# NextGen RCM

by Product Manager

Claims Management

## Details

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|---|---|
| Review Date | 12/08/2023 |
| Purchase Date | Q2'23 |
| Implementation Time | 6 months |
| Product Still in Use | Yes |
| Purchase Amount | implementation fee + on-going service fee |
| Intent to Renew | 100% |
| Review Source | Elion |

## Product Rating

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|---|---|
| Product Overall | 2.0 |
| Use Case Fit | 3.5 |
| Ease of Use | 2.0 |
| API | N/A |
| Integrations | 3.0 |
| Support | 1.0 |
| Value | 3.0 |

## About the Reviewer

Purchasing Team

Implementation Team

Product Oversight

## Reviewer Organization

Virtual-First Provider

Behavioral Health

## Reviewer Tech Stack

Elation

Snowflake

## Other Products Considered

CollaborateMD

## Summary

- **Product Usage: NexGen was purchased to automate claims processing and to reduce manual efforts.**
- **Strengths: The robust feature set was a standout, including automation capabilities and complex billing rules.**
- **Weaknesses: The software's reliability and customer support were both heavily criticized.**
- **Overall Judgment: Despite early signs of improving the billing rate, disappointments in system reliability and low-quality customer support made the reviewer reconsider their choice.**

## Review

**So today we're chatting about NexGen and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?**

We're a mental healthcare provider delivering care virtually through group therapy, individual therapy, and family therapy sessions. I'm a product manager in the engineering organization. We partner with the clinical side of the company to build the tools and platform in which we deliver the care.

**What was the core business problem you were looking to solve with NexGen?**

In the past, we were using a manual process to fill out claims. Someone would pull the relevant data from all our various systems and construct a CSV of all the claims. They would pull appointment notes from our EHR system, patient names, contact, and insurance info from our CRM, and then would go into this system called CollaborativeMD and create a new claim manually and enter the data into each field. This was causing two problems. First, the team required to do this work was ballooning as we scaled up. Second, we started having a lot of issues with claim accuracy. Our clean claims rate was lower than the industry standard and that makes a very large difference in our revenue. So we were looking at NexGen as a way to automate that and drive improved accuracy, and also to enforce certain rules and logic in submissions.

**What requirements did you have when looking for a solution?**

The big one was being able to automate the ingestion of claims data so we could send it into the NexGen system automatically. The next requirement was supporting billing logic rules, such as consolidating claims into one billing code or billing certain payors, so it reduced the manual effort of having to make updates once it's in the system. The third was reporting: being able to see charts to understand where claims were in the process, how many we were getting reimbursed, etc., and not just having those charts available but also being able to export the data so we could do our own analysis.

**How has the implementation experience been?**

It's been a huge pain in the ass. We were estimating that it would take a month or two, and so far it's taken six. We've been trying to create a data pipeline to pull appointment, notes, contact, and insurance data and output a CSV file that can be shared with NexGen. Then NexGen would read from that file and process it. We have an interface system called Rosetta, which to my understanding translates the transaction data into the format NexGen needs. The biggest challenge has been getting the interoperability to work. When we first started doing it, we would get a huge number of errors when NexGen tried reading our CSV file, and we have spent a ton of time trying to resolve those errors. And that's not even at the point where they send claims to payors to get reimbursed, which also has its own failure rate.

I think the challenge is that NexGen's support team has very little insight into their actual system. We would see an error and ask them what it means, and they would say they didn't know and they would have to go to another team to investigate it. It seemed as if their support team was either newer to the company or just didn't have much understanding on how the system worked. It's been a lot of back and forth addressing all these import errors. When we first signed up, we expected them to have an adequate level of tech support to have made this process more seamless, and that ended up not happening.

This subpar customer support experience was seen in other areas too. Even scheduling was hard. We had a weekly call with a project manager to talk about the technical details, and then another weekly call to talk about the overall product and implementation, but the attendees on those calls weren't the people who had the answers we needed, so they would have to get other people to join in, and it was all a hassle.

**What are the use cases and main stakeholders for NexGen?**

The first stakeholder group is engineering and product. We're the ones that set up the system and pipeline that talks to NexGen, ingesting the data and processing it. Then there is the RCM and billing team, who actually interact with NexGen directly and submit claims. The third group is finance, who are interested in reporting on the process overall. They are using it for the charting functionality, and a data share feature that can show the claims data on an ongoing basis as it moves through the process, which is really useful because then we can see which claims we send off are getting collected at each stage of the process.

**How does NexGen compare to CollaborativeMD in terms of how the RCM and billing team use it?**

With CollaborativeMD, you had to manually input a claim: every field would be copied and pasted in. The big benefit for the RCM team is a reduction in all that manual labor, since NexGen can import a CSV file. It's also an improvement because NexGen can support more complex billing rules. In CollaborativeMD these would have to be done manually, but NexGen can be configured to do it automatically based on specific criteria.

**What are the relative strengths and weaknesses you have seen so far in NexGen?**

The strength so far is that it has a lot of available features that are actually useful for us. The weakness is the robustness and reliability. We've gotten so many errors and edge cases that have been hard to track down, and it generally leaves us feeling like it's not a super reliable system. We aren't confident that the system will work or that the people supporting it will know how to fix it.

**Are you leveraging APIs or integrations?**

I don't know if they have APIs; if they do, we're not using them. We're using some other form of end-to-end integration for the CSV reading, that they have set up as a web hook system. For the data share on the other side, we're ingesting data from NexGen via a Snowflake Connector that they had available out of the box. I don't know what other use case we would want to use APIs for.

**Across your various stakeholders, how satisfied have they been with the implementation?**

It's a bit too early to tell, since we're still ramping up our pipeline. Early signs, though, indicate that this will improve our clean billing rate, so on that end, folks are happy. But we've been extremely frustrated with the level of support and ease of implementation so far.

**Do you think NexGen was the right choice for your team?**

With the information we had at the time, yes. But if we had to make the decision again today, we would probably go with a different RCM provider. We underestimated how crucial it would be to have support staff that understood the system or were set up for success. We also underestimated the need for system robustness. I think if we had thought about these things more, we would have spent more time validating it before signing a contract.

**Do you have any advice or learnings for folks who are currently in the market for an RCM solution?**

It depends on your needs. If you're processing a lot of claims, I would think critically about the level of ongoing support you're going to get. And definitely make sure to validate and test the system, not just from a UI standpoint but also from a data integration and output standpoint.