the charges to bill, and click OK.  
The encounter processes.  
The *Claim Production Status* report displays.
- 4 Print, then close, the report.  
The *Create Claim* confirmation prompt displays:
- 5 Click OK.  
You return to the **Encounter** tab of the patient chart.  
This information displays when
  - The billed encounters have financial amounts next to them.
  - Charges are entered.

---

**Note:** You do not have to bill the encounter to display this information.

---

## *Using Supervisor Billing*


### **To use supervisor billing:**

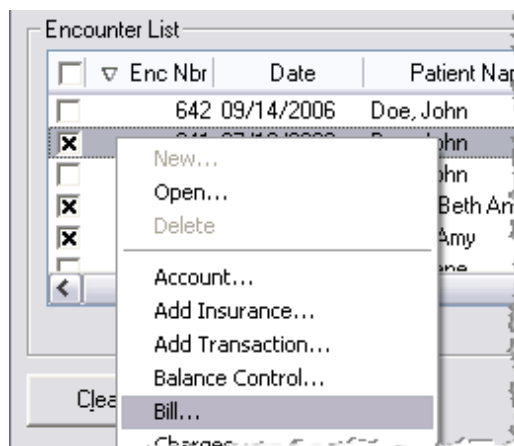
- 1 Create an encounter or access an existing encounter.
- 2 Select the mid-level provider as the rendering provider in the **Rendering** field.
- 3 Select a provider who is set up as a supervising physician in the **Supervisor** field.
- 4 Add charges to the encounter and bill normally.

## Billing Multiple Encounters (Batch Billing)

You can bill multiple encounters at once by using batch billing.

### To bill multiple encounters in a batch:

- 1 Click the **Encounter Lookup**  button on the NextGen Practice Management main toolbar and select **Unbilled** status on the *Encounter Lookup* dialog box.
- 2 Click the check box for each Unbilled encounter that you want to bill in the list of encounters created by your Encounter Lookup search.
- 3 Right-click on any one of the selected encounters in the list and select **Bill** from the short-cut menu.



A confirmation dialog displays.

- 4 Click OK.

The application processes the encounters and displays the **Claim Production Status** report displays.

The Create Claim confirmation prompt displays:

- 5 Click OK.

The application returns to the *Encounter Lookup* dialog box.


## Batch Rebilling for Insurance

Once you receive payment from the primary insurance, you can bill secondary and tertiary insurances.

When an insurance is "settled" and responsibility has moved to the next bucket (i.e., primary insurance has paid and now it is time to bill secondary), the encounter reverts to a **Rebill** status. At this point you must go through the billing process again. The system does not automatically rebill.

Rebilling encounters is very similar to creating claims for the primary payer.

**To rebill an encounter:**

- 1 From the main toolbar, click the Encounter Lookup  button.
- 2 In the Bill Status field, select Rebill.
- 3 Follow the steps described in Billing Multiple Encounters (see "Billing Multiple Encounters (Batch Billing)" on page 18).

---

**Note:** The check box **Include Encounters in a Billing Hold** enables you to include or exclude encounters that are on a billing hold.. For example, when searching for **Rebill** encounters to bill again, you probably do not want encounters that are being held. Therefore, you would not select this option.

---

## Rebilling Encounters


### Rebilling for Insurance

Once the primary insurance has paid, you can bill secondary and tertiary insurances.

When an insurance is "settled" and responsibility has moved to the next bucket (i.e., primary insurance has paid and now it is time to bill secondary), the encounter reverts to a **Rebill** status. At this point you must go through the billing process again. The system does not "automatically" rebill.

Rebilling encounters is very similar to creating claims for the primary payer.

**To rebill an encounter:**

- 1 On the NextGen Practice Management Main toolbar, click the Encounter  button.
- 2 In the Bill Status field, select Rebill.

---

**Note:** The check box **Include Encounters in a Billing Hold** allows you to include or exclude encounters that are on a billing hold when doing your query. For example, when searching for "rebill" encounters to put through the billing process, you probably do not want encounters that are being held. Therefore, you would leave this box unchecked.

---

- 3 Enter other search criteria and click **Find**.
- 4 From the Encounter List select the encounters to bill.
- 5 Right-click and select **Bill** from the short-cut menu.

The edit process runs and the *Claim Production Status* report displays.

---

**Note:** Error, Warning, Build and Informational severity level errors display underneath the Severity column. You can display Contract Edits on the report as Build or Warning level Claim Edits by checking the **Enable Build Level Edits** check box on the *Contract Library Maintenance* window. If you do not have the permissions to access that window, see your system administrator.

---

- 6 Exit the *Claim Production Status* report.

The claim creates automatically. A confirmation message displays, indicating whether there were errors or not, and prompts you to create the claim. If you select **No** on the message, the encounter does not bill and the claim does not generate.

**Reference:** For more information on working with reports, refer to the *NextGen Practice Management Reports Guide*.

## Billing In Progress Encounters

In Progress encounters must be converted to an Unbilled encounter status before you can bill the encounter. There are two ways to convert In Progress encounters to Unbilled encounters.

- Demand
- Batch

**Note:** When you convert an In Progress encounter to an Unbilled encounter, the application assigns process dates (closing dates) to all of the encounter's charges and transactions. Any transactions that reside in an un-posted batch retain blank process dates and are not affected by the conversion.

### Converting In Progress Encounters on Demand

**To convert a single encounter from In Progress to Unbilled status:**

- 1 Access the patient chart and select the **Encounter** tab. (Or perform an Encounter Lookup.)
- 2 Right-click on the In Progress encounter and select **Convert In Progress to Unbilled** from the shortcut menu.

The Convert In Progress to Unbilled process runs. When it is finished, the *Convert In Progress to Unbilled* report displays.

E/I	Message	Severity	Crt Dt	Sv It
841	Encounter was successfully recalculated.	Success	2012/11/24 15:03:10	
841	Successfully converted to status Unbilled	Success	2012/11/24 15:03:10	
<b>TOTALS (2)</b>				

### Converting In Progress Encounters in a Batch

To convert multiple In Progress encounters to an Unbilled status you must use the NextGen BBP application to execute a Convert In Progress to Unbilled job.

**Reference:** For information on executing a Convert In Progress to Unbilled job in NextGen BBP, see the NextGen BBP User Guide.

## Performing Balance Control

In order to use the Prorate Insurance Payment function, you must open the *Balance Control* dialog box.

**Balance Control - Nicolli, Evelyn**

Encounter ID: 1734      Patient Name: Nicolli, Evelyn  
 Encounter Date: 01/17/2006      Guarantor Name: Nicolli, Evelyn  
 Enc Status: Unbilled

Insurance	Insured	Policy Nbr	CoPay	Deductible
MLN Payer	Nicolli, Evelyn	PRIMARY	\$15.99	\$0.00
MLN Secondary Payer	Nicolli, Evelyn	SECONDARY	\$15.99	\$30.00

Charge Information

SIM	Amount	Ins1 Amt	R	Ins2 Amt	R	Ins3 Amt	R	Pat Amt	Ln Item Bal
99213	\$1,000.50	784.41	✓	200.10		0.00		\$15.99	1,000.50
60000	\$60.00	48.00	✓	12.00		0.00		\$0.00	60.00
		\$832.41		\$212.10		\$0.00		\$15.99	\$1,060.50

Prorate    OK    Cancel

From the *Balance Control* dialog box, you can view the following:

- Primary and secondary insurances
- Primary insurance and patient financial responsibilities
- Prorated amounts expected to collect from all financially responsible parties

For encounters with more than one line item, you can select the **Select All** check box rather than select each line item individually when you want to select all the line items.

---

**Note:** For encounters with more than one line item, you can select the **Select All** check box to select all the line items at once rather than select each line item individually when you want to include every line item.

---

You can add Balance Control to the AutoFlow process if you would like to access this dialog box during Checkout. Keep the following in mind if you do decide to use the Prorated Insurance Payment function in Balance Control during checkout:

- The charges prorate between the Primary and Secondary (or Patient) buckets based on the Fee For Service percentage on the Contract.
- There must be a contract, with percentages, created in File Maintenance for the payer.
- The Prorate Insurance options must also be selected in File Maintenance in order to use the Prorate button and view the prorated amounts.

---

**Reference:** For more information concerning the Prorate Insurance options, refer to the *NextGen® Ambulatory Products Administrator Guide*.

---

## Creating Rental In Progress Encounters

Recurring Rental Billing enables users to:

- › Enter charges for rental devices on In Progress encounters.
- › Copy forward all pertinent information related to the next billing cycle for the rental device and calculate modifiers according to the configurations set in File Maintenance.
- › If the rental record has no encounters remaining, the the system will not allow a new "In Progress" rental record to be created when an "In Progress" rental encounter is being converted and the user selects to utilize the "Copy Forward" function.
- › The sum total of used and pending encounters in a rental record can not exceed the total number of available assigned encounters.

**Note:** Before you can use Recurring Rental Billing, the **In-Progress** billing status must be activated for the practice and the **Enable Recurring Rental Billing** option must be activated in Practice Preferences. Be aware that once the In-Progress Billing status has been activated for the practice, it cannot be deactivated.

## Processing Rental In Progress Encounters on Demand

**To process Rental In progress encounters individually:**

- 1 Run the Pending Rental Encounters report by accessing **Reports > General > Pending Rental Encounter**.
- 2 Review each rental encounter on the report to:
  - › Ensure it is time to bill for the device
  - › Ensure that the device has not been returned

- 3 Determine if a pick-up date needs set

- 4 Convert the **In Progress** encounter to **Unbilled**. (See **Converting In Progress Encounters on Demand** (on page 21) for more information.)

The application asks you if you would like to copy forward the information on this encounter to a new In Progress encounter?

- 5 Click **Yes**.
- 6 When prompted, enter new dates for the new In Progress encounter.

## Running the Rental Batch Process

If the **Enable Recurring Rental Billing** option has been activated in Practice Preferences, you can run the Rental Batch Process.

**To run the Rental Batch Process:**

- 1 Access **File > Processes > Pending Rentals**

The *Process Pending Rental Charges* dialog screen displays.

- 2 Enter the search criteria to located pending rental encounters and click **Find**.
- 3 Review each Rental Encounter to to:
  - Ensure that it is time to bill for the device
  - Ensure that the that device has not been returned
- 4 Determine if a pick-up date needs to be set.
- 5 Place a check mark next to the encounter that is ready to be processed.
- 6 Set the New Rental Criteria that is to be used on the new In Progress encounters that the process creates to replace the ones being converted.
- 7 Click the **Process** button

The application converts the status on the selected encounters from **In Progress** to **Unbilled**. It also creates new In Progress encounters with the copy forward parameters that have been entered.

## Session Settings

You can set your system session settings so that the Active Batch, Service Date, and Service Location default to them automatically. This makes data entry easier, especially if you are batch-entering charges on a date other than when the services were provided. When you initially access the *Session Settings* dialog box, all the fields default blank. You have the option of populating these fields manually, or you can leave them blank and allow the defaults for each field to populate the associated screens throughout the application.

### To set your session settings:

- 1 On the NextGen Practice Management menu access **Tasks > Session Settings**.



When you click the calendar button, the calendar displays showing the date range that can be used for the process date. Dates outside the range, are disabled.

- 2 Select a batch to be active, if desired.

- 3 Enter a service date in the **Service Date** field.

The default for this field is blank. If you leave this field blank, then the application will use the current calendar date as the default date. Therefore, the current calendar date will automatically default as the visit date on the *Create Encounter* dialog box and the service date on the *Charge Posting* dialog box. You can override the visit date and service date by changing the encounter date on the *Encounter Maintenance* dialog box.

- 4 Select a date in the **Process Date** field.

- 5 Select a service location in the **Service Location** field.

The service location will default into the **Service Location** field on the *Create Encounter* dialog box, the *Add/Edit Appointment* dialog box, the *Appointment Lookup* dialog box, and the *Appointment Search Ahead* dialog box for every new encounter.

- 6 Enter batch information in the **Batch info** field.

This field only displays if the **Display Batch Information** field is checked on the General tab in Practice Preferences. The information you enter will default to the Charge Posting screen.

---

**Note:** You can check the "Prompt for Session Settings" option in User Preferences, General tab, to have the Session Settings dialog box display every time you log on.

---

## Printing Itemized Bills

You can print Itemized Bills:

- › On demand - Print a single bill for a single patient.
- › In batch mode - Print a single bill for multiple encounters.

## Billing Invoices


When all appropriate charges are included on the invoice, you can bill the invoice by simply printing it. An invoice is in an **Unbilled** status until it prints, then it has a **Billed** status. If you add more charges to an invoice after you bill it, NextGen Practice Management automatically places it in **Rebill** status. You must print the invoice again to set the added charges to a **Billed** status. If you need to process a claim for insurance reimbursement, you must use Encounter Billing.

---

**Note:** The status of an invoice - Unbilled, Billed, Rebilled - displays on the *Charge Posting* dialog box on each charge line.

---

### To manually bill an invoice:

- 1 From the main toolbar, click the **Account**  button.

- 2 The *Account Lookup* dialog box displays. Once you locate the appropriate account, double-click on it to open it.

The *Account Profile* dialog box displays.

Invoice ID	Create Date	Final Date	Bill Date	Status	Total Char	Payments	Ref/Adj	Balance
1	11/25/12			Unbilled	\$134.76	\$0.00	\$0.00	\$134.76
2	11/28/12			Rebill	\$134.76	\$0.00	\$0.00	\$134.76

Summary Information			Balance
Total Char	Payment	Adj/Ref	\$0.00

- 3 Select either the *Invoice Summary* or *Invoice Detail* tab.
- 4 Right-click on the invoice to **Print > Invoice**.

The *Demand Invoice* dialog box displays.

**Demand Invoice 2**

Invoice Options  
☐ Minimum Invoice Amount: \$2.00

Invoice Sort By  
 Invoice ID

☒ Show Grid Lines

Include Invoices of Status:  
☒ ReBilled  
☐ UnBilled

Invoice History Options  
☐ Update Invoice Dates and Billing Status  
☐ Auto Note



Preview Print Close

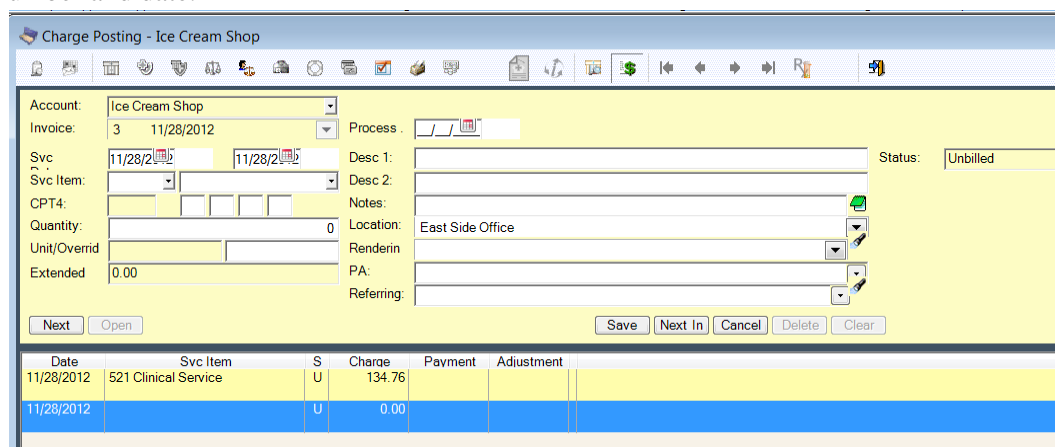
- 5 Complete the fields on the *Demand Invoice* dialog box and then click **Print**.

## Adding Charges an Invoice

After you create the account invoice, you can add charges. Invoices are billed directly to an account and not to a payer. An account does not have a chart.

### To add charges to an invoice:

- 1 From the NextGen Practice Management main menu select click the **Account**  button.  
The *Account Lookup* dialog box displays.
- 2 Locate the appropriate account and then double-click it.  
The *Account Profile* displays.
- 3 Select either the **Invoice Summary** or **Invoice Detail** tab.
- 4 Highlight the appropriate invoice and click the **Open Menu**  button.
- 5 From the shortcut menu, select **Charges**.  
 > The *Charge Posting* dialog box displays. The **Invoice** field displays the newly created invoice number and date.



Date	Svc Item	S	Charge	Payment	Adjustment
11/28/2012	521 Clinical Service	U	134.76		
11/28/2012		U	0.00		

**Note:** Adding charges to an invoice that has a status of **Billed** changes the status to **Rebill**.

- 6 Click **New**.  
Your cursor is automatically in the **Service Item** field.
- 7 Beginning with the **Service Item** field, go to each field entering the appropriate information.
- 8 Once you enter all the necessary information, you can click **Save**. To save this charge and add another, click **Next**.

## Rebiling an Invoice

There are occasions when you need to rebill an invoice. It could be that a charge was entered incorrectly or there are more charges to add.

- 1 To change the status of an invoice from **Billed** to **Rebill**, click on either the **Invoice Summary** or **Invoice Detail** tab of the **Account Profile**.
- 2 Right-click the invoice and select **ReBill**.


After an invoice has a **Rebill** status, it returns to the print queue the next time you batch print invoices. If you add or delete charges to an already billed invoice, its status automatically changes to **Rebill**.

---

**Note:** You can only rebill an invoice with a **Billed** status.

---

#### To manually rebill an invoice:

- 1 From the main toolbar, click the **Account**  button.
- 2 The *Account Lookup* dialog box displays. Once you locate the appropriate account, double-click on it to open it.  
The *Account Profile* dialog box displays.
- 3 Click on either the **Invoice Summary** or **Invoice Detail** tab.
- 4 Right-click on the invoice and select **Print > Invoice**.  
The *Demand Invoice* dialog box displays.
- 5 Complete the fields on the *Demand Invoice* dialog box and click **Print**.

### Invoice Printing Options









Field	Description
<b>Minimum Invoice Amount</b>	Enter the minimum invoice amount to qualify that invoice for printing. Any invoice amount less than this setting does not print.
<b>Invoice Sort By</b>	Select whether to sort the invoices by Employer or Invoice ID.
<b>Show Grid Lines</b>	If you select this option, grid lines display on the printed invoice.
<b>Include Invoices of Status:</b>	Select whether or not to include rebilled and unbilled invoices.
<b>Update Invoice Dates and Billing Status</b>	You can select to update the invoice dates with the print date as well as update the billing status to <b>Billed</b> automatically once the invoices print.
<b>Auto Note</b>	Not available at this time.
<b>Preview</b>	Click this button to preview the invoices prior to printing them.
<b>Print</b>	Click this button to print all the invoices that match the options you selected.
<b>Close</b>	This button closes the <i>Practice Invoices</i> dialog box without printing any invoices.
















This section provides information on how you can charge patients for encounters using the *Charge Posting* dialog box. NextGen Practice Management can receive charges in two ways:

- The *Charge Posting* dialog box displays tax charges in a summarized format according to the parent charge that the tax applies to. You can enter charges for In Progress encounters. However, the process date will remain blank for the charges.

The *Charge Posting* toolbar buttons provide quick access to various functions. Below is an example of the toolbar.




Button	Name of Button	Description
	<b>View Chart</b>	Displays the chart for the patient you entered.
	<b>Recall</b>	Displays the recall plan(s) for the patient you entered.
	<b>Encounter Maintenance</b>	Displays the <i>Encounter Maintenance</i> dialog box for the patient and encounter you entered.
	<b>Encounter Insurance</b>	Displays the <i>Encounter Insurance Selection</i> dialog box for the patient and encounter you entered.
	<b>Patient Insurance - Encounter</b>	Displays the <i>Patient Insurance - Encounter</i> dialog box for the patient and encounter you entered.
	<b>Balance Control</b>	Displays the <i>Balance Control</i> dialog box for the patient and encounter you entered.
	<b>Patient Balance</b>	Displays the <i>Patient Balance</i> dialog box with all the patient encounters, charges, payments. You can even make a payment from the <i>Patient Balance</i> dialog box.
	<b>Encounter Diagnosis</b>	Displays the <i>Diagnosis Selection</i> dialog box for the patient and encounter you entered.

Button	Name of Button	Description
	<b>Claim Edits</b>	Initiates claim processing for the encounter.
	<b>Bill Encounter</b>	Displays the <i>Encounter Bill</i> dialog box and enables you to create a claim or bill the encounter for a patient pay (no insurance).
	<b>New Task</b>	Displays the <i>Add Task</i> dialog box for this patient. You can then add a task from the <i>Charge Posting</i> dialog box.
	<b>Print Menu</b>	Displays the short-cut menu with printing options.
	<b>Add Transaction</b>	Enables you to add a transaction for the current encounter if you have an active batch set up.
	<b>CMN Information</b>	Displays the <i>Certificates of Medical Necessity</i> dialog box for this patient.
	<b>Recurring Rental Information</b>	Displays the <i>Rental Information</i> dialog box
	<b>Encounter Mode</b>	Enables you to enter charges for an encounter.
	<b>Invoice Mode</b>	Enables you to enter invoice charges.
	<b>First Charge</b>	Highlights the first line item displayed.
	<b>Previous Charge</b>	Highlights the previous line item displayed.
	<b>Next Charge</b>	Highlights the next line item displayed.
	<b>Last Charge</b>	Highlights the last line item displayed.
	<b>NDC Charges</b>	Displays the <i>NDC Data for this Charge</i> dialog box.
	<b>Exit</b>	Closes the <i>Charge/Transaction Posting</i> dialog box.

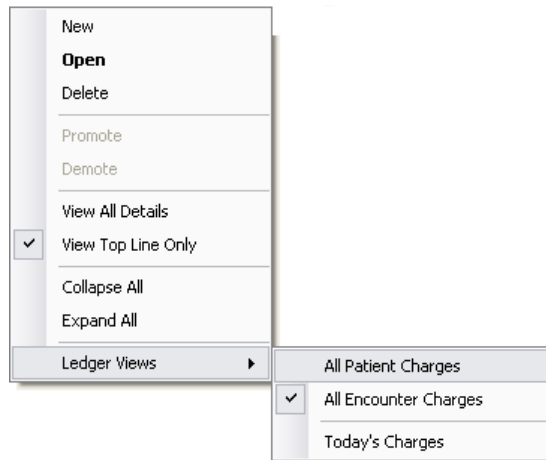
## Viewing Charges

You can view existing charges at any time using the *Charge Posting* dialog box.

### To view charges:

- 1 Click the Charges  button on the NextGen Practice Management toolbar.
- 2 The *Charge Posting* dialog box displays.

- 3 Right-click on the blue bar across the middle of the dialog box or in the white area just below it to display the shortcut menu.



- 4 Select **Ledger Views** from the shortcut menu.
- 5 Select one of the following views:

View	Description
<b>All Patient Charges</b>	All of the charges for every encounter and every payment/adjustment for each charge display. The first column on the left displays the encounter number. The total reflects the sum of all charges and payments/adjustments listed.
<b>All Encounter Charges</b>	All of the charges for the encounter you select and every payment/adjustment for each charge display. You can select an encounter from the Encounter field or from the All Patient Charges display. The total reflects the sum of all charges and payments/adjustments listed. This is the default view.
<b>Today's Charges</b>	All of the charges you entered that have a create date of today display. The first column on the left displays the encounter number. The total reflects the sum of all charges and payments/ adjustments listed. This view could be used to balance a daily batch.

## Entering Charges

### To enter a charge in the Charge Posting dialog box:

- 1 Access the *Charge Posting* dialog box and use the **Patient** field to select a patient.
  - This is a search field that searches the database, based on the search criteria you enter.
  - A list of established patients (already have a chart set up) who match the search criteria displays in a drop-down box. If no match is found, the drop-down arrow does not display a drop down box.
  - This search feature enables you to go from one patient to another without going to the patient's chart first.
  - The dialog box displays patient and encounter information.

- If a charge has already been entered for the encounter, the dialog box also displays charge information for that encounter.

- In the Encounter field click the drop-down arrow and select the appropriate encounter.
  - If you skipped the Patient field, enter the encounter number.
  - The dialog box displays encounter information.
  - If a charge has already been entered, the charge information for that encounter displays.

**Note:** Using this field enables you to select an encounter without going to the patient's chart first. You can also create an encounter from this field.

- Click New to enter a charge
  - The fields populate with information from the encounter and moves the insertion point to the Svc Item field.
  - The Svc Dates field populates automatically.
  - To change the service dates, move the insertion point to the Svc Dates fields and highlight the date. Type the date in MM/DD/YYYY format or click the calendar icon to enter the date and press the Tab key.

**Note:** If a value has been entered for Maximum extended charge amount in Practice Preferences, then you cannot enter a line item charge amount that exceeds that value. See the Chart Entry Tab topic in the *NextGen® Ambulatory Products Administrator Guide* for information on setting the Maximum extended charge amount.

- In the Svc Item field click the drop-down arrow, select a service item from the list, and then press the Tab key.
  - The Quantity, Unit/Override, Extended, and Place of Service fields automatically populate with default values and your insertion point goes to the CPT4 modifiers.
  - The line-item charge also displays.
- Press the Tab key to accept the default modifiers from the Service Item Library, if any exist.
  - Or, you can add up to a total of four modifiers and then press the Tab key.
- Press the Tab key from the Quantity, and Unit/Override fields to accept the default values.
  - Or, enter a change and press the Tab key.
- To accept the current process date, press the Tab key while in the Process... field.
  - Or, enter a process date to override the current process date and then press the Tab key.



- › This field only displays when you have security rights for the Charge Process Date Override function.

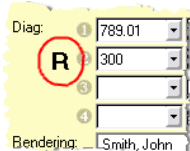
- 8 To enter a diagnosis, click the drop-down arrow in the **Diag** field and select a diagnosis from the list, and then press the Tab key.

---

**Note:** If you are licensed for Medical Necessity and added the diagnosis at the appointment level, Diagnosis field automatically populates with the diagnosis from the appointment. For more information about Medical Necessity, see the *NextGen Practice Management Medical Necessity Guide*.

---

- › If you know the diagnosis code, type the code in the first part of the field and the description automatically displays in the second part of the field.
- › If you know the description of the diagnosis, type the description in the second part of the field and the ICD code automatically displays in the first part of the field.
- › You can enter up to twelve diagnoses per procedure. The **Diagnosis** field is divided into two parts. The first part displays the ICD code and the second part displays the description. You can enter the diagnosis from either part.
- › If you entered a diagnosis at the encounter level, the diagnosis field populates with information from the *Encounter Maintenance* dialog box on the *Charge Posting* dialog box.
- › The application displays an "R" on the dialog box if you select a diagnosis code that is configured for a risk adjustment indicator.



- 9 Tab to the **Rendering** field, click the drop-down arrow, select a physician from the list, and then press the Tab key.
- 10 If the default place of service is defined in Location master file, it displays in the **Place Svc** field. If a default place of service is not defined, select a place of service from the list, and then press the Tab key.

---


**Note:** The place of service selected for a SIM overrides one selected for a location. In NextGen Practice Management, the price that displays during charge posting for encounters depends on whether the service was at a facility location. If the SIM on the charge has no place of service assigned, the location place of service is used. If there is no place of service at the SIM or the location level, then the **Place Svc** field in *Charge Posting* becomes a required field. See *Setting Up Facility and Non-Facility Pricing* for details.

---

- 11 Select a diagnosis from the list in the **Diag** field and then press the Tab key. If ICD-10 codes are effective, you can do the following:

- › To view alternate diagnosis code mappings, Select one of the following radio buttons: **COB1 Alt Diag**, **COB2 Alt Diag**, or **COB3 Alt Diag** to see the mapped ICD-9 code.

**Note:** Three ICD-9 codes can be mapped to one ICD-10 code. If the ICD-10 code has more than one mapping, you can select the **COB2Alt Diag** or the **COB3Alt Diag** button to see the alternate mappings.

- › To search for an alternate diagnosis code by category, code, or description, Click . The Diagnosis Selection dialog box displays with the **COB1 Alt Diag** button selected.

- 12** You can accept the default narrative from the Service Item Library, if one exists, or type an additional narrative in the **Narrative** field.
  - Or, you can override the existing narrative by highlighting the narrative and typing a new one. Then, press the **Tab** key.
- 13** In the **Notes** field enter charge-related notes, if applicable, and then press the **Tab** key.
  - This is a free-text field.
  - If you want to view these notes on reports, it is best to keep them short.
- 14** To accept the default value that populates the **Batch Info** field from the *Session Settings* dialog box, press the **Tab** key.
  - To change the default value, enter the change in the **Batch...** field.
  - If you change the default value, the change remains active until the *Charge Posting* dialog box closes.

---

**Note:** The next field is the **Status** field. It displays the charge status. This automatically generates.

---


- 15** You can accept the default location, or click the drop-down arrow in the **Location** field and select the location from the list. Then press the **Tab** key.
  - This field accommodates Practices with multiple locations.
  - When you enter charges for multiple locations, a separate claim generates per charge location.
- 16** In the **Bill To** field click the drop-down arrow and select the appropriate payer from the list.
  - The **Bill To** field accommodates multiple payer paths.
  - Your selection determines who is billed for the charge(s) and places the charge(s) in that payer's bucket.
  - This field is only visible when you click the **New** button and enter new charges.
  - After you click **Save**, the **Bill To** field is no longer visible.
- 17** If you have additional charges to enter for this encounter, click **Next**.
  - The charge is saved.
  - The insertion point returns to the **Svc Item** field ready for the entry of the next charge.
  - Repeat steps 6 through 16 until you enter all charges for the encounter.
- 18** If there are no other charges for this encounter, click **Save**.

You now have access to the first two fields only, so that you can enter a new encounter for the : same patient or select a new patient.

## Verifying Charges are Entered Correctly

It is a good practice to run an **Edit** on the charges immediately after you enter them. The edit identifies any errors to be corrected in order to generate a clean claim.

### To run an Edit on the charges entered:

- 1** Highlight the encounter you want to verify.
- 2** On the main toolbar, click the **Edits**  button.
  - You can also run this from the Appointment Book using the same button on the appointment toolbar.

The edit process runs and then displays the Claim Production Status report of any issues found.

- Build, Critical, Custom, Required, Error, and Informational labels display underneath the Severity column.
- Errors result in *dirty* claims that prevent reimbursement.
- Warnings do not prevent a *clean* claim, but might be contractual, and should still be addressed.
- Informational messages require no action.

## Navigating the Charge Entry Dialog

You can navigate through the *Charge Entry* dialog with your keyboard by using the following hot-key combinations:

Alt +	Navigates to:
P	Patient
E	Encounter
M	Service Item
4	CPT4
Q	Quantity
U	Unit/Override
T	Toot/Surface
D	Diag
R	Rendering
A	Quadrant
V	Place Svc
L	Location
B	Bill To
F	Referring

If you press the ALT Key - the application displays an underscore under the letter above in the corresponding label. You can also navigate through the dialog by using the **Tab**s key.

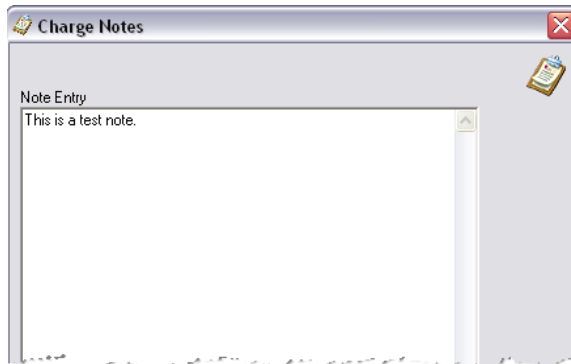
## Creating a Charge Note

You can add a Charge Note to the *Charge Posting* dialog box to provide an explanation for the charges or reversed charges that are entered in the dialog box.

### To create a Charge Note:

- 1 When a charge is open for editing on the *Charge Posting* dialog box, click the **Note**  button.

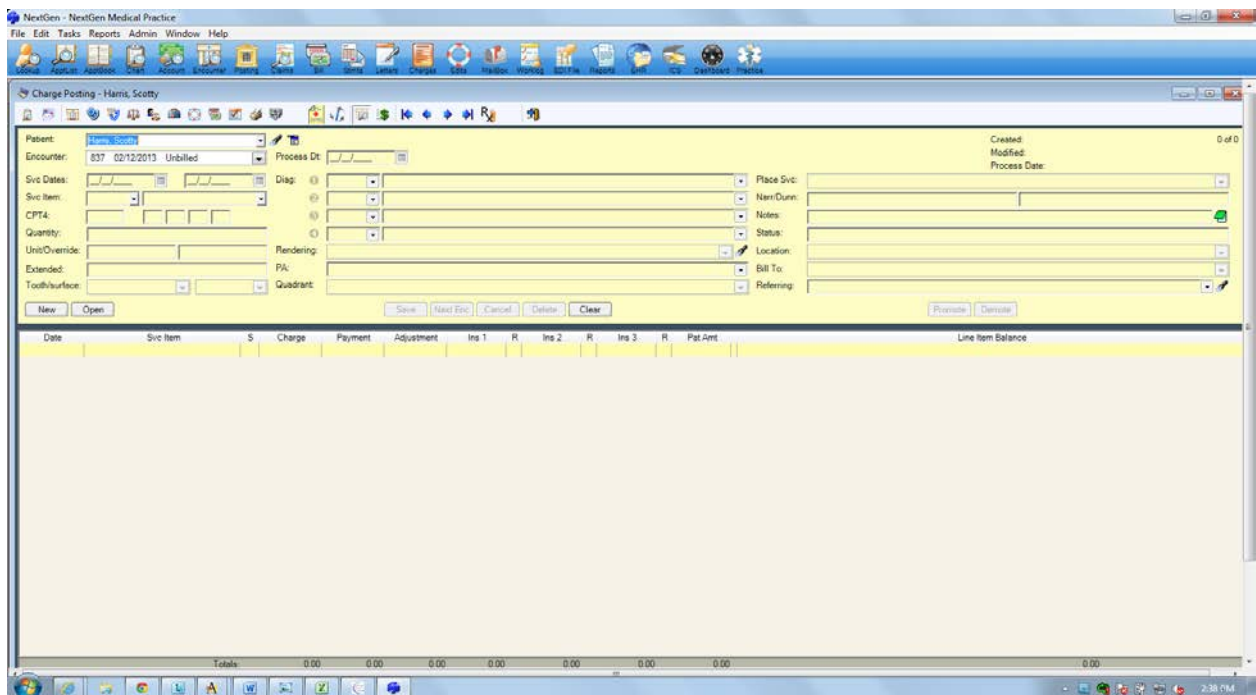
The *Charge Notes* dialog box displays.



- 2 Enter the text of the note and click OK.

## Overriding the Process Date

If you have security rights for the Charge Process Date Override function, the **Process** (Process Date Override) field displays on the *Charge Posting* dialog box. If you leave the **Process Date** field blank, NextGen Practice Management uses the current process date.



If you are set up for manual closing, you may want to override the **Process Date** so that your charge does not fall into the incorrect closing.

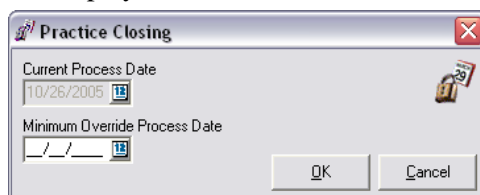
The following list of rules and conditions control how you use the **Process Date Override** function and the **Process...** field:

- › You cannot select a date greater than the current process date.
- › You can override the process date for any new charge that is added (per line item).
- › The Process Date Override defaults to the last date entered per encounter.
- › Only users with security rights will be able to change the process date.
- › Users without security rights will only see the **Process Date Override** field when they view a charge with a Process Date Override that was entered by a user with security rights. They will not be able to edit the date.
- › The 24-hour rule applies to the Process Date Override. However, the 24-hour rule is based on the Create Date instead of the Process Date. This works by comparing the Create Date to the current date; if they are different, then the 24-hour lock-down period applies to the charge. If the 24-hour rule applies to a charge, no edits or changes can be made to it.
- › When you use auto adjustments and create or update a charge and override the process date, the process date for the auto adjustment will match the process date for the charge.
- › When reversing a charge or voiding a charge, the adjustment and reversed charge has the current process date.

#### To override the Current Process Date:

- 1 Select File > Processes > Practice Closing.


The *Practice Closing* dialog box displays.



- 2 In the Minimum Override Process Date field, enter a new date or select it from the calendar pop up.
- 3 Click OK.

## Entering Dental Charges

#### To enter valid values and codes for dental charges:

- 1 Click the Charges  button to access the *Charge Posting* dialog box.
- 2 Enter the applicable patient and/or encounter information.
- 3 In the Svc Item field enter the applicable dental service item .
- 4 In the Diag field enter a diagnosis .
- 5 Enter the valid tooth number, surface, and quadrant in the appropriate dental fields for each charge.
- 6 Click Save.

---

**Note:** If you try to submit a claim that does not have a valid dental value or code, an error message with the encounter and CPT4 code displays after you bill the encounter and generate the claim.

---

## Entering Anesthesia Charges

After you define the anesthesia SIMs, they are ready to use during Charge Posting.

### To use an anesthesia SIM during Charge Posting:

- 1 In the *Charge Posting* dialog box, select the patient and the appropriate encounter to add the anesthesia billing to.
- 2 Click New.
- 3 In the *Svc Item* field, enter the SIM code for the surgical billing.


Because there is an anesthesia code attached to this SIM, NextGen Practice Management enables five fields.

- 4 Use the following table to help you enter information in the fields:

Field	Description
<b>Start Time</b>	Enter the time the anesthesia was started. For example, <i>10:00 AM</i> .
<b>Stop Time</b>	Enter the time the anesthesia was stopped. For example, <i>11:30 AM</i> .
<b>Total Time</b>	Displays the total time in minutes automatically calculated from the Start and Stop times. If changes to the total are needed, change the Start and Stop time.  Caution: Do not edit the Total field. If you change the Total field, the Start and Stop times clear but the charge calculation does not change.
<b>Base Unit</b>	Displays the base unit value entered for the SIM code in the Service Item library.  Note: Anesthesia units only apply to the 4010 format.
<b>Alt Code</b>	Use this field when you want to key by surgery code but want the anesthesia code to print on the claim. If you populate the Alt Code field, the field's value overrides the CPT and is used for both paper and electronic claims.  Populating this field can change the quantity or units on the claim. See the table in the next section "Anesthesia Minutes Versus Units" for more information.

## Entering Charges for Recurring Rentals

### To enter Recurring Rental Billing charges for an In Progress encounter:


- 1 Access the *Charge Entry* dialog box for the encounter to which you want to add Recurring Rental Billing charges.
- 2 Click New.
- 3 Click the Recurring Rental Billing button  on the *Charge Entry* menu bar.

The *Rental Information Listing* dialog displays.

From Date	To Date	Service Item	Encounters	Encs Used	Encs Pendi	Encs Left	Next Bill Dt	Equip Rtn Dt	Serial Number	Attached
02/08/2012	02/10/2012	10040.10060	8	0	1	7	02/17/2012			N
11/23/2011	12/09/2011	10060.99050	10	1	2	7	11/25/2011	12/09/2011	163284324	N
		99213	0	1	0	-1				N

- 4 Click the New button.

The *Rental Information* dialog displays.

- 5 In the Rental Devices field, click the Open Record  and select the SIM code you want to apply to the rental.
- 6 Enter the serial number of the rental device in the Serial Number(s) field.
- 7 In the Rental Limit Tracking fields, enter the time frame information, return date and next billing date.
- 8 Select the rendering physician for the patient in the Rendering field.
- 9 Enter additional information about the rental in the Notes field.
- 10 Click OK.

## Pre-loaded Charges

If you created the encounter from an appointment, NextGen Practice Management verifies which events are scheduled for that appointment. If any of the scheduled events have member SIMs attached, the following message displays:

One charge was pre-loaded as a result of the linked encounter's appointment events. Do you accept the pre-loaded charge?

**Note:** You only receive this message the first time you open the *Charge Posting* dialog box.

The *Charge Posting* dialog box displays with any pre-loaded charges and prompts you to accept them.

- Click **Yes** to accept the pre-loaded charges for the member SIMs that automatically populate the *Charge Posting* dialog box.
- Click **No** to have the pre-loaded charges removed from the *Charge Posting* dialog box.

After accepting the pre-loaded charges, they are like any other charge, that can be modified or deleted.

## Processing Pending Charges

After the charges are submitted to NextGen Practice Management from NextGen EHR, the charges for a patient chart can be processed by using the Pending Charges Process.

### To process pending charges:

- 1 From the NextGen Practice Management main menu, click **File** and then **Processes**.
- 2 From the **Processes** sub menu, select **Pending Charges**.



The *Process Pending Charges* dialog box displays.

**Process Pending Charges**

Search Criteria

Service Location: East Side Office; Main Off

Rendering Physician: [dropdown]

Service Date (Fr): 07/25/2011

Service Date (To): 12/03/2011

Process Date Override: [dropdown]

Pending Charge List

Enc N	Pat Name	Location	Primary Payer	Service	Service Item D	Unit	Amou	Service D	Renderin
-------	----------	----------	---------------	---------	----------------	------	------	-----------	----------

Records Found:

Clear Find Reject Process Close

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.

- 3 To view charges from a specific location or rendering physician, select them from the drop-down lists in the respective fields. You can select a specific date of service or a service date range to filter on.
- 4 Click Find.
- 5 Select the charges to accept by selecting the check box next to the appropriate charge.  
You can select them all by selecting the check box in the column header of the *Pending Charge List* section.
- 6 Once you select the charges to accept, click either:
  - > Reject to reject acceptance of the selected charges
  - or
  - > Process to accept the charges

---

**Note:** Clicking **Process** only accepts the charges into Charge Entry. It does not process them for billing.

---

- 7 If you are finished with processing charges, click **Close**.

---

**Note:** The pending NextGen EHR charges that are rejected in NextGen Practice Management cannot be retrieved. They must be manually re-entered in NextGen Practice Management.

---

The list of the pending charges from NextGen EHR can be fetched as a report in the NextGen Practice Management using the **Reports menu > General > EHR Manual Charge Processing - Pending**. For information about pending charges from NextGen EHR, refer to *NextGen Practice Management Reports Guide*.

## Setting the Process Date for Pending Charges

For charges that are in the holding tank, you can set the process date in the **Process Date** field on the *Process Pending Charges* dialog box.

If the Session Settings process date value is set, the value in the **Process Date** field defaults to the value in Session Settings. However, you can clear or change the default process date.

You should manually enter a date in the **Process Date** field only when you want to override the default process date that exists in the Session Settings.

## Accepting Multiple Pending Charges

You can accept multiple pending charges at once by using the *Pending Charges* dialog box.

**To accept multiple pending charges:**

- 1 From the NextGen Practice Management main menu, click **File** and then **Processes**.
- 2 From the **Processes** menu select **Pending Charges**.

The *Pending Charges* dialog box displays.

**Process Pending Charges**

Search Criteria

Service Location: East Side Office:Main Off Rendering Physician: Service Date (Fr): 07/25/2011 Service Date (To): 12/03/2011 Process Date Override:

Pending Charge List

Enc N	Pat Name	Location	Primary Payer	Serv	Service Item D	Unit	Amou	Service D	Renderin
-------	----------	----------	---------------	------	----------------	------	------	-----------	----------

Records Found:

Clear Find Reject Process Close

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.

- All pending charges from EHR display.
  - The charges display sort order is in the order the charges were entered in the holding tank. For purposes of applying the Co-pay to the first charge, you can easily see which one was first.
  - You can also use the promote/demote arrows buttons to rearrange the order, if the charges were ordered incorrectly in EHR.
- 3 To view charges from a specific location or rendering physician, select them from the drop-down lists in the respective fields and then click **Find**.
- 4 Select the charges to accept by clicking the check box next to the appropriate charge.  
You can select them all by clicking the check box in the Header Column of the Pending Charge List section.
- 5 Once you select the charges to accept, click:
  - **Reject** to reject acceptance of the selected charges.
  - **Process** to accept the charges.

---

**Note:** Selecting **Process** only accepts the charges into Charge Entry. It does not process them for billing.

---

- 6 If you are finished accepting charges, click **Close**.

### Sequencing Pending Charges

To help improve reimbursement, you can establish CPT4 code ranges that control the sequencing of holding tank charges on the *EHR Charges* dialog box for incoming external (HL7) charges and EHR charges. The new **Charge Holding Tank Processing Order** section in the Charge Entry Practice Preferences enables you to select the CPT4 code ranges.

The *Process Pending Charges* dialog box in NextGen Practice Management sequences the EHR charges it displays. It does so first by encounter number and then by the code range sequence rules that have been established in Charge Entry Practice Preferences.

---

**Note:** The sequencing rules apply only to charges in the holding tank.

---

## Applying Taxes to Specific Charges

The NextGen Practice Management application can automatically calculate and post taxes for specific charges for an encounter. You do not need to manually calculate and enter tax line items into the *Charge Posting* dialog box. The *Charge Posting* dialog displays tax charges in a summarized format according to the parent charge that the tax applies to.

By default, the application calculates taxes at the encounter level and displays one line item on the *Charge Posting* dialog box with the entire tax due for the encounter. However, if the payer is configured to apply taxes at the line item level, each charge on the *Charge Posting* dialog box is given its own tax line item. You can configure a payer to apply taxes at the line item level by activating the **Add tax line item per service line** option on the **Defaults -2** tab of the Payers master file. Up to four tax charges can be applied for each taxable procedure that is entered into the application.

The application calculates taxes for individual charges based on the parameters that are defined in the **Tax Rate** library in the File Maintenance application. In the **Tax Rate** library, you can define the tax rate percentage by:

- Location
- Payer
- SIM

Whether the application calculates taxes at the encounter lever or at the line item level is determined by the payer who is being billed. Tax charges are then displayed on claims and on patient statements.

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**Reference:** For information on setting up a Tax Rate Library, see the Tax Rate Library in the *NextGen® Ambulatory Products Administrator Guide*.

---

## *Adding an Additional Provider at the Charge Level*

The application enables you to enter charges with an additional provider (such as a Physician Assistant or other Physician) on the *Charge Posting* screen. The functionality of this option at the charge level is for reporting purposes.

In order to use this field, you must enable this option. Refer to the *NextGen® Ambulatory Products Administrator Guide* to enable this option for reporting.

Once the additional provider is set up, the **Additional Provider** (default label is Mid-Level) field is added to the *Charge Posting* screen.

The **Mid-Level** field is only enabled if the Additional Provider check box in Practice Preferences is activated. The field name is set to default with the caption Mid-Level, however, this is a user-defined field that can be labeled with any caption you choose that represents additional providers in the practice.

## *Auto Attaching an Unapplied Transaction at Charge Entry*

NextGen Practice Management can automatically attach an encounter type unapplied credit at charge entry. It senses if there is an unapplied amount attached to the current encounter, when you enter charges. If there is an unapplied encounter amount, A message displays prompting you to utilize the unapplied amount for the current charge. This enables you to collect the co-payment at check-in and automatically apply it when entering charges for the encounter.

In addition, a system alert can be set up to notify you if the current encounter or default guarantor has an encounter type unapplied transaction. The alerts display when accessing the account or chart.

## Functional Rules

The following rules apply to auto attaching an unapplied transaction to a charge:

- The same business rules and functionality apply as used for an unapplied amount that is manually used from the *Payment Entry* dialog box when you click the **Use Encounter Credit** check box.
- This function only applies to encounter unapplied transactions. It does not apply to account or invoice unapplied transactions.
- An active batch must be set.
- The patient amount due on the charge must be greater than or equal to the unapplied amount. This prevents partial utilization of unapplied credits.
- The guarantor of the encounter you are entering the charge for is used to verify if there are any unapplied transactions.

## Applying an Unapplied Encounter Credit at Charge Entry

Before applying an unapplied encounter credit at charge entry, you must set an active batch. The offsetting system adjustment transactions are entered in the active batch. These transactions can be viewed in the *Transaction Ledger* dialog box.

### To apply an Unapplied Encounter Credit:

- 1 On the *Charge Entry* dialog box, enter the patient's co-pay or payment at check-in, or any time before the charges are entered.

This creates an unapplied encounter credit.

- 2 Enter a charge for the encounter, then click **Save** or **Next**.

A message displays, prompting you to apply the credit to the encounter or the account.

- 3 Click **Yes** to use the unapplied credit to either the encounter or the account.

The credit automatically displays in the **Adjustment** column and the offsetting payment amount in the **Pat Amt** column.

---

**Note:** If the credit application prompt does not display, that indicates that your practice is not set up to utilize credits as payments. To use this feature, contact your system administrator.

---

## Balancing Charges from Charge Entry

Using the **Batch Info** field on the *Charge Posting* dialog box you can enter a text value to help balance charges from charge entry. The difference between the **Batch Info** field, the transaction batch number, and date fields is that the **Batch Info** is entered by the person entering the charge. The user controls this option and can enter a specific default value for the **Batch Info** field on Session Settings. This feature is applicable in the charge or invoice mode.

Once this feature is set up, you can enter a group of charges using the **Batch Info** field to identify these charges and then run a daily **Charges** report with the Batch Info column checked. The report lists all of the charges you entered using Batch Info and enables you to check and balance the report against the actual charges.

## Removing or Changing Charges

You can reverse, delete, or edit charges after they have been entered.

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**Note:** You can delete charges only on the same day that they were entered (before practice Closing). On any day afterwards, charges can be voided, but not deleted.

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### Reversing a Charge

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**Note:** You must use this method to reverse a charge that was posted on a previous working day or if the Closing Process has been run.

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#### To reverse a charge:

- 1 Enter a new charge identical to the one you wish to reverse.
- 2 In the QTY (quantity) field, enter a "-1". This will, in effect, negate out the original charge.
- 3 Save your changes.
- 4 It is suggested that you enter a patient note to explain the reversal for audit purposes.

---

**Note:** If the initial charge had an automatic adjustment applied to it, that adjustment will have to be corrected as well.

---

### Editing a Charge

#### To edit a charge:

- 1 Access the *Charge Posting* dialog box.
- 2 Type the first few letters of the patient's last name in the **Patient** field or skip to the **Encounter** field (next step), if you know the number of the encounter. Select the Patient from the drop-down list with the charge you want to edit.
- 3 Type the encounter number or click the drop-down arrow in the **Encounter** field and select the encounter with the charge you want to edit.

The system displays the charges for the encounter you selected.

- 4 Highlight the line item you want to edit.
- 5 Click the **Open** button or right click in the line item area of the screen and select **Open**.

The screen displays all of the editable fields in white.

- 6 Click on the field(s) that you want to change and make the changes.

- 7 When you have entered all of the changes, click the **Save** button.

---

**Note:** Only the fields displayed in white can be edited.

---

## Deleting a Charge

You can delete only those charges that meet the following conditions:

- › The charge must have been entered on the same day that you want to delete it. If a day or more has passed since the charge was entered, you cannot delete it from the encounter.
- › There must be no transactions attached to the charge.

Charges against In Progress encounters have not been processed yet and so can be removed/deleted.

The Delete button on the *Charge Entry* dialog box is available for:

- › Open charges that have no transactions.
- › Open charges with auto-adjustments.

### To delete a charge:

- 1 Access the *Charge Posting* dialog box.
- 2 Type the first few letters of the patient last name in the **Patient** field or skip to the **Encounter** field (next step), if you know the number of the encounter. Select the Patient from the drop-down list with the charge you want to delete.
- 3 Type the encounter number or click the drop-down arrow in the **Encounter** field and select the encounter with the charge you want to delete.

The system displays the charges for the encounter you selected.

- 4 Highlight the line item you want to delete.
- 5 Click **Delete** button or right click in the line item area of the dialog box and select **Delete**.
- 6 Click **Save**.

---

**Note:** A charge can be deleted only *before* Practice Closing is run.

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## Voiding a Charge

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**Note:** When you void a charge on an encounter, the application displays a prompt that enables you to reverse any automatic adjustments on the encounter. If you click **OK** on the prompt, the application reverses the adjustment and voids the charge. If you click **Cancel** on the prompt, the application does not reverse the adjustment and does not void the charge.

---

### To void a charge:

- 1 Click the **Charges**  icon on the main tool bar. (You might want to use another access path, depending on where you are in the system.)

The *Charge Posting* dialog box displays.

- 2 Enter the first few letters of the patient's last name in the **Patient** field or skip to the **Encounter** field (next step), if you know the encounter number. From the list, select the patient with the charge you want to void.
- 3 Type the encounter number or click the drop-down arrow in the **Encounter** field and select the encounter with the charge you want to void.

The dialog box fills in with information from the encounter.

- 4 Highlight the charge to be voided.
- 5 Click the **Void** button or right click in the white area of the dialog box and choose **Void**.

---

**Note:** The **Void** button displays when the charge meets the criteria for voiding a charge. Otherwise, the **Delete** button displays in its place.

---

A confirmation message displays.

- 6 Click **OK**.

The voided charge displays with a line through it in the transaction area of the dialog box. The amounts that display with a line through them are not factored into the totals line at the bottom of the dialog box.


- 7 To view the detail of the voided charge, right click in the white area of the dialog box and select **Expand All**.

Another line displays, below the charge with a line through it, showing the voided charge with the void icon and the voided amount.

### Viewing a Voided Charge

You can view voided charges in the patient's chart.

#### To view a voided charge:

- 1 From the Main toolbar click the **Chart**  button.  
The *Patient Lookup* dialog box displays.
- 2 Enter the appropriate search criteria and click **Find**.  
For more information on searching for charts, see *Locating an Existing Chart*.
- 3 Highlight the appropriate patient in the search results and click **OK**.  
The patient's chart displays.
- 4 Click the **Encounters** tab.
- 5 Click the **Transactions** sub-tab.  
All charges, current, past, and voided display.



## Automatic Adjustments

You can use automatic adjustments at the time of charge entry to adjust off the difference between the charged amount for a procedure and the expected allowed amount.

- › After entering a charge, NextGen Practice Management verifies if a contract is set up for the associated payer (insurance).
- › If there is a contract, NextGen Practice Management verifies if the entered procedure is part of the contract. It also verifies if the **Automatically Adjust Charges** option is checked.
- › If it is, any necessary adjustments are automatically applied to the patient's transactions for the encounter, with a **Posted** status. The adjustment becomes a member of the daily pre-posted status batch, which is not accessible to users, and therefore, cannot be modified or deleted.

## Adjustments Overview

You should be aware of the following aspects of adjustments:

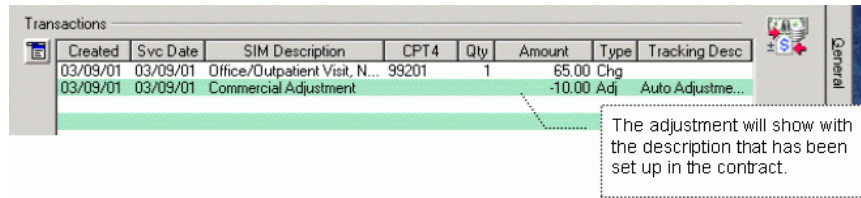
- › If you delete a charge that has an associated automatic adjustment, NextGen Practice Management deletes the adjustment.
- › The automatic adjustment's transaction date is the date the transaction is entered, not the charge's service date.
- › If a charge amount is overridden, no automatic adjustment is created.
- › If the rendering provider for the charge is a non-participating provider for the contract, an automatic adjustment is not created.
- › If a rendering provider is not specified at the time of charge entry, the automatic adjustment is created based on the preferences noted on the contract. If the **If Rendering Not Entered Assume Participating** option on the contract is selected, then the adjustment is created.
- › If you entered a charge incorrectly, you must delete the charge to remove the adjustment. Editing the line item does not delete the adjustment.

## An Example of Automatic Adjustments

- 1 A charge of \$65.00 for a SIM of 99201 is created for a patient whose primary insurance is Commercial Insurance. The contract with Commercial Insurance specifies that the allowed amount for a 99201 is \$55.00. Because the automatic adjustment features are selected, an automatic adjustment of \$10.00 is created at the time the charge is entered. A message tells you that the automatic adjustment has been created:
- 2 Click Close.

The *Charge Posting* dialog box displays with the automatic adjustment.

- 3 You can see the summary information about the automatic adjustment by looking at the Transactions tab for the encounter:



Created	Svc Date	SIM Description	CPT4	Qty	Amount	Type	Tracking Desc
03/09/01	03/09/01	Office/Outpatient Visit, N...	99201	1	65.00	Chg	
03/09/01	03/09/01	Commercial Adjustment			-10.00	Adj	Auto Adjustme...

- 4 To see the detail for the automatic adjustment, highlight the automatic adjustment line on the Transactions tab for the encounter, then right-click and select Transaction Detail. The *Payment Entry* dialog box displays with a Posted status.

## Reversing Automatic Adjustments

When you remove insurance from an encounter that has automatic adjustments applied to its charges from an assigned contract (and the encounter has no other posted or unposted transactions applied to it):

- 1 A prompt displays that tells you that there are automatic adjustments applied to the encounter for the payer. It asks you to confirm that you want to reverse the adjustments and remove the payer from the encounter.
- 2 If you click OK, the application reverses the adjustment and removes the insurance from the encounter.

**Note:** The application applies new adjustments to applicable charges if you attach a new payer to the encounter that has a contract with auto adjustments for the charges.

When you delete a primary insurance (by using the Delete right-click option from the Insurance tab in patient's chart) from an encounter that has automatic adjustments applied to its charges from an assigned contract (and the encounter has no other posted or unposted transactions applied to it):

- 1 A prompt displays that tells you that there are automatic adjustments applied to the encounter for the payer. It asks you to confirm that you want to reverse the adjustments and delete the payer.
- 2 If you click OK, the application reverses the adjustment and deletes the payer from the encounter.

When you click the **Void** button on the *Charge Entry* dialog to void a charge that has auto adjustments applied to it:

- 1 A prompt displays that tells you that there are automatic adjustments applied to the charge. It asks you to confirm that you want to void the charge and reverse the adjustments.
- 2 If you click OK, the application reverses the adjustment and voids the charge. Once voided, the charge cannot be reversed.

## Correcting Contractual Automatic Adjustments

You can:

- › Reverse outdated adjustments to selected charges.
- › Replace existing adjustments with new adjustments calculated from the updated allowed amount in the contract.

**Note:** Reverse Automatic Adjustment process is only available to users with proper security.

**To reverse automatic adjustments made to charges for recently updated contracts for a batch of encounters:**

- 1 Select File > Processes > Reverse Automatic Adjustments.

The *Reverse Automatic Adjustments* dialog displays.

- 2 Select the relevant contract and enter a date range in the Search Criteria fields.
- 3 Click Find.

The application looks for applicable charges in encounters with the following criteria:

- › Status of Unbilled, Billed, Rebilled and/or History
- › Primary payer is attached to selected contract
- › Charge service Begin date in defined date range

- The contract allowed amt for the charge is different than when the original auto adjustment was created.
- Encounter has received no third party payments

The listed charges with their associated old and updated adjustments display in the *Reverse Automatic Adjustments* dialog. Each applicable charge within an encounter displays as a separate line item.

**4** You can click the **Preview** button to view a report of all applicable charges.

**5** Click the **Process** button to update the selected charges with new adjustment amounts.

A confirmation prompt displays asking you if you want to continue with the reversal and application of new adjustments.

**6** Click **Yes**.

The system reverses the original adjustment to the charge or charges and then applies the updated adjustment amount according to the latest version of the appropriate contract.

After all the new adjustments are entered, the application automatically generates the new *Reverse Automatic Adjustments* report to summarize all the changes.

**To reverse automatic adjustments made to charges for recently updated contracts for a single encounter:**

**1** Right-click on the encounter in the patient chart and select the **Reverse Automatic Adjustments** option.

The *Reverse Automatic Adjustments* dialog displays.

**2** Define the contract and the charge date range, and then click **Find** to locate the appropriate adjustments to update.

The system looks for applicable charges in encounters with the following criteria:

- Status of Unbilled, Billed, Rebilled and/or History
- Primary payer is attached to selected contract
- Charge service Begin date in defined date range
- The contract allowed amt for the charge is different than when the original auto adjustment was created.
- Encounter has received no third party payments

The listed charges with their associated old and updated adjustments display. **Note:** Each applicable charge within an encounter displays as a separate line item.

**3** Click the **Process** button to update the selected charges with new adjustment amounts.

A confirmation prompt displays asking you if you want to continue with the reversal and application of new adjustment.

**4** Select **Yes**.

The application reverses the original adjustment to the charge(s) and then applies the updated adjustment amount according to the latest version of the appropriate contract.

After all the new adjustments are entered, the application automatically runs the new *Reverse Automatic Adjustments* report, which summarizes all the changes you have made.

## Importing NextGen EHR Charges


You can manually import charges created in NextGen EHR into NextGen Practice Management. Charges accepted from NextGen EHR can have up to 12 diagnosis codes associated with them.

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**Note:** When receiving charges from the NextGen EHR application, the NextGen Practice Management application does not populate the charge referring physician if the Practice preference is unchecked even if a referring physician is sent from the calling application.

---

### To import NextGen EHR charges:

- 1 Open the *Charge Posting* dialog box.
- 2 Click the **Charges**  button on the main toolbar.  
A message displays prompting you to accept the NextGen EHR charges.
- 3 Click **Yes** to accept the charges and post them to the patient encounter.
  - Or click **No** to reject the charges and send them to a history file.
  - If you click **No**, a message displays asking you if you are sure you want to reject the charges.

---

**Note:** The EHR import charges can have either an ICD-9 or ICD-10 diagnosis code.

---

## Setting Up Sliding Fees

### To set up sliding fees in the NextGen Practice Management application, you must:

- 1 Create sliding fee schedule master files in the File Maintenance application.
- 2 Determine how sliding fees function within the practice by selecting sliding fee option on the **Sliding Fee** tab of Practice Preferences.

After the sliding fee schedules have been created and their usage in the practice configured, they are available to be attached to patients.

## Configuring Sliding Fees for the Practice

You can configure how sliding fee schedules function within a practice by setting the following options on the **Sliding Fee** tab of Practice Preferences:

When you select	The application
Disable sliding fee adjustments for encounters that have insurance attached	Does not calculate sliding fee adjustments for encounters that have insurance attached.
Disable sliding fee adjustments for encounters that have a zero balance	Does not calculate sliding fee adjustments for encounters that have zero balances.

**Allow family size and income verification override**


Makes family size and income re-verification optional when the current date is in the re-verification period. You can decide whether or not you want to verify the information before you apply the sliding fee schedule. If this option is not selected, you *must* reverify the information.

## Creating Sliding Fee Schedules

Before you can attach a sliding fee schedule to a patient, the schedule must first be created as a master file in the NextGen File Maintenance application. You can configure a sliding fee schedule by family size or by discount percentage.

**Note:** You should set up one Sliding Fee Schedule master file for each type of active Sliding Fee Schedule that your practice uses. Example: If the practice uses standard Sliding Fee Schedules and internal Sliding Fee Schedules for employees, then you must create two separate Sliding Fee Schedule master files. The active Sliding Fee Schedules are set up and maintained within those two separate Sliding Fee Schedule master files.

### To set up a Sliding Fee Schedule master file:

- 1 From the *Master Files - System* list, select **System** or **EPM > Sliding Fee Schedules**.  
The *Sliding Fee Schedules List* dialog box displays.
- 2 Click the **Open Menu**  button, and then click **New**.  
The Sliding Fee Maintenance dialog box displays.
- 3 Enter the relevant date and CPT4 code information for the schedule.

**Reference:** For detailed instructions on creating sliding fee schedules, see *Setting Up the Sliding Fee Schedule Master Files* in the *NextGen® Ambulatory Products Administrator Guide*.

## Applying a Sliding Fee Schedule

Once a Sliding Fee Schedule is attached to a patient/guarantor Account Profile, the Sliding Fee Schedule can be applied against charges for an encounter and the application automatically calculates the adjustment write-off.

You can right-click on a line item in the *Encounter Maintenance* dialog box and either remove or apply a sliding fee adjustment. For example, if the insurance for a patient is discovered to be expired after charges have been applied to the encounter and the patient therefore becomes eligible for a sliding fee adjustment, you can apply the sliding fee adjustment by right-clicking on the line item in *Encounter Maintenance*.

**Note:** Sliding Fee adjustments use the same process date as the charge process date, if it was overridden. The transaction posting date for the adjustment reflects the current date.

Also, any Sliding Fee Schedule attached at the encounter level overrides any Sliding Fee Schedule attached at the account level. You can also attach more than one Sliding Fee Schedule to an encounter.

This process can occur in three ways:

- On Demand
- In Batch Mode
- Automatically at the time charges are entered on the *Charge Entry* dialog box, if the encounter is patient self-pay


**Note:** When insurance is attached to an encounter, an encounter-based sliding fee schedule cannot be applied unless there are no outstanding balances owed to the insurance companies. All line item amounts must be settled to the patient before a sliding fee schedule can apply.

### *On Demand Sliding Fee Schedule*

Calculating and applying a Sliding Fee Schedule to an encounter On Demand can only be done when the patient responsibility is greater than zero dollars and COB 1 – 3 are equal to zero dollars. For example, if payers are attached to an encounter, then the encounter must be billed and all payments from the payers must be posted, leaving only a patient balance.

**Note:** The Sliding Fee Schedule *must* be encounter based.

#### **To calculate and apply a Sliding Fee Schedule against charges On Demand:**


- 1 From the NextGen Practice Management menu, click the Chart  button.
- 2 Enter your search criteria and click Find.
- 3 Select the appropriate patient from the search results and double-click on it to open the chart.  
The patient chart displays.
- 4 Click the Encounters tab.
- 5 Highlight the applicable encounter in the Encounters list and then right-click to display the Encounter short-cut menu.
- 6 Select Sliding Fee from the short-cut menu.
- 7 Click the Transactions tab.

**Note:** If you add the sliding fee or process while the chart is open, you must close the chart and re-open it to see the credit on the Transactions tab.

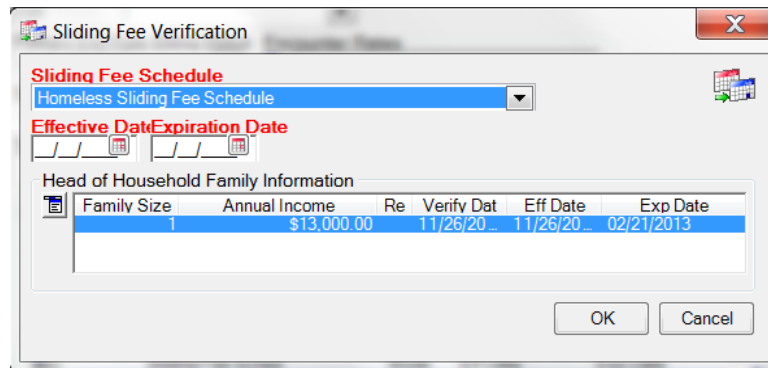
## Adding a Sliding Fee Schedule in Encounter Maintenance

You can add a sliding fee schedule on the *Encounter Maintenance* dialog box on the **Billing and Collections** tab.

**To attach a sliding fee schedule on the Encounter Maintenance dialog box:**

- 1 Open the *Encounter Maintenance* dialog box for the patient/guarantor.
- 2 Click on the **Billing and Collections** tab.
- 3 In the Sliding Fee Verification section, click the **Open Menu**  button and select **New**.

The *Sliding Fee Verification* dialog box displays.




The *Sliding Fee Verification* dialog box shows a dropdown menu for 'Sliding Fee Schedule' with 'Homeless Sliding Fee Schedule' selected. Below it are fields for 'Effective Date' and 'Expiration Date'. A section titled 'Head of Household Family Information' contains a table with the following data:

Family Size	Annual Income	Re	Verify Dat	Eff Date	Exp Date
1	\$13,000.00		11/26/20...	11/26/20...	02/21/2013

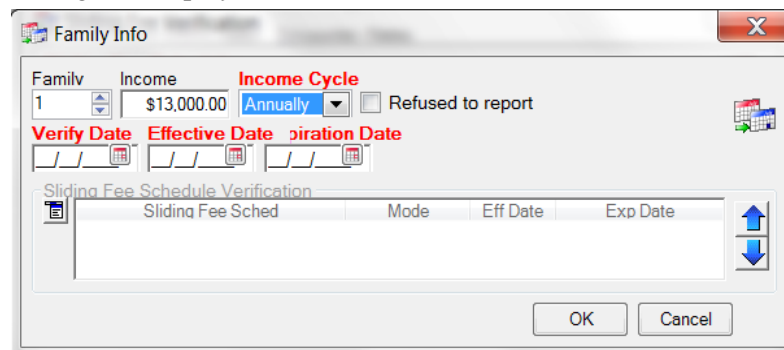
Buttons for 'OK' and 'Cancel' are at the bottom right.

- 4 Select the Sliding Fee Schedule, and the Effective and Expiration dates for the schedule.

The application displays a prompt that asks you if you want to default the sliding fee schedules attached to the Head of Household to the patient who is attached to the Head of Household.

- 5 If no head of household is set up already, you can click the **Open Menu**  button in the head of Household Family Information section.

The *Family Info* dialog box displays.



The *Family Info* dialog box shows fields for 'Family' (1), 'Income' (\$13,000.00), and 'Income Cycle' (Annually). There is a checkbox for 'Refused to report'. Below these are fields for 'Verify Date', 'Effective Date', and 'Expiration Date'. A section titled 'Sliding Fee Schedule Verification' contains a table with the following data:

Sliding Fee Sched	Mode	Eff Date	Exp Date

Buttons for 'OK' and 'Cancel' are at the bottom right.

- 6 Enter the number of family members and the family income.
- 7 Enter the Verify, Effective and Expiration dates.
- 8 If the head of the household refused to report income, you can indicate this by selection the **Refused to Report** option.
- 9 Click **OK**.



---

**Note:** Because you can add more than one Sliding Fee Schedule to an encounter, the blue arrows to the right of that section of the dialog box, enable you to select which Sliding Fee Schedule has the higher priority in applying the charge. The Sliding Fee Schedule Verification section displays is several areas of the NextGen Practice Management application. In each area, if more than one Sliding Fee Schedule is attached, you can select which one has the priority.

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**Note:** The NextGen Practice Management application disables the Sliding Fee pop-up menu item when an encounter-based sliding fee adjustment(s) has been taken. If no encounter-base sliding fee adjustment has occurred, then the Sliding Fee pop-up menu item remains enabled.

---

### *Batch Mode Sliding Fee*

When calculating and applying a Sliding Fee Schedule against charges in Batch mode, the patient responsibility has to be greater than zero dollars and the COB 1 – 3 must be equal to zero dollars. For example, if payers are attached to the encounters, then the encounters must be billed and all payments from the payers must be posted, leaving only a patient balance on the encounters.

#### **To calculate and apply a Sliding Fee Schedule against charges in Batch mode:**

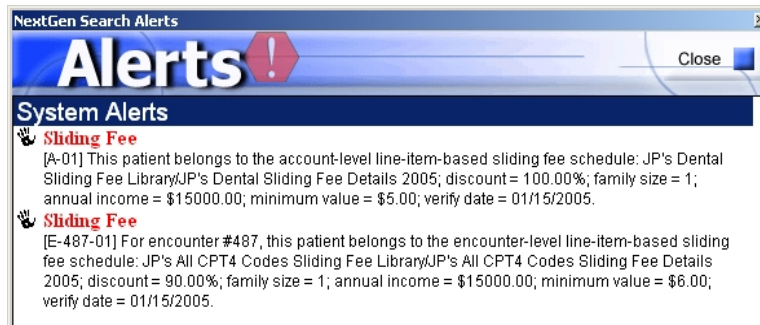
- 1** From the Main menu select **Tasks** and then **Lookup**.
- 2** From the **Lookup** menu select **Encounters**.
- 3** Enter the appropriate search criteria.
- 4** Click **Find**.
- 5** Select the appropriate patients and encounters that calculate and apply the Sliding Fee Schedule to.
- 6** Right-click to display the short-cut menu, then select **Sliding Fee**.

You can verify that the Sliding Fee Schedule was calculated and applied against the patient responsibility charges by accessing the applicable patient charts, click the **Encounters** tab, select the applicable encounter listed in the **Encounter** list, and then click the **Transactions** tab. The Sliding Fee adjustment displays.

### *Self-Pay Patients*

When a patient is self-pay, the application automatically calculates the Sliding Fee Schedule and applies it against the encounter charges that you enter on the *Charge Entry* dialog box.

When you save the charges, the application displays an Alert that indicates the Sliding Fee Schedule adjustment amount for the charges. The Alert also displays the sliding fee detail grid information.




**Note:** A Sliding Fee Schedule can be calculated and applied against an encounter as many times as necessary; however, depending on how the Sliding Fee Schedule is defined to calculate, it may only apply against a charge one line item at a time. If you have any questions as to how the Sliding Fee Schedule is calculating charges, see your system administrator.


## Adding National Drug Codes (NDC) Data to Charges

To enable you to bill for clinical items such as prosthetics, you can enter NDC data at the line item level in Charge Entry. The NDC Number and other NDC data fields are added to the Charge Entry screen automatically when the procedure originates from NextGen EHR. When the procedure originates in NextGen Practice Management, the data entry clerk must enter the NDC data.

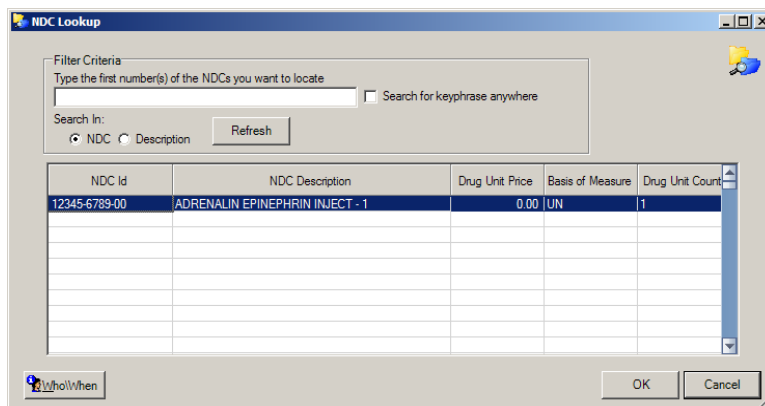
### To enter NDC data in Charge Entry:

- 1 Highlight the charge in the ledger.
- 2 Click the NDC Lookup  button on the tool bar.

The *NDC Data for this Charge* dialog box displays.

- 3 Click the open record  button.

The *NDC Lookup* dialog box displays.



The *NDC Lookup* dialog box contains a search section at the top with a text input field for filter criteria, a checkbox for 'Search for keyphrase anywhere', and radio buttons for 'NDC' (selected) and 'Description'. Below this is a table with the following data:

NDC Id	NDC Description	Drug Unit Price	Basis of Measure	Drug Unit Count
12345-6789-00	ADRENALIN EPINEPHRIN INJECT - 1	0.00	UN	1

At the bottom are 'OK' and 'Cancel' buttons, and a 'Who/When' button on the left.

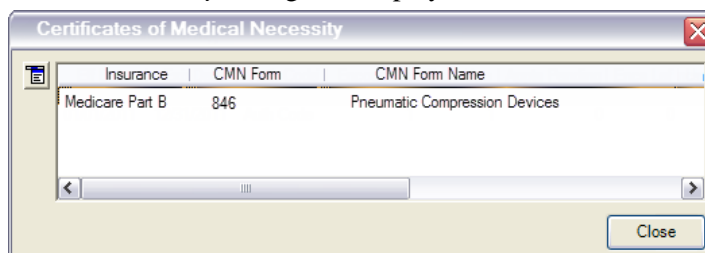
- 4 Indicate whether you want to search by NDC number or by the description of the code.
- 5 Enter the filter criteria.  
The matching results display in the lower section of the dialog box.
- 6 Highlight the NDC number that you want to apply to the charge and then click OK.
- 7 Click OK on the *NDC Data for this Charge* dialog box.

## Adding A Certificate of Medical Necessity

To add Certificates of Medical Necessity to charges:

- 1 Click the CMN Information  button on the *Charge Posting* dialog box.

The *Certificates of Medical Necessity* dialog box displays.



The *Certificates of Medical Necessity* dialog box shows a table with the following data:

Insurance	CMN Form	CMN Form Name
Medicare Part B	846	Pneumatic Compression Devices

At the bottom is a 'Close' button.

- 2 Click the  Open Menu button and select **New** to add a Certificate of Medical Necessity.

The *Certificate of Medical Necessity Information* dialog box displays.

**Certificates of Medical Necessity Information**

Patient: Schofield, Richard      Insured: Schofield, Richard

Insurance: Medicare Part B Contract

CMN Form: 846      CMN Form Name: Pneumatic Compression Devices      CMN Form SIM: E0652

Certification Type: Initial      Certification Date: 10/01/2009      Height (In Inches):      Weight (In Pounds): 18.00

ICD9      Description      CPT4      Description

Estimated Length of Need (# of Months):

#	Question	Answer
1	Does the patient have chronic venous....	Yes
2	If the patient has venous stasis ulcers ....	No
		N/A

Ordering Provider:      Signature Date: 10/01/2009

Who/When      OK      Cancel

- 3 Select the Insurance and CMN form for the certificate.
- 4 Complete the remaining CMN fields as necessary
- 5 Click OK.

## CHAPTER 4

# Statements

Statements are documents that detail all charges, payments, adjustments, and refunds for each encounter. Remit To bar codes display on printed statements.

## Creating and Printing Patient Statements

For billing purposes, you can generate patient statements for:

- › Self-pay patients
- › Patients with a balance remaining after their insurance has paid

You can also generate statements for all patients to keep them informed of their account activity. You can print the statements for individual patients or accounts, or in batch mode. You can also generate patient statements at the enterprise level.

**Note:** Patients who are processed for bad debt do not get a statement.


In addition, statements print all recently paid off line items in batch mode and optionally in demand mode. This means that transactions entered against an encounter since the last statement run prints on the statement, even if the balance is zero and the status is history. This enables the guarantor to see the latest statement activity.

Encounters that are in a budget status can be included on the statement.

## Printing Statements On Demand

You can print a patient statement on an as needed, or on demand, basis. Printing statements on demand means you can print the patient statements individually and as you need them.

### To create and print a patient statement on demand:

- 1 Access the patient chart.
- 2 Select the Encounters tab.
- 3 Click on the appropriate encounter and then click the **Stmts** button  on the NextGen Practice Management toolbar.

The *Patient Statement* dialog box displays.

**Patient Statement - Dashboard, Daniel D (Dan)**

**General** | Enterprise | Practice | Location | Provider

**Statement Account Options**

- ☒ Account Statement Amount Range
  - From  To
  - ☐ Acct Patient Balance Only
  - ☒ Acct Patient + Ins. Balance

**Statement Encounter Options**

- ☐ Show Only Encounters with a Patient Balance
- ☒ Show Encounters in Budget Status

**Statement Charge Options**

- ☐ Show All Charges:
  - From  To
  - ☐ Include Charge Activity To
  - ☒ Exclude Void Charge / Transaction Activity
  - ☒ Include Outsourced Charges

**Statement Display Options**

**Statement Breaks**

- ☒ Break by Guarantor
- ☐ Break by Patient

**Print One Statement**

For Each Pra

**Statement Sort By**

Account ID

- ☒ Check for Statement Exceptions
- ☒ Display Credit Balances on Statement
- ☒ Display Detail Information on Statement
- ☒ Show Grid Lines

**Statement History Options**

- ☐ Update Last Statement Dates
- ☐ Update Dates on Forced Statements
- ☐ Create NextMD Statement Records
- ☒ Upload Export File to NextGenEDI

Preview Print Export Stmt Report Close

The options already selected populate based on your practice preferences. To change these settings and selections, contact your system administrator.

You can enter a From and To range for the statement minimum amount.

The other tabs, **Enterprise**, **Practice**, **Location**, and **Provider** do not display for on demand statement printing. They only display in batch mode.

- 4 After you select the appropriate criteria, click **Print**.

**Note:** The Next Print Date can be blank on the report if the patient has never received a statement or if his or her account was created prior to NextGen Practice Management version 2.60a. In versions prior to 2.60a, new accounts had the Next Print Date automatically set to 30 days after the account Create Date.

## Printing Statements In Batch Mode

If you print statements in batch mode, there are four other tabs available that enable you to print patient statements at the enterprise, practice, location, or provider level.

### To print statements in batch mode:

- 1 From the Main menu select **File** and then **Print Forms**.
- 2 From the Print Forms menu select **Statements**.
- 3 Select the appropriate criteria for the patient statements.
- 4 Click the **Print** button.

## Specifying Enterprises for Statement Generation

If you want to generate patient statements at the enterprise level, you must generate them in batch mode.

### To generate and print patient statements at the enterprise level:

- 1 Select File menu > Print Forms > Statements.  
The *Statements Options* dialog box displays.
- 2 Select the appropriate criteria for the patient statements.
- 3 Click the Enterprise tab.
- 4 Click the Open button and select the appropriate enterprise.
- 5 Click the Print button.

## Specifying Practices for Statement Generation

If you want to generate patient statements at the practice level, you must generate them in batch mode.

### To generate and print patient statements at the practice level:

- 1 From the Main menu select File and then Print Forms.
- 2 From the Print Forms menu select Statements.  
The *Statements Options* dialog box displays.
- 3 Select the appropriate criteria for the patient statements.
- 4 Click the Practice tab.
- 5 Click the Open button and select the appropriate practice.
- 6 Click the Print button.

## Specifying Locations for Statement Generation

If you want to generate patient statements at the location level, you must generate them in batch mode.

### To generate and print patient statements at the location level:

- 1 From the Main menu select File and then Print Forms.
- 2 From the Print Forms menu select Statements.  
The *Statements Options* dialog box displays.
- 3 Select the appropriate criteria for the patient statements.
- 4 Click the Location tab.
- 5 Click the Open button and select the appropriate location. You can select more than one.
- 6 Click the Print button.

## Specifying Providers for Statement Generation

If you want to generate patient statements at the provider level, you must generate them in batch mode.

### To generate and print patient statements at the provider level:

- 1 From the Main menu select File and then Print Forms.
- 2 From the Print Forms menu select Statements.  
The *Statements Options* dialog box displays.
- 3 Select the appropriate criteria for the patient statements.
- 4 Click the Provider tab.
- 5 Click the Open button and select the appropriate provider. You can select more than one.
- 6 Click the Print button.

## Adding Late Fees to Statements

When you generate batch statements, the application provides the option of adding:

- > A flat fee
- > A percentage-based late fee

### To add late fees:

- 1 Click the Late Fee button on the *Statement Options* dialog box.

The *Late Fee Process* dialog box displays.

- 2 You can choose the SIM you want to use for late fees.
- 3 Indicate the number of days past the patient responsibility date you want the late fee charge to be applied.
- 4 Indicate if you want the late fee to be a flat fee (taken from the SIM) or a percentage of the patient balance. If you choose percentage, specify the percentage you want to use in the available field.
- 5 Click OK.



**Note:** The application attributes late fee charges to the encounter rendering physician on the encounter.

## Location-Specific Logos for Statements and Fee Tickets

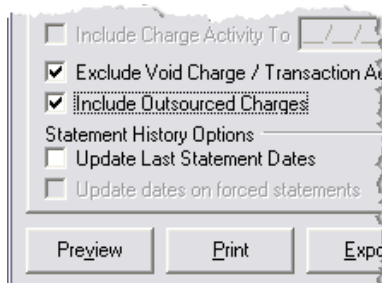
You can apply and print location-specific logos for fee tickets and statements. When printing fee tickets, the application determines if a location-specific log exists and if it does, it prints that logo instead of the practice logo.

The application prints location-specific logos for statements when one of the following conditions are true:

- The statement options are set to **Print One For Each Location**.
- The statement options are not set to **Print One For Each Location**, *but* all the encounters on the statement are for the same location.

## Including Outsourced Charges on a Statement

When you generate a statement for a patient, you can include any outsourced charges on the statement by activating the **Include Outsourced Charges** option on the *Patient Statement* dialog box.



## Verifying Statements with the Statement Run Report

You can generate and print the *Statement Run Report* before printing patient statements to verify statement information before printing the statements. Running the *Statement Run Report* before printing statements does not affect the *Statement Run Report* that automatically generates after you print statements; this report still prints following the printing of patient statements.

You can use the *Statement Run Report*:

- To verify which patient statements print and the statement information that appears on the statements, based on the criteria selected.
- To verify that the **Next Print Date** for each patient statement is correct.
- To compare the data on the *Statement Run Report*, that is generated using the **Stmt Report** button prior to printing the statements, to the data on the *Statement Run Report* that is automatically generated after the statements print. This is important because once you print statements and the updated *Statement Run Report* is automatically generated, all the patient accounts have new **Update Last Statement Dates**. Comparing the two reports helps verify that all the statements printed successfully and that the **Next Print Dates** are correctly set for the next 30 days.

**To run a Statement Run Report before printing statements in Batch mode:**

- 1 Select File menu > Print Forms > Statements

The *Practice Statement* dialog box displays.

- 2 Set all the criteria to meet your requirements and then click the **Stmt Report** button.

The *Statement Run Report* displays and prints.

Statement Run Report					
The Health Institute					
12/11/00 5:47 PM					
Account ID	Guarantor	Ins Bal	Pat Bal	Generate Stmt Next Run?	Next Print Date
97	Adams, Kim	\$1,768.50	\$316.50		11/21/1999
TOTALS (1)		\$1,768.50	\$316.50		

---

**Note:** The **Next Print Date** can be blank on the report if the patient has never received a statement or if their account was created prior to the software version 2.60a. In prior versions, new accounts had the **Next Print Date** automatically set to 30 days after the account **Create Date**.

---

## Printing Statements

**To print statements:**

- 1 Select File menu > Print Forms > Statements.
- 2 Click the **Print** button to print the statements.

The application asks you if the statements printed correctly.

- 3 Review the statements that printed and click the appropriate response: **Yes** or **No**.

If you click **Yes**, and if **Update Last Statement Dates** was checked, the **Last Statement Date** in the **Account Profile** is changed. Also, the **Next Statement Date** is updated.

Besides the criteria that you enter on the *Statement Options* dialog box, the date that you are printing the statements must be greater than or equal to the "Next Statement Print Date" in the guarantor's account profile.

## Exporting Statements

You can export statements to an ASCII file so that the statements can be printed from another source. Only the information from the statement is exported, not the statement format.

### To export a statement:

- 1 On the *Statement Options* dialog box, click the **Export** button.  
The *Export Data to File* dialog box displays.
- 2 Enter the directory path and name of the export file.
- 3 A file is generated that can then be imported into another program with which to print your statements.

**Caution:** The Delimiter and Text Qualifier used in creating the file can be set by you in *Practice Preferences*. For more information, please refer to the *NextGen® Ambulatory Products Administrator Guide*.


## Generating Statements for Employer Accounts

You can identify worker's compensation patients on statements. The patient name and social security number (if available) prints on the first detail information line containing the standard encounter information on statements created with the employer as guarantor. In addition, the **Addressee** field displays the employer address information on the statement. Below is an example of a statement that is for a worker's compensation claim.

STATEMENT					
ADDRESSEE:			BILL TO:		
MicroMed Healthcare Systems 3340 Peachtree Road Suite 150 Atlanta, GA 30326 USA			Family Practice Center 2215 Peach Tree Road Building 2225 Atlanta, GA 30324		
<input type="checkbox"/> Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.			PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT This area is reserved for a 40 character msg.		
DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
05/27/99	VISIT FOR PETERSON, DAVE SSN: 483434342 WITH ANDERSON, JAMES C				
05/27/99	99201 - Office/Outpatient Visit, New Focused	\$65.00		\$65.00	
05/27/99	99070 - Special Supplies	\$125.00		\$125.00	
	VISIT TOTAL	\$190.00	\$0.00	\$190.00	\$190.00

## Statements for Worker's Compensation

### To set up a statement for Worker's Compensation:

- 1 Access the patient chart.
- 2 Select the encounter for the worker's compensation claim.
- 3 Set up the employer as the guarantor.
- 4 Click the **Statements**  icon.  
The *Patient Statement* dialog box displays.
- 5 Check the **Display Detail Information on Statement** check box.
- 6 Click **Preview** to display the statement or **Print** to print the statement.

## Archiving Statements

You can archive statements for future reference anytime you print or export the statements.

### To archive statements:

- 1 Select **File menu > Print Forms > Statements**.  
The *Statements Options* dialog box displays.
- 2 Verify that the **Update statement dates** check box is selected.
- 3 Click either **Print** or **Export**.  
A message displays, asking you if the statements printed correctly.
- 4 Click **Yes**.  
The *Statement Run Report* displays automatically.
- 5 You can print or close the report.

## Accessing Archived Statements

When statements are archived, you can access them from the **Account Profile > Notes tab > Statements** node. You can access statements for both people and employers on the Account Profile.

---

**Caution:** Due to compatibility issues between the NextGen applications and Microsoft® Internet Explorer, you must use Internet Explorer 6.0 or higher to view archived statements.

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## Viewing Archived Statements

After you print or export the statements you can view the individual statements from the guarantor's account profile.

**To view archived statements:**

- 1** Access the guarantors account and select the **Notes** tab.
- 2** Click on the **Statements** folder in the Folder section.  
The archived statements display to the right.
- 3** Double-click on the appropriate statement.  
The archived statement displays.

## *Setting Statement History Options*

You can set the following Statement History options:

- **Update Last Statement Dates** - Indicate whether or not you want to update the statement dates when generating the statements.
- **Update date on forced statement** - Activate this option to update the date on an account even when the **Generate Statement Next Run** option is checked on that account.

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## CHAPTER 5

# Collections


This section provides information on collecting delinquent balances within NextGen Practice Management.

## Setting up a Budget Plan

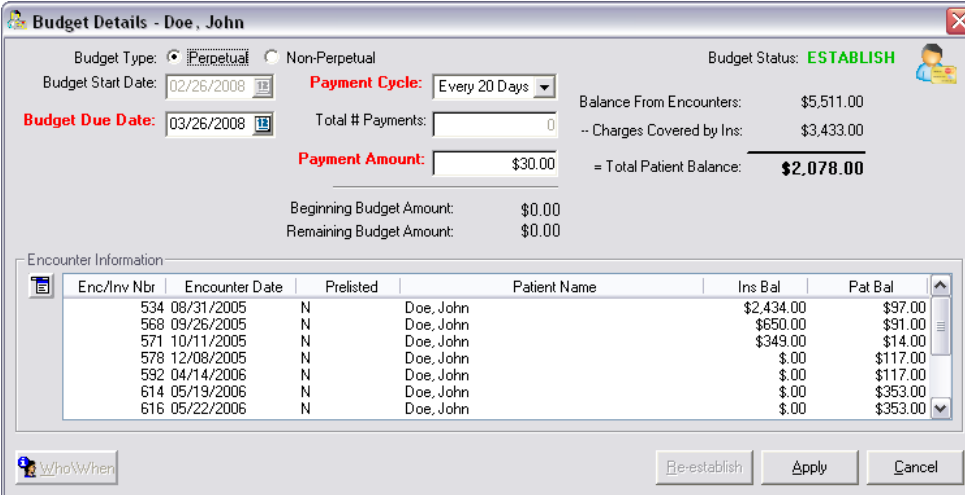
You can set up a monthly Budget Plan for patients that have an account balance that they are unable to pay in full.

**Note:** The patient whom you create the budget plan for must have an account.

### To set up a Budget Plan:

- 1 Locate the account for the patient that you want to create a budget plan for.
- 2 Select the **Budget** tab.
- 3 Click the **Open Menu**  button in the **Budget Plans** section and select **New** or **Open**.

The *Budget Details* dialog box displays.



**Budget Details - Doe, John**

Budget Type: ☒ Perpetual ☐ Non-Perpetual      Budget Status: **ESTABLISH**

Budget Start Date: 02/26/2008      **Payment Cycle:** Every 20 Days

**Budget Due Date:** 03/26/2008      Total # Payments: 0


**Payment Amount:** \$30.00


Balance From Encounters: \$5,511.00  
 -- Charges Covered by Ins: \$3,433.00  
**= Total Patient Balance: \$2,078.00**

Beginning Budget Amount: \$0.00  
 Remaining Budget Amount: \$0.00

Encounter Information

Enc/Inv Nbr	Encounter Date	Prelisted	Patient Name	Ins Bal	Pat Bal
534	08/31/2005	N	Doe, John	\$2,434.00	\$97.00
568	09/26/2005	N	Doe, John	\$650.00	\$91.00
571	10/11/2005	N	Doe, John	\$349.00	\$14.00
578	12/08/2005	N	Doe, John	\$0.00	\$117.00
592	04/14/2006	N	Doe, John	\$0.00	\$117.00
614	05/19/2006	N	Doe, John	\$0.00	\$353.00
616	05/22/2006	N	Doe, John	\$0.00	\$353.00

Buttons:  WhoWhen      Re-establish      Apply      Cancel

- 4 Indicate whether the Budget Plan is **Perpetual** or **Non-Perpetual**. A perpetual budget plan rolls over to each encounter, whereas a non-perpetual budget plan applies to only the selected encounters.
- 5 Select a **Payment Cycle** for the budget plan.
- 6 Click the **Open Menu**  button in the **Encounter Information** section and select the **Add**, **Delete**, **All**, or **None** option. (Non-Perpetual budget plans only.)
  - > If you choose **Add**, the *Encounter Lookup* dialog box displays. Proceed to step 6.

- If you choose **Delete**, the highlighted encounter is deleted from the Budget Plan.
- If you choose **All**, any encounter that has a patient balance is included in the budget plan.
- If you choose **None**, the Budget Plan is no longer be active and the dialog box disables all fields.

**7** Highlight the encounter to add to the plan, and click **Add**.

**8** Right click to display the short-cut menu and choose **Select**.

The encounter is added to the plan.

**9** Enter one of the following:

- Enter the total number of payments in the **Total # Payments** field, if the budget plan is being setup based on a set number of payments. NextGen Practice Management automatically calculates the dollar amount for each of those payments, which are distributed evenly over the total number of payments.
- Enter the payment amount in the **Payment Amount** field, if the budget plan is being setup based on a set payment amount every month. NextGen Practice Management automatically calculates the total number of payments, based on the amount that is to be paid each month.

**Caution:** Because NextGen Practice Management distributes the payment amount evenly over the total length of the budget plan, when you enter a dollar amount and the total number of payments is calculated, the application also recalculates the payment amount to reflect a payment amount that is equally distributed over the total length of the budget plan. If you re-enter the payment amount in the **Payment Amount** field a second time, the dollar amount you enter does not recalculate the second time.

**Example:** If you are setting up a budget plan on an account that has a total balance due of \$5845.00 and you want the monthly payment amount to be \$150.00, then the total number of payments calculates as 39, but the payment amount is recalculated to \$149.87. To set the payment amount to \$150.00, you need to re-enter \$150.00 in the **Payment Amount** field a second time.

**Note:** Encounters on a budget plan display in the patient chart with a checkbook icon next to them.

## Printing Budget Plan Letters

### To Print Budget Plan Letters:

**1** Select File menu > Print Forms > Letters > Budget Letters

Budget Options		
<input checked="" type="checkbox"/> Run Terminate Process	Billy Bob's Knee Breakers	
Include Budget Letters:		
		Letter Count:
<input checked="" type="checkbox"/> First	Budget First	2
<input checked="" type="checkbox"/> Normal	Budget Normal	0
<input checked="" type="checkbox"/> Final	Budget Final	0
<input checked="" type="checkbox"/> Delinquent	Budget Delinquent	1
<input checked="" type="checkbox"/> Pre-List	Budget Defunct	0
<input checked="" type="checkbox"/> Missed Pay	Budget Missed Payment	0
<input checked="" type="checkbox"/> Underpay	Budget Underpayment	0
Budget History Options		
<input checked="" type="checkbox"/> Update Budget Dates		
<div>Export    Preview    Print    Close</div>		



- 2 In the **Include Budget Letters** section, check the types of letters to print. There are seven types of budget letters:

- First
- Normal
- Final
- Delinquent
- Pre-List
- Missed Pay
- Underpay

When you select a type of budget letter, the field to the right of it is active.

- 3 Select the name of the letter you want to print.


The **Letter Count** field displays the number of letters to print for each type of letter.

- 4 Click the **Update Budget Dates** check box to update the **Last Letter Sent On** field on the **Budget** tab of the *Account Profile* dialog box.
- 5 Click the **Preview** button to review the letters before you print them. Otherwise, continue to the next step.
- 6 Click the **Print** button to print the Budget Plan Letters.

## Posting a Budget Payment

After you set up the budget for the patient, you will have to post those payments under the budget plan so that the patient receives the proper credit towards the budget.

### To receive and post a budget payment:

- 1 On the Main toolbar click the **Posting**  button.

The *Balance Control* dialog box displays.

- 2 Double-click on the appropriate batch to open it.

The *Payment Entry* dialog box displays.

- 3 In the **Source/Account** field, select **Budget** from the drop-down list.
- 4 Select the appropriate patient.

The **Pay Amt** field should automatically populate with the budget payment amount.

- 5 Click **Save**.

The amount is applied towards the account and the remaining balance displays in the **Balance** column of the *Ledger*.

## Managing Budget Non-Payments

NextGen Practice Management sets the budget plan to be paid on a monthly cycle.

If	Then
----	------

If	Then
the patient does not pay his/her monthly amount	<p>there is a grace period as set in the <i>Practice Preferences</i>.</p> <hr/> <p><b>Note:</b> When running budget letters, NextGen Practice Management determines who has not paid by the budget due date, but is still within the grace period. These people receive <b>Delinquent</b> letters.</p> <hr/>
the patient does not pay within the grace period a budget plan is terminated	<p>the budget plan can be terminated and the encounters automatically pre-listed. On the <i>Budget Letter</i> dialog box, choose the Run Terminate Process, and choose to which collection agency to pre-list the encounters.</p> <ul style="list-style-type: none"> <li>▪ The encounters are reset to non-budget.</li> <li>▪ These encounters are also pre-listed for bad debt to the agency selected in the <i>Budget Letters</i> dialog box.</li> <li>▪ The account is flagged to produce a statement on the next statement run.</li> </ul>

**Note:** Budgets cannot be reinstated once they have been terminated. However, a new budget plan can be set up. The default agency for pre-list, the budget default letters, and the amount of time to be used for the grace days are defined in *Practice Preferences*. To change these defaults, contact your system administrator.

## Pre-Listing Encounters

You can pre-list Encounters for review before they are turned over to a collection agency and assigned a **Bad Debt** status.

**Note:** Encounters with a zero (\$0.00) dollar charge balance that have had a positive balance forward adjustment applied to adjust what the patient owes can still be pre-listed and assigned as **Bad Debt** status.

### Rules for Pre-listing an Encounter:

To assign an encounter to the Pre-List, the following conditions must be met:

- › The encounter must have a **Billed** status.
- › The insurance balances must be equal to zero (\$0.00) dollars.
- › The patient balance must be greater than zero (\$0.00) dollars.
- › The encounter cannot have an encounter credit balance.
- › The encounter cannot have any un-posted transactions.

You can select encounters for pre-listing from a patient chart or from

## Pre-Listing Encounters from the Patient Chart

You can pre-list encounters from the Encounters tab of a patient chart.

### To Pre-list encounters from the patient chart:

- 1 Access the patient chart and select the Encounters tab.
- 2 Right-click on the encounter and select Pre-List > Open from the short-cut menu.

The *Pre-List Multiple Encounters From Chart* dialog box displays.

Pre-List Multiple Encounters From Chart									
Pre-List Options									
Collection Agency	Effective Date	Guar Credit Rating	Bad Debt Status						
The Collection Agency	06/12/2007	Good	Bad Debt						
Select encounters for Bad Debt Prelist									
<input type="checkbox"/>	Encounter...	Date	Ins 1	Ins 2	Ins 3	Self	Patient Re...	Age	Statement...
<input type="checkbox"/>	647	01/15/2007	\$0.00	\$0.00	\$0.00	\$80.00	01/15/2007	148	01/15/2007
<input checked="" type="checkbox"/>	634	06/12/2006	\$80.00	\$0.00	\$0.00	\$0.00			06/12/2007

- 3 Select criteria for the required fields:
  - > Collection Agency - Select the agency you want to apply to the encounter(s).
  - > Effective Date - Select the date
- 4 Click the check box for each encounter in the list that you want to pre-list.
- 5 To save your changes, click OK.

The Pre-List information now displays on the patient chart.

## Pre-Listing Encounters from an Account

You can pre-list encounters from the Encounters tab of an account profile.

### To Pre-list encounters from an account:

- 1 Access the account and select the Encounters tab.
- 2 Right-click on an encounter and select Pre-List > Open from the short-cut menu.

The *Pre-List Multiple Encounters From Account* dialog box displays.

**Pre-List Multiple Encounters From Account**

Pre-List Options

**Collection Agency**      **Effective Date**      Guar Credit Rating      Bad Debt Status

The Collection Agency      06/14/2007      Bad      Bad Debt

Select encounters for Bad Debit Prelist

<input type="checkbox"/>	Encounter...	Date	Patient Na...	Ins 1	Ins 2	Ins 3	Self	Patient Re...
<input checked="" type="checkbox"/>	447	10/01/2004	Acme, Amy	\$930.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	448	10/08/2004	Acme, Amy	\$820.00	\$0.00	\$0.00	\$0.00	

Whereas all the encounters listed in the pre-list dialog box accessed from a patient chart are for the same patient, the encounters listed in the *Pre-List Multiple Encounters From Account* dialog box include encounters for different patients. The name of the patient associated with a listed encounter is displayed in the Patient Name column.

- 3 Select criteria for the required fields:
  - > Collection Agency - Select the agency you want to apply to the encounter(s).
  - > Effective Date - Select the date
- 4 You can indicate additional pre-list options:
  - > Guar Credit Rating - Select the credit rating for the guarantor.
  - > Bad Debt Status - Select the Bad Debt Status for the encounters you want to pre-list.
- 5 Click the check box for each encounter in the list that you want to pre-list.
- 6 To save your changes, click OK.

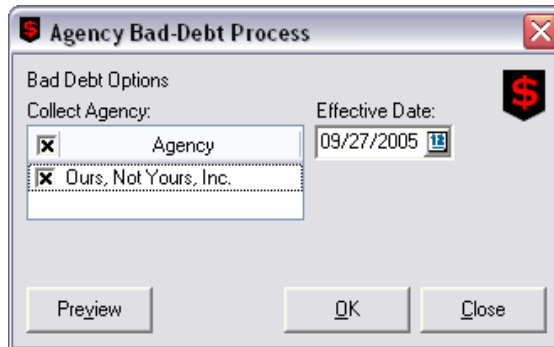
The Pre-List information now displays on the account.

## Previewing Pre-List Encounters

You can print a review list of patients who have been pre-listed before turning them over to bad debt.

### To print a preview:

- 1 From the main menu select File.
- 2 Select Processes and then Bad Debt.
- 3 The *Agency Bad-Debt Process* dialog box displays.



- 4 Select Preview to view the *Encounters Pending Bad Debt* report.

---

**Note:** If you do not select **Preview** at this point, *you cannot view the report later*. This is the only time you can view the report.

---

The *Encounter Pending Bad Debt* report displays, grouped by providers.

## Generating the Pre-List/Bad Debt Encounters Report

You can filter the *Encounters Pending Bad Debt* report based on various criteria in the report filter. Once the *Encounters Pending Bad Debt* report generates, use the following access path to access the report filter. You can then filter the report based on column choices or use the **Filter 2** tab to specify additional filtering criteria.

---

**Note:** The *Encounters Pending Bad Debt* report's results are grouped by provider.

---

### To filter the Pre-List/Bad Debt Encounters Report:

- 1 Select File menu > Processes > Bad Debt.
- 2 Highlight the applicable collection agency.
- 3 Enter the applicable Effective Date.
- 4 Click Preview.

The report generates and displays the listing of all patients and accounts on the Pre-list/Bad Debt report.

- 5 Once the report generates and displays on your dialog box, you can use the report menu bar to filter the report.

The Columns filter displays first:

- 6 You can click on the **Filter 2** tab to filter the report more specifically for patients and amounts due.
- 7 At any time you can click the **Print** button on the report toolbar and print the report.

## *Credit Balances Excluded from Bad Debt*

You can have an exception case to the bad debt process. Encounters with an individual line item credit balance that are in a pre-list status are excluded from the bad debt process. These encounters continue to appear on the *Encounters Pending Bad Debt* report so you can review them before the bad debt process runs. If the encounter is still in a pre-list status when the bad debt process runs, a message displays and the encounter does not be process to bad debt.

## *Taking an Encounter Off the Pre-List*

If the patient pays his/her balance, or you enter an encounter into Pre-List in error, you can remove it.

### **To remove an encounter from the Pre-List:**

- 1 Access the chart for the patient who has the pre-list encounter.
- 2 Select the **Encounters** tab of the chart.
- 3 Right-click on the encounter to display the short cut menu.
- 4 Select **Pre-List > Delete**.

The application asks you to confirm the removal of the encounter from pre-list status.

- 5 Click **Yes**.

The encounter's status returns to **Billed**.

## *Converting an Encounter to Bad Debt Status*

Turning an encounter over to a collection agency puts the encounter in **Bad Debt** status. The application creates an audit trail for the encounter that has been placed in Bad Debt status by creating two transactions for the encounter:

- One transaction removes the encounter from the Accounts Receivable
- The second transaction designates encounter as Bad Debt

### **To turn the encounter over to a collection agency:**

- 1 Select **File menu > Processes > Bad Debt**.

The *Agency Bad-Debt Process* dialog box displays.



- 2 Select the agencies for which you want to run the Bad Debt process.

By default, all agencies are selected.

- › You can clear the selections of all the agencies by choosing **Deselect All** from the short-cut menu.
- › Choose **Select All** to select all the agencies.
- › Select individual agencies by placing a check in each one's check box.

- 3 Click OK to start the process

- › Or, you can select **Preview** to view the *Encounters Pending Bad Debt* report.

---

**Recommendation:** We recommend that you preview and print your *Pending Bad Debt* report before running the Bad Debt Process. No other report generates to show which encounters are now bad debt.

---

When you start the process, the application asks you if you want to process the encounters as bad debt.

- 4 Click Yes to continue with the process.

- › Once the process is complete, the encounters have a status of **Bad Debt**.
- › In addition to the new status, an Encounter Note is added to the patient chart noting who sent, and when, the encounter to **Bad Debt**. Among other information, the encounter note lists the collection agency to which the encounter has been assigned.

---

**Note:** If any of the pre-listed encounters have been paid in full (displays encounter **History** status), then they do not go through the Bad Debt process. Also, if any of the encounters have unposted payments, they display on the *Encounters Pending Bad Debt* report; but they do not go through the process. Instead, the warning message displays.

---

## Reinstating an Encounter from Bad Debt Status

You can reinstate an encounter that has a Bad Debt status if it meets the following criteria:

- A status of **A (Bad Debt)**
- A patient balance greater than or equal to zero
- All insurance balances equal to zero
- No encounter credit balances
- No un-posted transactions

**To reinstate an encounter:**

- 1 Access the patient chart and select the **Encounters** tab.
- 2 Right-click on the encounter and select **Reinstate** from the short-cut menu.
- 3 Click **Yes**.

The application asks you to confirm the removal of the encounter from bad debt status.

The encounter returns to a **Billed** status, with the reinstatement date.

In addition, the application adds an Encounter Note to the patient chart that indicates who reinstated the encounter and when.


When an encounter goes through the Bad Debt process, two transactions are automatically created for the encounter, providing an audit trail:

- One transaction to take the encounter off **Bad Debt** status
- The second transaction returns the encounter to Accounts Receivable

## Changing Collection Agencies

You can change the collection agency assigned to an encounters in Bad Debt status.

**To change a collection agency:**

- 1 From the **Encounters** tab on the patient chart, select the encounter with the collection agency you want to change.
- 2 Click the **Open Record**  button to open the *Agency Bad Debt Maintenance* dialog box.
- 3 Click the drop-down arrow in the **Collect Agency** field to display a list of collection agencies.
  - This is the only field that can be edited in this dialog box.
  - The **Effective Date** field cannot be changed.
- 4 Select the agency to assign and click **OK**.

---

**Note:** You can view the change under the **Encounters** tab in the **Encounter Information** section of the dialog box or under the **Notes** tab under **Clinical History/Encounters** of the patient chart.

---



## Tracking Bad Debt

Assigning a **Bad Debt** status to encounters when they are pre-listed means you can track encounters and report on the reason why they moved to Bad Debt status. To use the Bad Debt Status tracking functionality, Bad Debt statuses must be defined at the Master List level in the NextGen File Maintenance application. If you want to add, edit, or delete any Bad Debt statuses, contact your system administrator.

## Assigning a Bad Debt Status

You can assign Bad Debt statuses once you pre-list encounters. Keep in mind that items with a Bad Debt status cannot be outsourced.

### To assign a Bad Debt status:

- 1 Access the patient chart and select the **Encounters** tab..
- 2 Right-click on the encounter and select **Pre-List > Open** from the short cut menu.

The *Pre-List Encounter* dialog box displays.



The **Pre-List Encounter** dialog box contains the following fields:

- Pre-List Options** (Section Header)
- Collect Agency:** A dropdown menu with "The Collection Agency" selected.
- Effective Date:** A date field showing "01/23/2007" with a calendar icon.
- Guar Credit Rating:** A dropdown menu.
- Bad Debt Status:** A dropdown menu with "First Time Bad Debt" selected.
- Buttons:** "OK" and "Cancel" buttons at the bottom right.

- 3 Select the appropriate collection agency from the **Collection Agency** drop-down list.
- 4 Select the date the bad debt status becomes effective in the **Effective Date** field.
- 5 Select the applicable bad debt status from the **Bad Debt Status** drop-down list.
- 6 Click **OK**.

The Bad Debt information automatically displays on the patient's chart in a red color.

---

**Note:** Patients processed for bad debt do not get a statement.

---

## Collections Follow-up

You can enter in follow-up dates, select Collection letters, and enter follow-up notes per encounter.

### To access Collections:

- 1 Access the patient chart and select the **Encounters** tab.

- 2 Right-click on the encounter and select **Open** from the short-cut menu.

The *Encounter Maintenance* dialog box displays.

- 3 Select the **Billing & Collections** tab.

The following table provides information on using the **Billing and Collections** tab.

Field	Description
<b>Follow up Date</b>	The follow up date for the patient next appointment as a follow-up to this encounter.
<b>Follow up Check box</b>	Select this option if you want the follow-up appointment to be mandatory.
<b>Type of Bill</b>	From the UB92 form, this field indicates what type of bill this is. In other words, a final bill, inpatient, outpatient, inclusive, etc.
<b>Collection Letter</b>	Select the appropriate collection to send out from the list.
<b>Hold Until Date</b>	You can specify a date that the collection letter can be mailed.
<b>Rental</b>	Indicates whether or not the encounter is a rental.
<b>Encounter Rates</b>	Indicates the Encounter Rate SIMs that have been set up in the SIM Library, if any.
<b>Delay Reason Code</b>	The delay reason codes indicate the reason the claim is delayed in reaching the carrier. Assign these codes on the Billing & Collections tab of the <i>Encounter Maintenance</i> dialog box.

Field	Description
<b>Primary Enc Rate Billing Status</b>	The status of the primary carrier billing status.
<b>Send Collection Letter Check Box</b>	Select this option if you want to designate this encounter as requiring a collection letter.
<b>Secondary Enc Rate Billing Status</b>	The status of the secondary carrier billing status.
<b>Tertiary Enc Rate Billing Status</b>	The status of the third's carrier billing status.
<b>Encounter Notes</b>	You can enter notes pertaining to this encounter in this field.
<b>Sliding Fee Schedule Verification</b>	This is verification of the patient income and sliding fee schedule.

## The Collections Follow-Up Report

The Collections Follow-Up report is located under the Reports menu. The special feature of this report is that while the report is in preview mode, if the follow-up date is changed, the report displays the patient encounter as being *crossed off*. This indicates that the patient encounter has been *worked*.

## Printing Batch Collection Letters

Before you can print collection letters in batch, the appropriate encounters must be pre-listed.

### To print a collection letter:

- 1 Select File > Print Forms > Letters > Account Collections Letters or Encounter Collections Letters.  
The *Batch Encounter Collection Letters* or *Batch Account Collection Letters* dialog box displays.
- 2 Click Find to display all the pre-listed encounters.  
The results display.
- 3 Under the Letter History Options label, you can click the Update Letter Dates option so that the patient chart updates with the date that this letter was printed and sent.
- 4 After the results display, click one of the following buttons:

Button	Description
<b>Clear</b>	Clears all results that display.
<b>Find</b>	This is the equivalent to Search. As soon as you click Find, or press enter NextGen Practice Management searches for all pre-listed encounters and displays them in the Collection Letters section.
<b>Export</b>	If you click this button, the <i>Export Data to File</i> dialog box opens so that you can save the letters to a file for later printing.  Note: The Export option is also available when you right-click on the <i>Batch Collection Letter</i> dialog. (If you run a report and then click on the Letter toolbar option the <i>Batch Collection</i> letter dialog displays. Right-click on a letter and select the Export option.)
<b>Preview</b>	Clicking this button opens the Preview Letters dialog box.

<b>Print</b>	If you click this button, the letters print immediately to the specified printer. For more information about selecting a default printer for these and other documents, see the Printer tab of User Preferences.
<b>Close</b>	You can close this dialog box by clicking this button. None of your selections are saved if you click Close. The encounters remain pre-listed; you can still search for them and print or export them.

## Outsourcing Charges

When you are unable to collect outstanding balances, you can outsource the charges to an external collection agency. Outsourcing charges removes the outstanding balances from the accounts receivable of the practice.

**Note:** The application does not provide the option to outsource charges for encounters with a Bad Debt status.

### To outsource a charge:

- 1 Access the patient chart and select the Encounters tab.
- 2 Right-click on the encounter and select **Outsource charges** from the short-cut menu.

The *Outsource Process* dialog box displays.

- 3 Select the **Outsource Agency**, **Payer**, **Financial Class**, and **Provider**.

- 4 Enter the **Outsource Date** and the **SIM From** and **To**.
- 5 Indicate whether the charges being outsourced are a **Patient Balance** or an **Insurance Balance**.
- 6 Enter the minimum amount to search for in the **Amount From** field and the maximum amount in the **To** field.
- 7 Enter the minimum number of days past due to search for in the **Days From** field and the maximum number of days is the **To** field.
- 8 You can choose to view charges previously outsourced by selecting the **Outsourced charges only** option.
- 9 In the **Charges** list, select the line items you want to outsource.
- 10 Click **Outsource**.  
A confirmation message displays.
- 11 Click **OK** to continue.  
The *Export Data to File* dialog box displays.  
You can save this information to a file that can be exported to another application.
- 12 If you are saving the data to a file, in the **File name:** field enter the file name and click **Save**. If you do not want to save this data to a file, click **Cancel**.

---

**Note:** Whether you choose to save the data in a file or not, the Outsourcing Report automatically generates.

---

## Viewing Outsourced Charges in the Patient Chart

You can view the charges that have been outsourced for an encounter on the **Financial** tab of the patient chart.

### To view outsourcing information:


- 1 Access the patients chart and select the **Financial** tab.
- 2 Double-click on the encounter entry you want to view.

The application displays the outsourcing information under the **Outsource Agency** and **Outsource Date** columns.

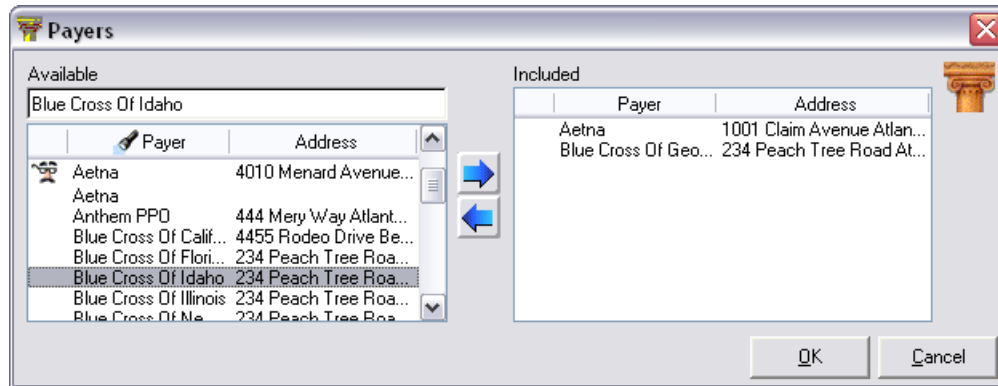
## Outsourcing Charges for Multiple Payers

You can outsource charges for multiple payers at one time.

### To outsource charges for multiple payers:

- 1 Select **File** menu > **Processes** > **Outsource Charges**.  
The *Outsource Process* dialog box displays.
- 2 Click the **Payer** tab.
- 3 Click the Open  button.

The *Payers* selection list box displays.



- 4 Use the blue arrow buttons to move payers from the **Available** section to the **Included** section and click **OK**.

---

**Note:** You can add as many payers as you like.

---

- 5 To search and find all charges for the selected payers, click **Find**.

All charges that match your criteria display.

- 6 You can, at this point, click:

- **Outsource** to outsource all these charges simultaneously.
- **Report** to generate and view a report of all these charges.
- **Close** to cancel the outsource process for these charges.

## Viewing Previously Outsourced Charges

You can view previously outsourced charges using the Outsource Charges Process. This is not a history report. NextGen Practice Management searches for charges that have already been outsourced and displays them for you. You can, as with outsourcing charges normally, generate a report based on the result of your search criteria.

### To view previously outsourced charges:

- 1 Select **File menu > Processes > Outsource Charges**.

The *Outsource Process* dialog box displays.

- 2 Check the **Outsourced charges only** option.

Selecting this options limits the search to charges that *have already been* outsourced.

- 3 You must select at least one other search criteria.

- 4 Click **Find**.

The search results display.

- 5 To create a report based on these results, click **Report**.

- To clear the criteria for another search, click **Reset**.

## Generating Reports on Outsourced Charges

The following reports can include outsourced charge information:

- |                                 |                                                                   |
|---------------------------------|-------------------------------------------------------------------|
| ➤ Aging Analysis - By Line Item | ➤ Daily Line Item Payments                                        |
| ➤ Insurance Aging Analysis      | ➤ Daily Encounter Payments                                        |
| ➤ Insurance Detail              | ➤ Monthly Change in Accounts Receivable                           |
| ➤ Insurance Summary             | ➤ Monthly Provider Productivity by RVU                            |
| ➤ Activity Detail               | ➤ Monthly Service Item Summary - Extended Amount and Transactions |
| ➤ Daily Charges                 | ➤ Monthly Service Item Summary - Transaction Source               |

## Dunning Messages

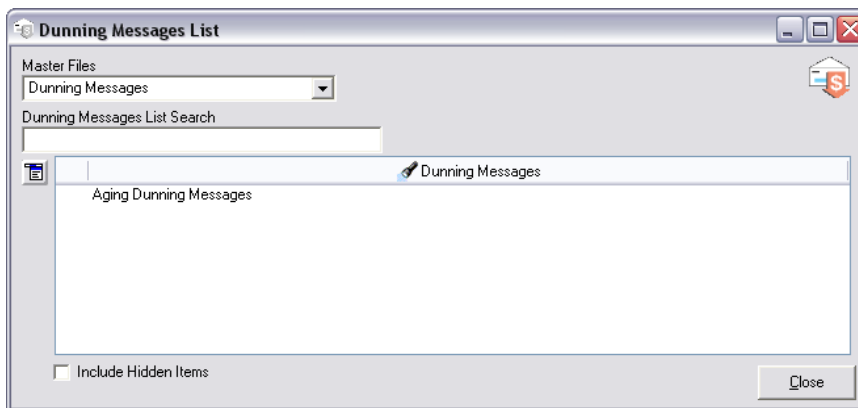
NextGen Practice Management can automatically print dunning messages on statements as reminders of payment due or past due. You create the message you want to print on the statement based on five aging categories. The messages generate based on the oldest aging category that has a positive balance. The messages automatically print in bold text after all of the account charges and transactions in the body of the statement.


**Note:** The age of an encounter can be different depending on the default **Statement Aging Date** field specified on the **Statements** tab in Practice Preferences. For additional information refer to the section **Statements Tab**.

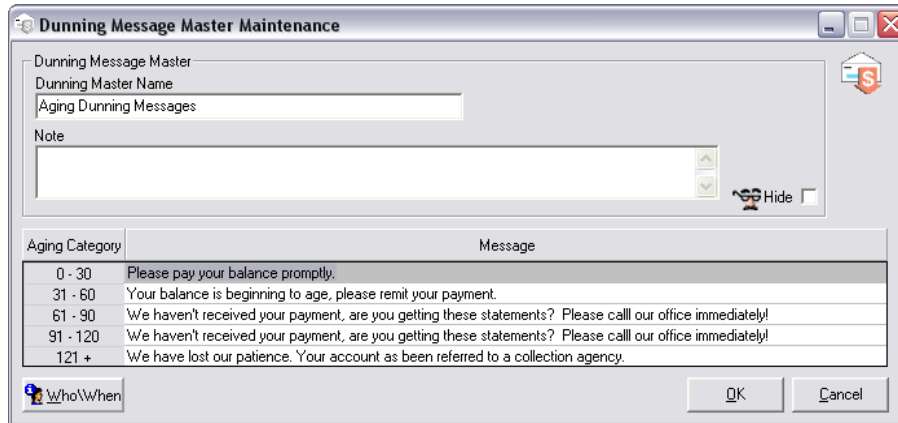
### To set up the Dunning Messages:

- 1 Access the list of Practice master files.
- 2 Click Dunning Messages.

The *Dunning Messages List* dialog box displays.



- 3 To create a new set of dunning messages, click the **Open Menu**  button and select **New**. The *Dunning Message Master Maintenance* dialog box displays.



Aging Category	Message
0 - 30	Please pay your balance promptly.
31 - 60	Your balance is beginning to age, please remit your payment.
61 - 90	We haven't received your payment, are you getting these statements? Please call our office immediately!
91 - 120	We haven't received your payment, are you getting these statements? Please call our office immediately!
121 +	We have lost our patience. Your account as been referred to a collection agency.

Field	Description
<b>Dunning Master Name</b>	Type the name in the Dunning Master Name field that identifies the set of dunning messages that you are creating.  Note: You can create multiple sets of dunning messages, each identified by the Dunning Master Name. This enables you to create a standard set of messages to be used most of the time and a different set for special circumstances.
<b>Aging Category/ Message columns</b>	In the Message column, type a dunning message in the appropriate rows for the aging categories as needed. An entry is not required for each aging category. Available aging categories are: <ul style="list-style-type: none"> <li>0 - 30</li> <li>31 - 60</li> <li>61 - 90</li> <li>91 - 120</li> <li>121+</li> </ul>

## Dunning Messages on Statements

You can automatically print dunning messages on statements. The messages generate based on the oldest aging category with a positive balance. The message automatically prints in bold in the body of the statement, following all of the account charges and transactions. Dunning messages can be suppressed on an individual account basis. For information on setting up Dunning Messages see the NextGen System Administrator Guide.

**Note:** The age of an encounter can be different depending on the default **Statement Aging Date** field specified on the **Statements** tab in Practice Preferences.

## Setting Up Dunning Messages for Statements

You can create line-item dunning messages on statements. By associating the messages with aging categories, you can ensure that guarantors receive messages appropriate to their status in the collection cycle.



**To set up dunning messages for statements:**

- 1 In the Statement Message master file, create the statement messages that print at the statement line item level in the Statement .
- 2 In the Statement library, set aging categories and select the appropriate messages for each category. )You can also specify a message to be used when insurance pays.)
- 3 In the Statement Parameter Mapping master file, map a financial class to the statement libraries for primary, secondary, and tertiary payers.

**Note:** If necessary, set payer-specific statement parameters that override the Statement Parameter Mappings master file.

## Mapping Dunning Messages to Financial Classes

You can map statement dunning messages to Financial Classes in the Statement Parameter Mappings master file by specifying the Statement libraries to use when a payer is primary, secondary, or tertiary. If no Statement Parameter Mappings are set up, then the regular dunning messages print at the bottom of the statement.

**Note:** The Financial Class is attached to the payer in the Payer master file. You can override the Statement Parameter Mappings master file by setting payer-specific statement parameters.

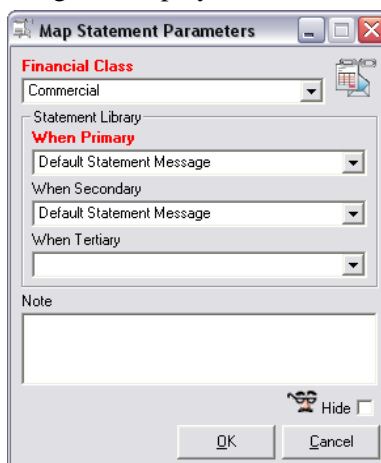
**To map the statement parameters to a financial class:**

- 1 From the *Master Files - System* list, select **Libraries > Statement Parameter Mappings**.

The *Statement Parameter Mappings List* displays.

- 2 Click the Open Menu  button, and select **New**.

The *Map Statement Parameters* dialog box displays.



The **Map Statement Parameters** dialog box is shown. It has a title bar with standard window controls. Inside, there is a **Financial Class** dropdown menu with 'Commercial' selected. Below it is a **Statement Library** section with three sub-sections: **When Primary**, **When Secondary**, and **When Tertiary**. Each sub-section has a dropdown menu, all of which currently show 'Default Statement Message'. At the bottom of the dialog is a **Note** text area, which is empty. In the bottom right corner, there is a **Hide** checkbox (unchecked) and two buttons: **OK** and **Cancel**.

- 3 Select a financial class, and then select the statement libraries to use when the associated payer is the primary, secondary, and tertiary payer.

If you select a self pay financial class, then select only one library because there can be no secondary or tertiary payer for a self pay financial class.

- 4 Enter any additional information in the **Note** field.
- 5 Click **OK**.

## *Suppressing Dunning Messages by Account*

**To suppress dunning messages:**

- 1 Access the account.

The *Account Profile* dialog box displays.

- 2 Select the **Properties** tab.
- 3 Check the **Suppress Dunning Messages** check box.
- 4 Click the **X** in the upper right corner of the dialog box to close it.

The message "The general information has changed. Would you like to save your changes?" displays.

- 5 Click **Yes** to save the changes.

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