



Increase Cash Flow and Reduce Denials with Eligibility Services

Consistent eligibility verification, integrated seamlessly within NextGen Healthcare

Eliminate any possible risks that threaten collection of money earned—especially as payers continue to reduce reimbursement rates. Let us battle the increase in claim denials for you.

Support for greater consistency and accuracy

- **Eligibility Verification** – Verify a patient’s insurance coverage before scheduling an appointment, during the checkin process, or after the encounter; the results of the inquiry will be available within seconds and will be saved in the patient chart for further review.
- **Automation (Batching)** – In addition to running Eligibility Verification on demand, you can also submit eligibility in batches using NextGen Background Business Processor.

NextGen Healthcare believes in one vendor for the entire patient journey. Self-scheduling, mobile patient intake, clinical data integration to the EHR, eligibility verification, and payment processing are all available. One vendor, one invoice, one seamless experience for patients and staff.

“Eligibility Check helps ensure patient insurance information is current, so that we can bill effectively.”

Angela Robbins
Billing Manager
Michiana Eye Center

ELIGIBILITY SERVICES FROM NEXTGEN HEALTHCARE

Service	How it works	Benefits
Optimization of NextGen Healthcare's automated eligibility tool	<ul style="list-style-type: none"> Enables automated eligibility verification 3 to 5 days before a patient appointment based on service or event type Auto-populates insurance maintenance screen and records payer response in the patient chart 	<ul style="list-style-type: none"> Front desk staff has eligibility verification completed prior to patient check-in Alleviates manual insurance queries
Validation of patient payer coverage	<ul style="list-style-type: none"> Reviews and confirms that benefits cover the service or procedure for the patient Confirms coordination of benefits 	<ul style="list-style-type: none"> Provides a detailed confirmation of the insurance coverage for scheduled service Allows billing staff to correctly submit claims to the right plans and prevent claim denials
Insurance and benefits update notifications and communication	<ul style="list-style-type: none"> Communication to front desk staff via tasking or chart notes regarding missing or partial information; for example, missing policy number or copy of insurance card Randomized quality audits of your insurance verification process Feedback through analysis of claim rejections and denials 	<ul style="list-style-type: none"> Allows front desk staff to work eligibility exceptions before or during patient check-in

NEXT STEPS

We want to help you streamline operations and achieve better financial outcomes. If your medical practice already uses NextGen Healthcare solutions, reach out to your account manager. You can also contact NextGen Healthcare at **855-510-6398** or **results@nextgen.com**

¹ The State of Claims Survey 2022, Experian Health. <https://www.experian.com/healthcare/resources-insights/thought-leadership/white-papers-insights/state-claims-report?cmpid=healthcare-blog>. ² 4 Proven Strategies for Optimizing Revenue Cycle Performance, Healthcare Financial Management Association, July 8, 2022. <https://www.hfma.org/finance-and-business-strategy/4-proven-strategies-for-optimizing-revenue-cycle-performance/>.

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