

2024 Release Notes

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Release 14.7.0 - April 22, 2024

New Features and Updates

General

Dashboards

- **Update to the Lag Time Gadget's Averages Displayed Terminology:** We updated the terminology of the averages displayed at the bottom of the Lag Time Gadget to better align with what most providers are seeking. To enhance their understanding, we renamed the "Total Average Lag" metric to "**Average Time to Payment**," which indicates the average lag time from when the charge occurred to when it was paid. Additionally, we changed "Billing Lag" to "**Charge Capture Lag**," reflecting the average time from when the charge occurred to when it was billed to insurance, and introduced a new benchmark:
 - Above Average: 1 day
 - Average: 2 days
 - Below Average: 3 or more days

Tasks

- **Update to Show The User Who Assigned a Task:** We updated the Tasks section and added the ability to display the person who assigned a task, rather than just the creator of the task. This allows users to reassign tasks to the assigner if clarification is needed. Please visit our [Help Article](#) for more information on adding or editing a task.

Reports

- **New "Between" Filter Option for Text Fields on Reports:** When filtering a report by names, users may need to split the report based on a range of the first letters of the names. To aid in this, a new "Between" option has been added to all report text filters, allowing users to filter names by a range of first/last name letters (e.g., A-G, H-N, etc.), facilitating better task assignment. Visit our [Help Article](#) for more information on adding report filters.

Patient

- **New Ability To Save Credit Card Information:** We previously allowed patients to securely store their credit card information as a payment profile within the payment portal by selecting the option to "Save my payment information for next time." However, this convenient feature was not accessible

within the application until now.

With cardholder consent, payment (Credit Card) information can be saved for future payments. User can now save payment (credit card) information when processing patient payments, allowing them the convenience of managing saved cards directly within CollaborateMD by checking the new “save my payment information for next time” box. Users will also be able to save and manage payment information directly from the patient section.

This enhancement aims to streamline the payment process and offer users greater control and flexibility in managing their payment methods. Please visit our [Help Article](#) for more information on saving payment information.

ERA

- **New Option To Allow Users To Filter ERAs By Specific Error/Warning/Message:** We updated the ERA results screen to include multi-select dropdowns in place of the existing Errors, Warnings, and Information checkboxes. These dropdowns allow users to filter by specific errors, warnings, or information messages present in the report. Each dropdown only contains a list of issues that are found in the current report.

Release 14.6.0 - April 8, 2024

New Features and Updates

General

Reports

- **New First Pass Resolved Claims Standard Report:** A new standard report, "First Pass Resolved Claims," has been added. It is linked to the First Pass Resolution Rate Gadget as a drill-through option and will generate a list of claims comprising the first pass acceptance rate.
- **Update to Report Viewer to Remember User Preferences:** Added support to the report viewer to remember user preferences for Standard, Custom, and Hidden reports upon loading the app, instead of resetting them to Standard and Custom each time.
- **New Report Fields and Category For Claim Validation Charges:** Added support to the report viewer

to remember user preferences for Standard, Custom, and Hidden reports upon loading the app, instead of resetting them to Standard and Custom each time.

Appointments

- **New Patient Intake Forms Feature (Beta):** Added a new Patient Intake Forms feature that enables users to create forms (through Updox) that can be automatically sent with appointment reminders or manually dispatched. The form data is received as discrete fields, which can then be entered into our application. This reduces the potential for errors and increases automation in the patient check-in process. Please note this feature is still in the Beta stage. Please visit our [Help Article](#) for more information on Patient Intake Forms.

Release 14.3.0 - February 26, 2024

New Features and Updates

General

Claim

- **Update to The "Offer For Total Out-Of-Network Rate" In The Open Negotiations Form:** Updated the Open Negotiations Form to allow setting the "offer for total out-of-network rate" for each charge individually, as well as setting all the out-of-network rate offers based on a percentage (1% to 100%) Visit our [Help Article](#) for more information on printing Open Negotiation Forms.

Providers

- **New Facility Claim Default Option Added to Provider Records:** A new **Facility** option has been added within the **Provider > Claim Defaults** section that will automatically send the facility information on claims created for the rendering provider but that does not have a facility assigned (whether sent via interface or set as patient default facility).

Release 14.2.0 - February 12, 2024

New Features and Updates

General

Report Builder

- **New Warning For Aggregated Columns With Too Many Report Connections:** Added a new warning to the report builder that alerts the user when an aggregated column—or a column set to display totals—may not show the expected values due to the report field having too many relationships (connections).

Claim

- **Update to The Charge-Specific Rendering Provider Option on Claims:** We have updated the Charge Specific Rendering Provider option on claims (**Claim > Charges > Other Info**) to reduce confusion when selecting a different provider for each charge. With this update, users will be prompted to indicate if the service was rendered by a different provider than the one associated with the rest of the claim. If "No" is selected (the default option), no provider will be shown. If "Yes" is selected, the Rendering Provider dropdown will become available. Visit our [Help Article](#) for more information on updating the rendering provider on a charge.

Claim Follow Up

- **New Option Within Claim Follow-Up to Update Claim Status:** A new option has been added to the Claim Follow Up Management that allows for manual changes or updates to the claim status. This update introduces a dropdown option that functions similarly to the "Set all charges to" feature in the claim section.

Payment

- **New Option to Allow to Apply Interest Adjustments Amounts to Claim Balance:** A new payment setting has been added for users to "Automatically post interest amounts as payments," which will reduce the claim balance owed by subsequent payers and the patient. This enhancement allows users to apply interest adjustment amounts to the claim balance. It also includes a new column "Apply to Claim Balance" that will be displayed when linking a claim to a provider-level adjustment, enabling users to apply the provider adjustment to the claim balance (Interest amounts must be equal to or less than the balance itself). Visit our [Help Article](#) for more information on turning on this setting.

New Features and Updates

General

Report Builder

- **New Warning Indicator When a Report Field is Added Multiple Times:** A new indicator has been added to the report builder that shows a warning when the same field is added multiple times. This update introduces an icon next to the field within the column list, accompanied by a tooltip indicating that the field is already in the report. Additionally, we have included a new Report Setting titled "Show an indicator when duplicate columns are present in the Report Builder," which can be toggled on or off. Please visit our [Help Article](#) for more information on toggling this setting.

Scheduler

- **New Option for Blocks and Block Templates to Allow/Prevent Overbooking:** A new option has been added to Scheduler Blocks and Block Templates that enables or disables the ability to schedule multiple appointments at the same time (overbooking) during a specified block. When this option is set to block overbooking, it will prevent users from scheduling appointments during that block even if their scheduler settings are configured to allow overbooking. Visit our [Help Article](#) for more information on adding a block template.

Interface

- **New Option to Batch Import 837 Files:** We have added the ability to manually batch-import claims into the application by loading 837 files directly from the Interface > Import section, similar to the HL7 import. This feature enables users to search for claim messages via the interface tracker after the ANSI (837) import and locate their claims within Status Control after a successful import for review and submission. Visit our [Help Article](#) for more information on importing ANSI (837) Files.

Invoices

- **New Invoice Print Option:** We have added the ability to print either a detailed or summarized invoice from the Invoice History screen. Users can now print a summary PDF, similar to what is emailed to them, directly from the right-click menu. The Print option at the top of the Invoice Details screen will continue to print the detailed version of the invoice.
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New Features and Updates

General

Dashboards

- **Update to The First Pass Resolution Rate Gadget Calculation:** We Updated the calculation within the First Pass Resolution Rate Gadget to exclude the last 14 days when viewing the Last 30 Days, and the last 30 days when viewing the Last 90 Days or longer. This will provide a more accurate FPRR, as the most recent days do not provide useful information because claims that were just submitted have not yet been paid and are therefore not resolved.
- **New Report Fields Added Ahead of New Report for FPRR** Added new report fields related to the First Pass Resolution Rate (FPRR) in preparation for an upcoming new Standard Report:
 - Claim Data → Primary Payer → Allowed Amount
 - Claim Data → Primary Payer → Times Billed
 - Activity Data → Claim Activity → Payer Priority
 - Activity Data → Claim Activity → Is First Submission?
 - Activity Data → Claim Activity → Is Resolved on the First Pass?

Eligibility

- **Patient Eligibility Report Table Improvements:** We Improved the Patient Eligibility Report table by removing the redundant Service Types column, as there is already a Service Type column included. We also enhanced the view for rows with more than 12 lines of services. Previously, only the first 12 service lines were displayed. Now, the first 11 lines are shown with a link to "Show All (X Types)" at the bottom, which opens a dialog with the full list of service types.

Claim

- **New Option to Print Open Negotiations Form:** Added a new print option within the Claim section that will allow a user to print an Open Negotiation Form (OMB 1210-0136) directly from the claim screen so that providers that are out-of-network can enter open negotiations with the insurance company to determine the amount that the insurance company will pay for emergency services. Please visit our [Help Article](#) for more information.
- **Claim Summary Side Panel Update:** Updated the Claim Summary (side panel) within the Claim Charges tab to automatically expand when the screen is wide enough (1440p, or 2560 x 1440 and

above, or equivalent). Screens that are not wide enough will still automatically have the side panel collapse.

ERA

- **New Option to Delete Multiple ERA Files at Once:** A new button has been added at the top of the ERA search screen, enabling the deletion of multiple uploaded ERA files simultaneously. The "Delete ERA Files" button will be visible only if at least one ERA in the search results is eligible for deletion. This feature allows users who accidentally upload multiple unwanted ERAs with a method to remove them without the need to delete them individually.

Providers

- **Update to Identify Providers With an Existing Submitter ID:** Updated the application so that when a new NPI (Provider) is saved for an existing Tax ID (Submitter ID), we will now use the Submit Facility endpoint at the time the provider is created, rather than waiting until an agreement is started. This will allow ePS to register the NPI as associated with the current submitter ID and enable work on an ERA split before an ERA arrives.

Payers

- **Update to The "HMO Medicare Risk" Payer Type Name:** We updated the Payer Type name from "HMO Medicare Risk" to "Health Management Organization (HMO) Medicare Risk (Medicare Advantage)" within the Payer section to better represent its purpose. This option will now appear in the Payer Type dropdown menu under the new name. For more information on setting up payers, visit our [Help Article](#).
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