2025 Release Notes

Last Modified on 05/29/2025 3:37 pm EDT

Release 15.10.0 - May 27, 2025

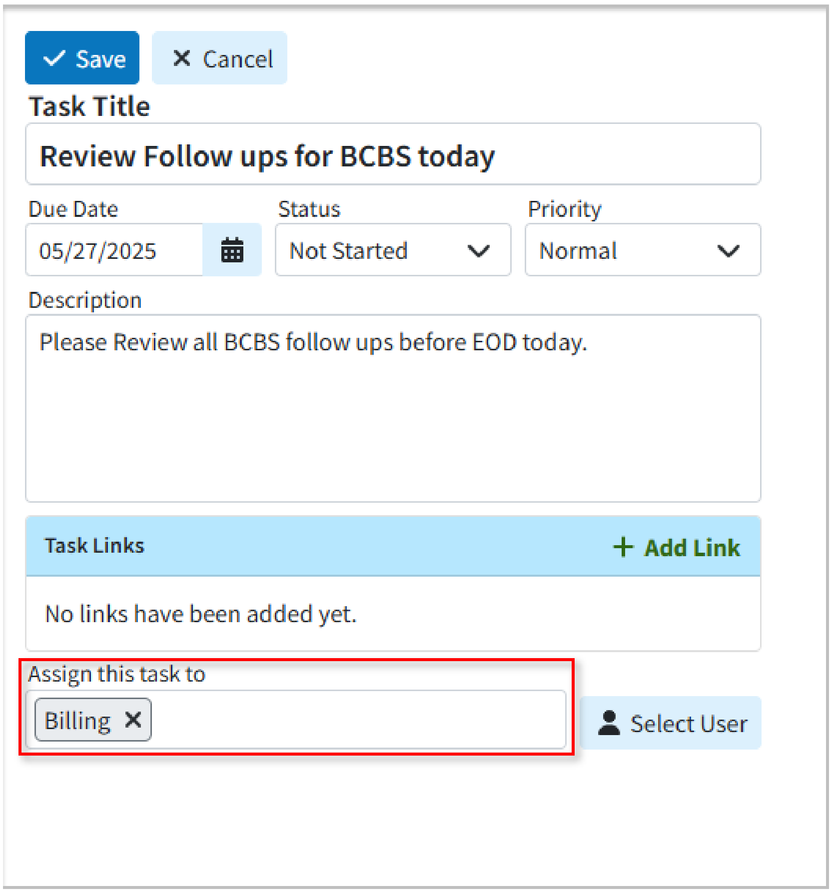
New features | **Enhancements** | **Resolutions**

Highlights

New features

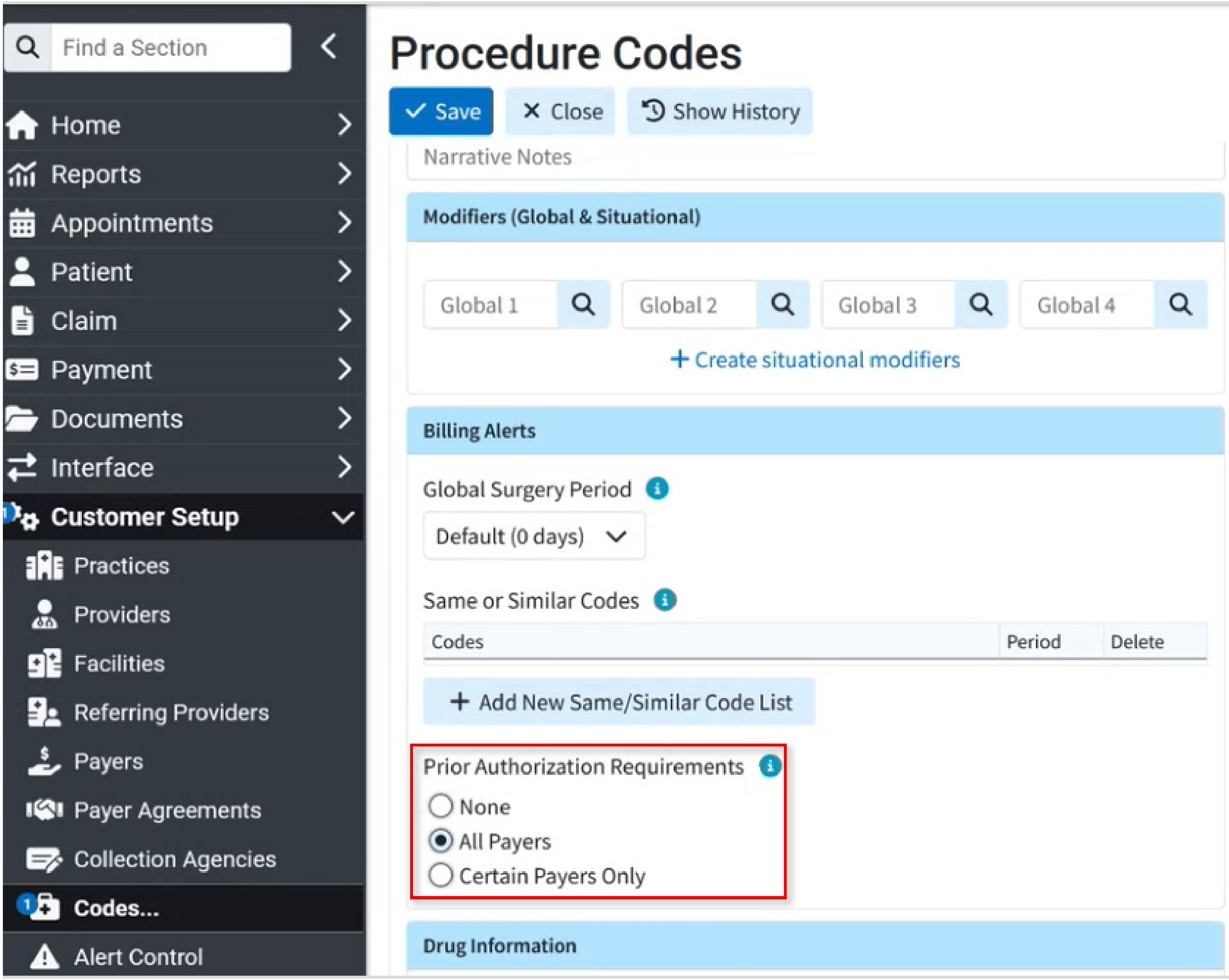
New Task Assignment to Contact Groups

Capitalizing on our recently released Shared Contact Groups feature, users can now assign tasks to individuals within a Contact Group. You can create Contact Groups for teams (denials, billing, specific offices, payments, etc.) and assign tasks to those groups to ensure work is completed. All users in the group will see the tasks assigned to the group, and once completed, the system will track which user completed the task via the User Productivity by Tasks Completed Report, allowing you to monitor user productivity. For more information creating Shared contact groups, visit our Create a Shared Contact GroupHelp Article. For info on assigning tasks to a contact group, visit our Assign a Task to a Contact GroupHelp Article.

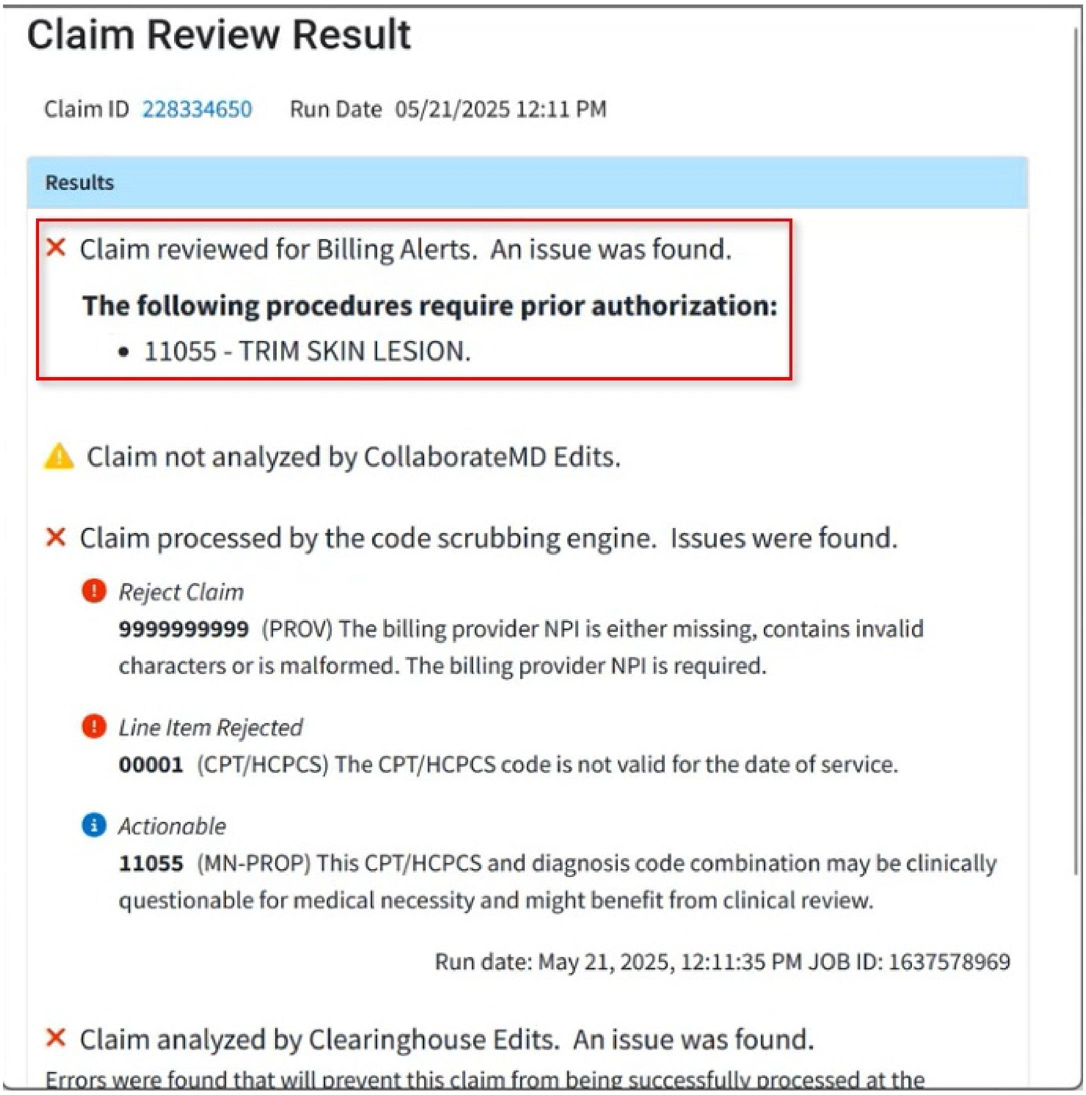


New Prior Authorization Requirements & Billing Alerts Update

In this release, we have added a couple of updates to the billing alerts for procedure codes. First, we introduced a new option within the Procedure Codes setup window to set a Prior Authorization Requirement as a default on the code. You can set the Prior Authorization Requirement on a code for all payers or a list of specific payers. When there is a pre-authorization requirement and no authorization number is set on a claim, you will now receive a warning during the claim review. For more information on setting up a prior authorization requirement, visit our Add CPT/HCPCS Codes Help Article.



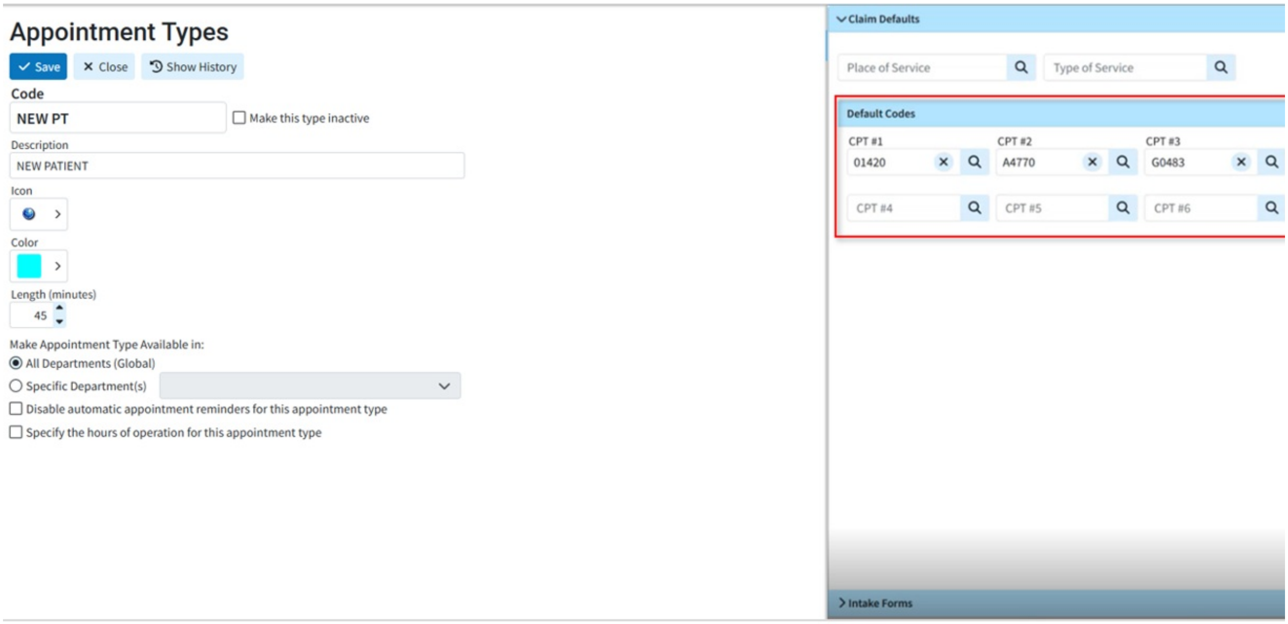
We also updated the placement of billing alert warnings within the application. Billing alerts will now be displayed not only in the claim section, but also in the claim control area when running the claim review process. This change is intended to help our interface customers more easily access these billing alerts, as they are now integrated into the claim review workflow.



New Appointment Type Default Codes

We previously added claim defaults for POS and TOS within the Appointment Types configuration. In this release, we introduced Appointment Type Default Codes, allowing users to set default procedure codes on appointment types. When creating claims from the appointment scheduler, these default codes will be used. New estimates created from the appointment scheduler will also use default procedures from the Appointment Type, making estimates faster and easier than ever.

Please note that these default codes apply only to claims created from an appointment. Patient Default Procedure Codes won't be used if the Appointment Type has a default procedure, though patient default diagnosis codes will still be used. Claims created from the claim section will not use these Appointment Type default codes, only Patient Defaults if available. Visit our Add New Appointment Type Help Article for more info on adding default codes to an Appointment Type.

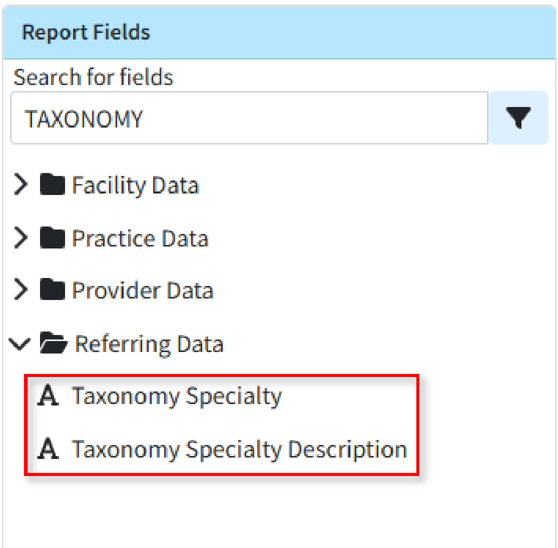


Enhancements

New Report Fields

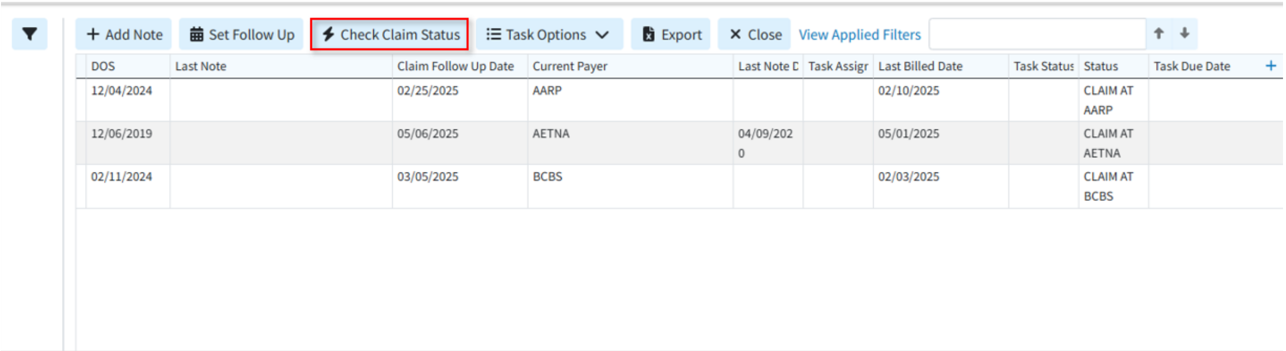
Previously, users could add fields related to the taxonomy specialty and the taxonomy specialty description for Providers and Practice, but not for Referring Providers. In this release, we added fields to report on taxonomy codes (specialties) and its description for Referring Providers.

- **Referring Data → Taxonomy Specialty**
- **Referring Data → Taxonomy Specialty Description**



View Prior Claim Status Checks

We have long supported viewing prior claim status checks from the Claim section, but this ability was not available for claim follow-ups. In this release, we added this capability to the Claim Follow-Up Management section.



Web API Updates

In this release, we made a few enhancements to our WebAPI. On professional claims, we support the "Charge To Date" to represent charges over a period of time. This "to date of service" can be sent in the FT1.5 segment. However, on institutional claims, there is no location on the claim form for the "To Date of Service" for any particular charge, so we do not support it. Since some payers require sending one charge with multiple units to cover multiple days, and individual charges are the only way to send dates, and institutional claims don’t support the "To Date of Service," it becomes difficult to set a "Statement Covers To" date that extends beyond the last charge’s date of service. In this release, we updated our WebAPI to internally store a "To Date" of service and use it to determine the claim's statement covers "To" and "From dates when a single charge covers multiple days.

We also added the ability to add payments via the WebAPI. Previously, when we received payments from the WebAPI, they were applied as a credit, and users had to access the application to apply the payment. In this release, we updated the WebAPI to allow users to apply a patient payment directly to specific claims instead of as a credit. Users can now use the Activity or Charge History APIs to get charge details and use that information to choose where to apply new payments (only new payments, not existing credits).

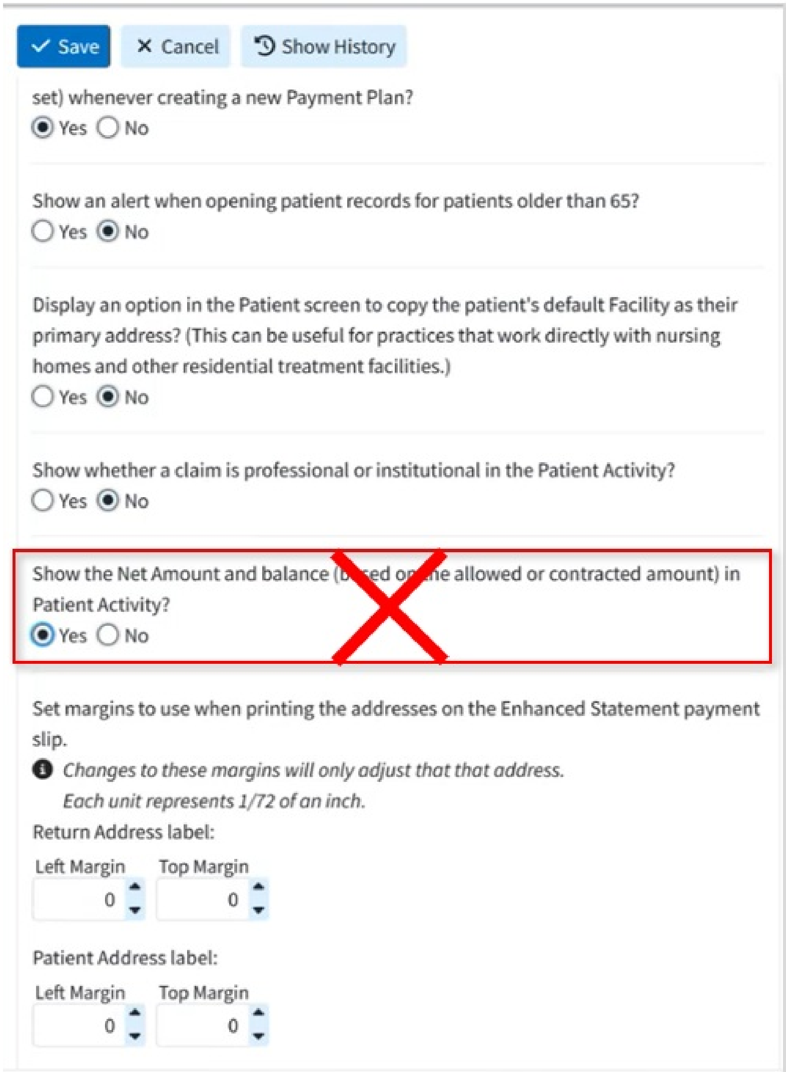
Resolutions

ERA Secondary OA-23 Adjustments Update

The process of applying a secondary adjustment on an ERA has been updated to no longer allow the OA-23 adjustment. This adjustment, related to prior payers' payments and adjustments, should never be applied a it can incorrectly affect the balance and cause an incorrect account credit.

Update from Release 15.9 (Net Amount available in the Activity Report)

We recently added a new user-level setting to the Patient Settings to display the Net Amount (based on th allowed or contracted amount) in the Patient Activity section. When set to "Yes," the Net Amount and Net Balance would be shown in the Claim listing in the Patient Activity. In this release, we removed this setting due to an issue found with the feature. We will correct this and re-release it in the June-July timeframe.



Release 15.9.0 - May 12, 2025

New features | **Enhancements** | **Resolutions**

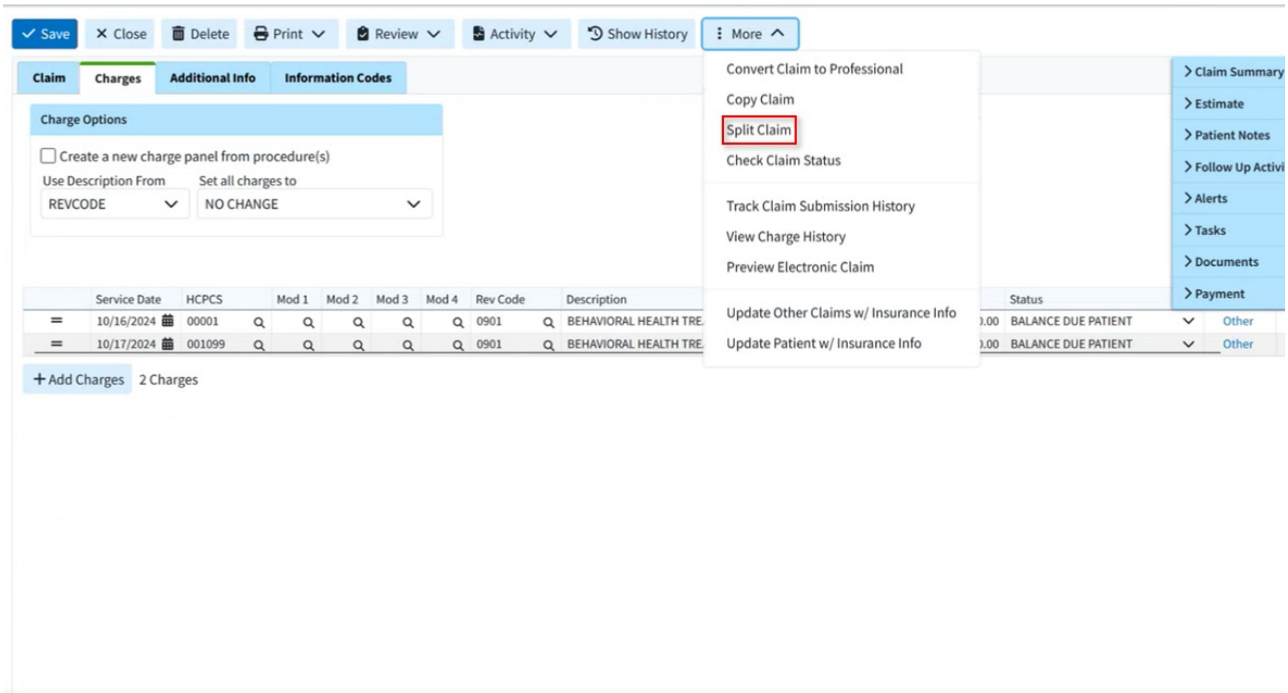
Highlights

New Features	Enhancements
New Split Claim Feature	A/R Control Payer Filter Renamed
Enhanced Auditing for Fee Schedules & Customer-level Settings	

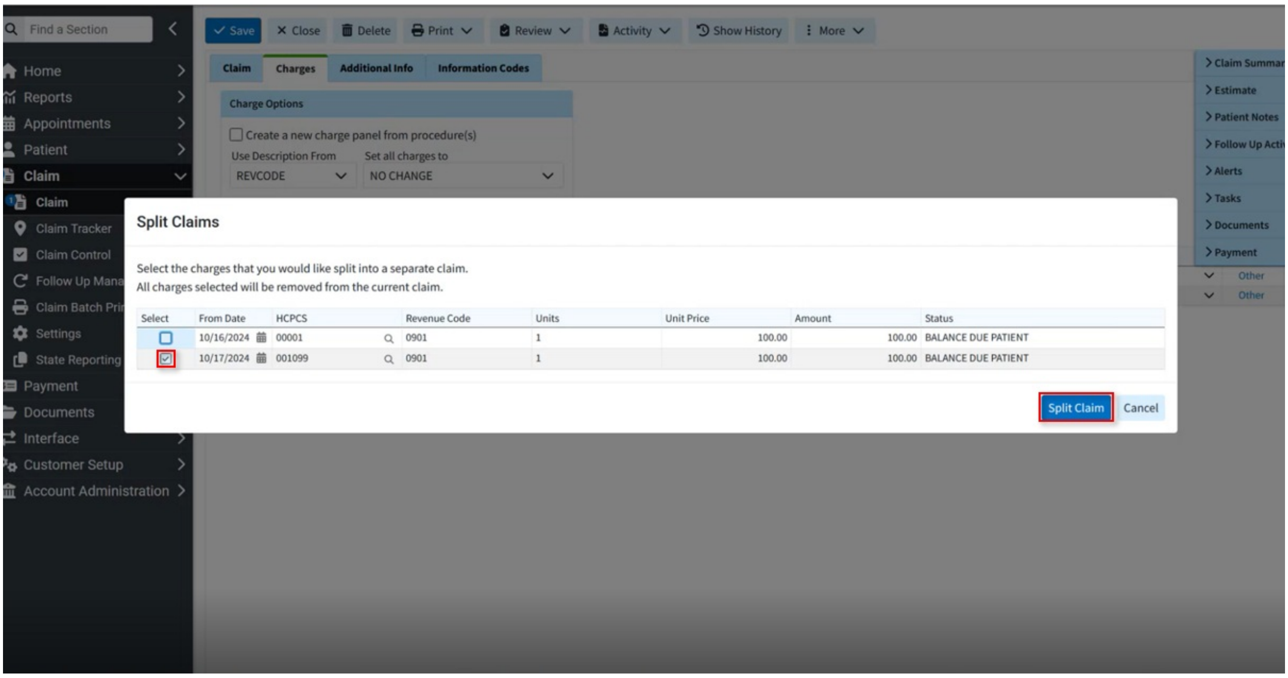
New features

New Split Claim Feature

There are certain scenarios where claims need to be split. This could occur when an interface sends a single visit that should have been billed as multiple claims, or when a secondary payer has different bundling requirements than the primary payer. In these cases, users previously had to delete and re-enter payment or completely recreate the claim and duplicate the payments. To streamline this process, we released a new **Split Claim feature** that allows users to take a single claim and quickly split it into multiple claims. This option within the **More** menu in a claim enables users to move selected charges, including any existing payments, to a new claim, saving a significant amount of time.



This new option allows users to select which charges will transfer to the new claim simply by checking them. Once moved, any associated payment history is automatically transferred, even if the claim has already been submitted. Please note that you are only able to split one claim into two. If you wish to split it further, you can reopen the claim after splitting it once.



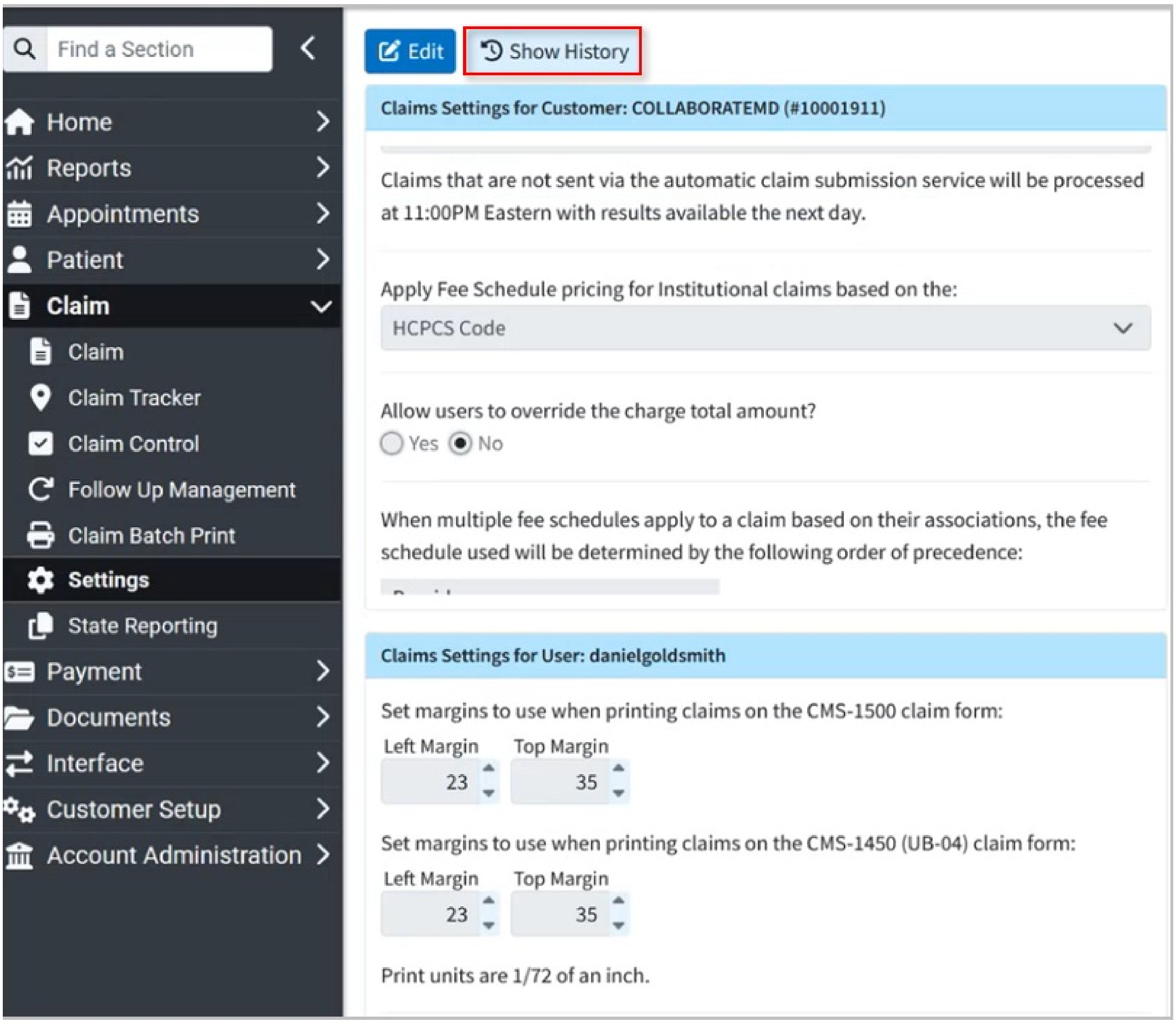
Knowledge base articles

- Split a Claim (Prof)
- Split Claim (Inst)

New Enhanced Auditing (Show History) for Fee Schedules & Customer-level Settings

CollaborateMD has been working on a new enhanced auditing project that will provide offices with an eas and transparent way of auditing changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup, Patient, Claim, Appointment, Payment Profiles, and Interface Settings sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the **Fee Schedules** and all **Customer-level Payment, Claim, and Patient settings**, enabling users to track modifications, changes, and updates made to fee schedules and settings for better auditing and accountability. With the new "**Show History**" feature, you can now determine which user changed/updated a specific setting or fee schedule in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.



These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, Claim, Appointments, Payment Profiles, Interface Settings, Fee Schedules, and Customer-level Setting sections, and we will be systematically adding it to other sections of the application.

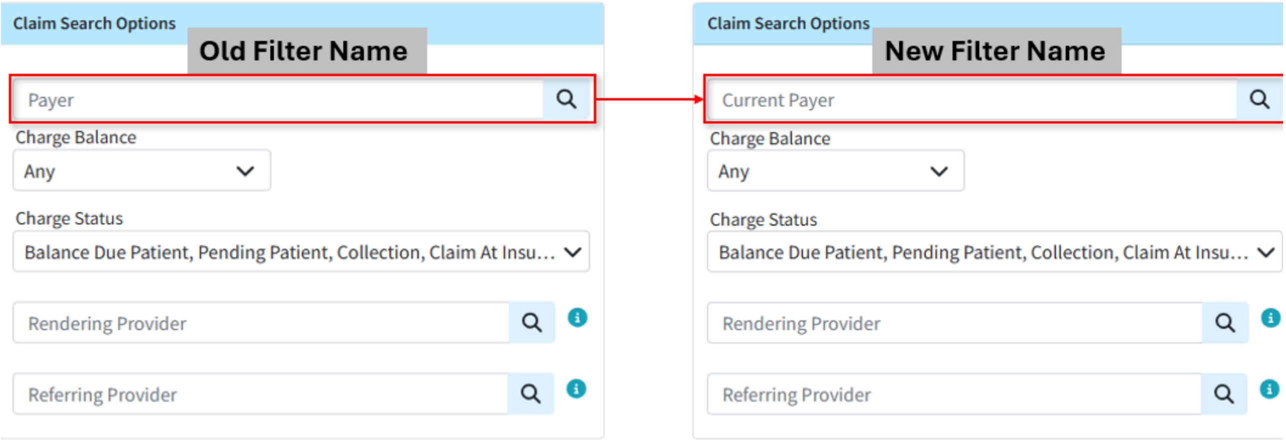
Knowledge base articles

- Enhanced Auditing (Show History)

Enhancements

A/R Control Payer Filter Renamed

Previously, the existing A/R Control "Payer" filter could potentially confuse users who might expect it to "show any claims with this payer on it" instead of "showing claims currently at this payer," which is what it actually checks. In this release, we updated the filter name from "Payer" to "**Current Payer**" to better reflect its actual use. Please note that only the name has changed; the filter itself remains the same.

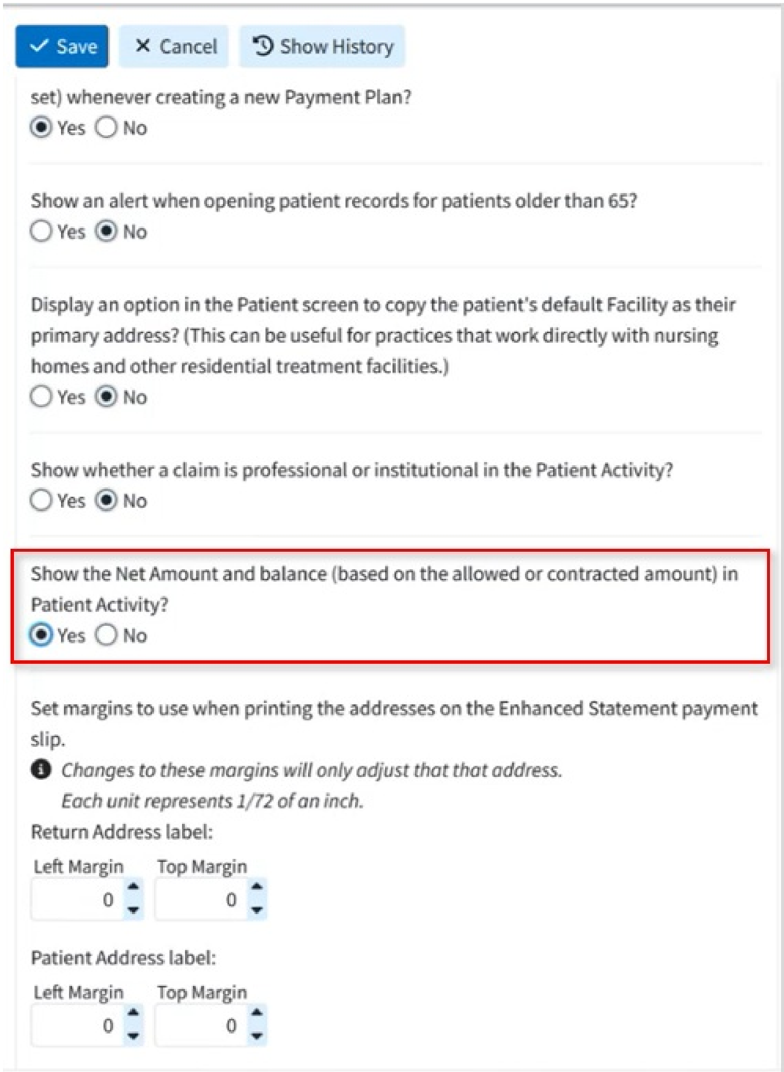


Knowledge base articles

- Search for Patient Balances

Net Amount now available in the Activity Report

We added a new user-level setting to the Patient Settings to display the Net Amount (based on the allowed or contracted amount) in the Patient Activity section. When set to "Yes" (the default is "No"), the Net Amount and Net Balance will be shown in the Claim listing in the Patient Activity.



This option was added to allow users to view claims on a net basis. When this option is selected, the Balanc column will no longer be displayed. Instead, users can utilize the Net Amount and Net Balance columns to see the expected revenue, regardless of whether a contractual adjustment has been entered yet.

Procedure	DOS/Received	Entered	Description	Units	Charge	Net Amount	Payment	Adjustment	Net Balance
99212	02/01/2024	02/01/2024	OFFICEOP VISIT EST PT KEY COMPONENTS ...	1	$250.00				
	SEND TO BLUE CROSS AND BLUE SHIELD OF FLORIDA VIA CLEARINGHOUSE as of 11/12/2024					$138.99	**$0.00**	**$0.00**	**$138.9**
11055	02/01/2024	02/01/2024	TRIM SKIN LESION	1	$208.00				
	SEND TO BLUE CROSS AND BLUE SHIELD OF FLORIDA VIA CLEARINGHOUSE as of 11/12/2024					$0.00	**$0.00**	**$0.00**	**$0.0**
Claim Totals					**$458.00**	**$138.99**	**$0.00**	**$0.00**	**$138.9**

Knowledge base articles

- Configure Patient Settings

Resolutions

ERA Contract Updates

When a contract warning appears in the ERA section, we will no longer allow users to update the contract from the ERA warning if the allowed amount is $0.00. Previously, this could allow users to incorrectly update their contracts based on a $0.00 allowed amount, when it was actually a claim denial or rejection ınd not a reflection of a contract needing to be updated. The warning itself, if your contract amount doesn natch the allowed amount, will still show (alongside informational items stating that the payer did not pay ıowever, the system will not allow you to update the contract directly from the warning.

?elease 15.8.0 - April 28, 2025

New features | **Enhancements** | **Resolutions**

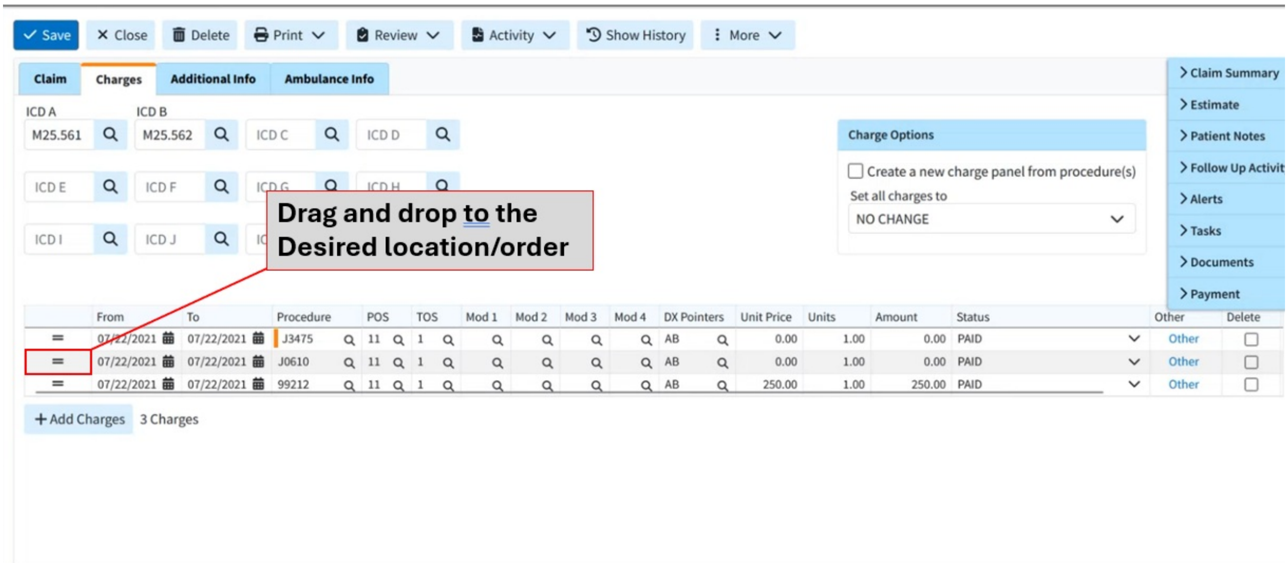
Highlights

New Features	Enhancements
New Re-Order charges on claims option	New Shared Contact Groups
Enhanced Auditing for Payment Profiles & Interface Settings	

New features

New claim option to Re-Order charges

We added a new option that allows customers to quickly reorder charges on claims without completely re-entering them. This new column enables customers to change the order of charges on a claim in seconds fc payers with specific requirements, even between primary and secondary payers. With this new drag-and-drop option, it's never been easier to change the order of charges on claims.



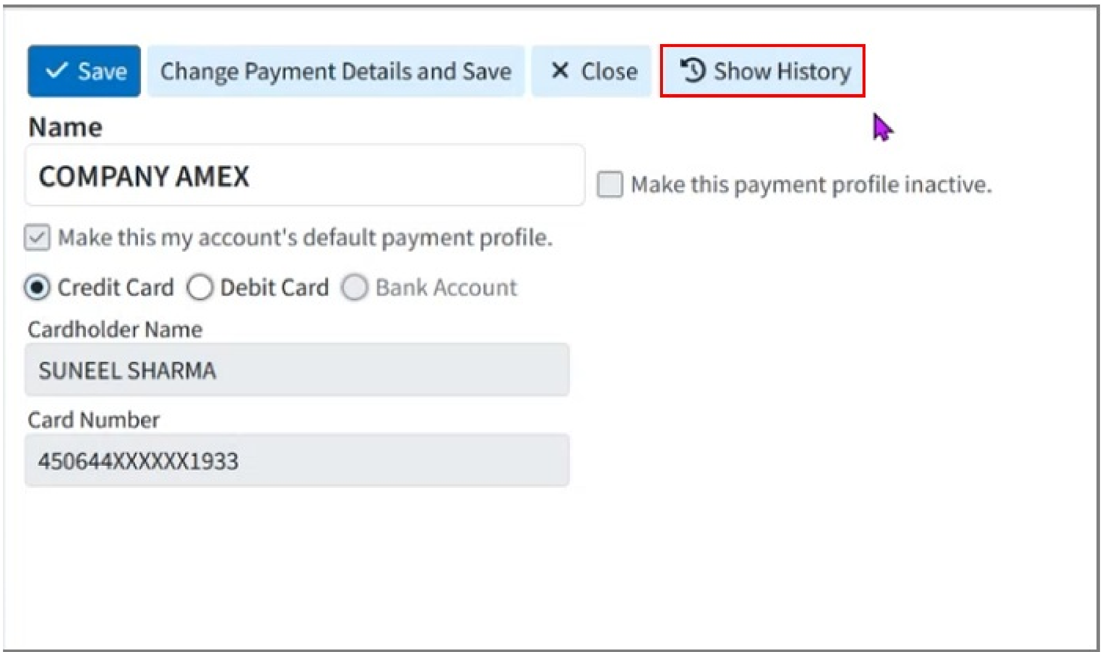
Knowledge base articles

- Re-Order Charges On a Claim
- Add Diagnosis and Procedure Codes to Professional Claims

New Enhanced Auditing (Show History) for Payment Profiles & Interface Settings

CollaborateMD has been working on a new enhanced auditing project that will provide offices with an eas and transparent way of auditing changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup, Patient, Claim, and Appointment sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the **Payment Profiles** and **Interface Settings**, enabling users to track modifications, changes, and updates made to these 2 sections within CMD for better auditing and accountability. With the new "Show History" feature, you can now determine which user changed/updated a specific payment profile or interface setting in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.



Please note that when auditing changes to a payment profile's credit card #, only the first and the last digit of the card will be visible. These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, Claim, Appointments, Payment Profiles, and Interface Settings sections, and we will be systematically adding it to other sections of the application.

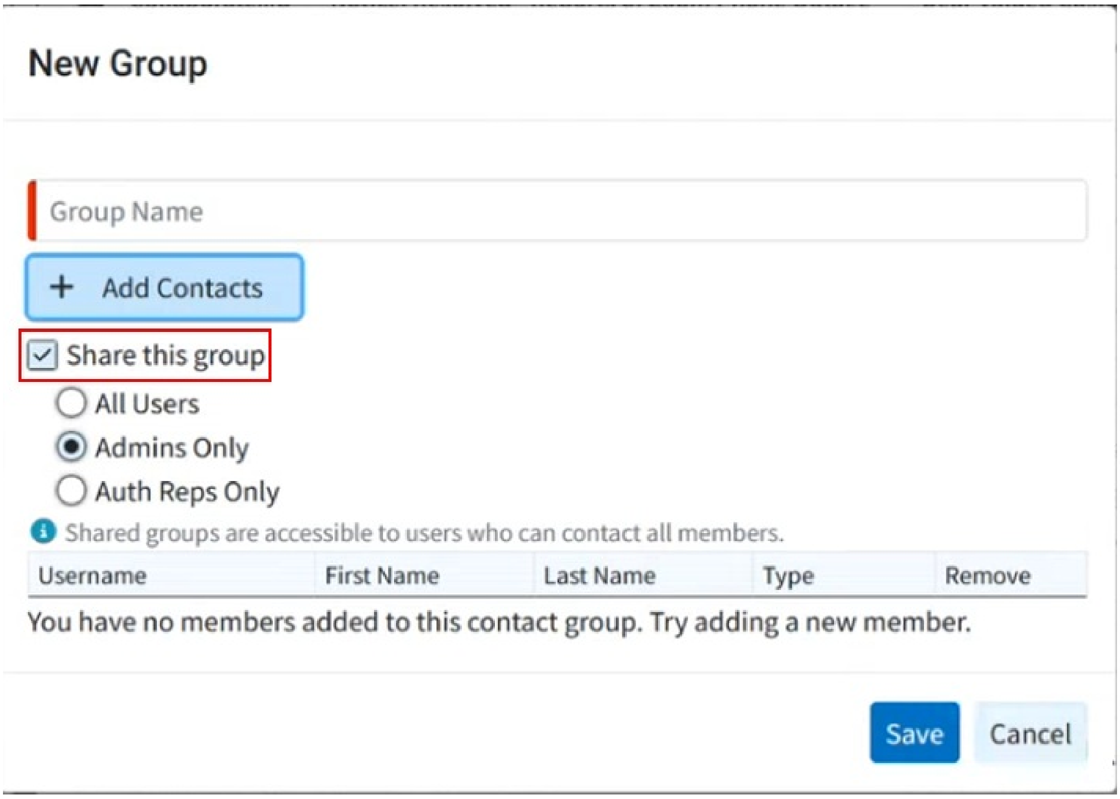
Knowledge base articles

- Enhanced Auditing (Show History)

Enhancements

New Shared Contact Groups

We added a Shared Contact Groups option within CMD Messaging, enabling users to send messages to groups and share those groups across their organization. This new option is controlled by an additional permission level within the existing Contacts permission. It allows users to create and share contact group for those employees working on specific tasks (e.g., denials or collections) to ensure timely notifications ar sent to the appropriate individuals.



Knowledge base articles

- Create a Shared Contact Group

Resolutions

Text not highlighted within tables when a field was selected

Corrected a minor visual issue that prevented text from being highlighted in tables for some Chrome users when an input field was selected. This affected all sections but did not impact keyboard functionality wher typing to replace content in the field.

Release 15.7.0 - April 14, 2025

New features | Enhancements | Resolutions

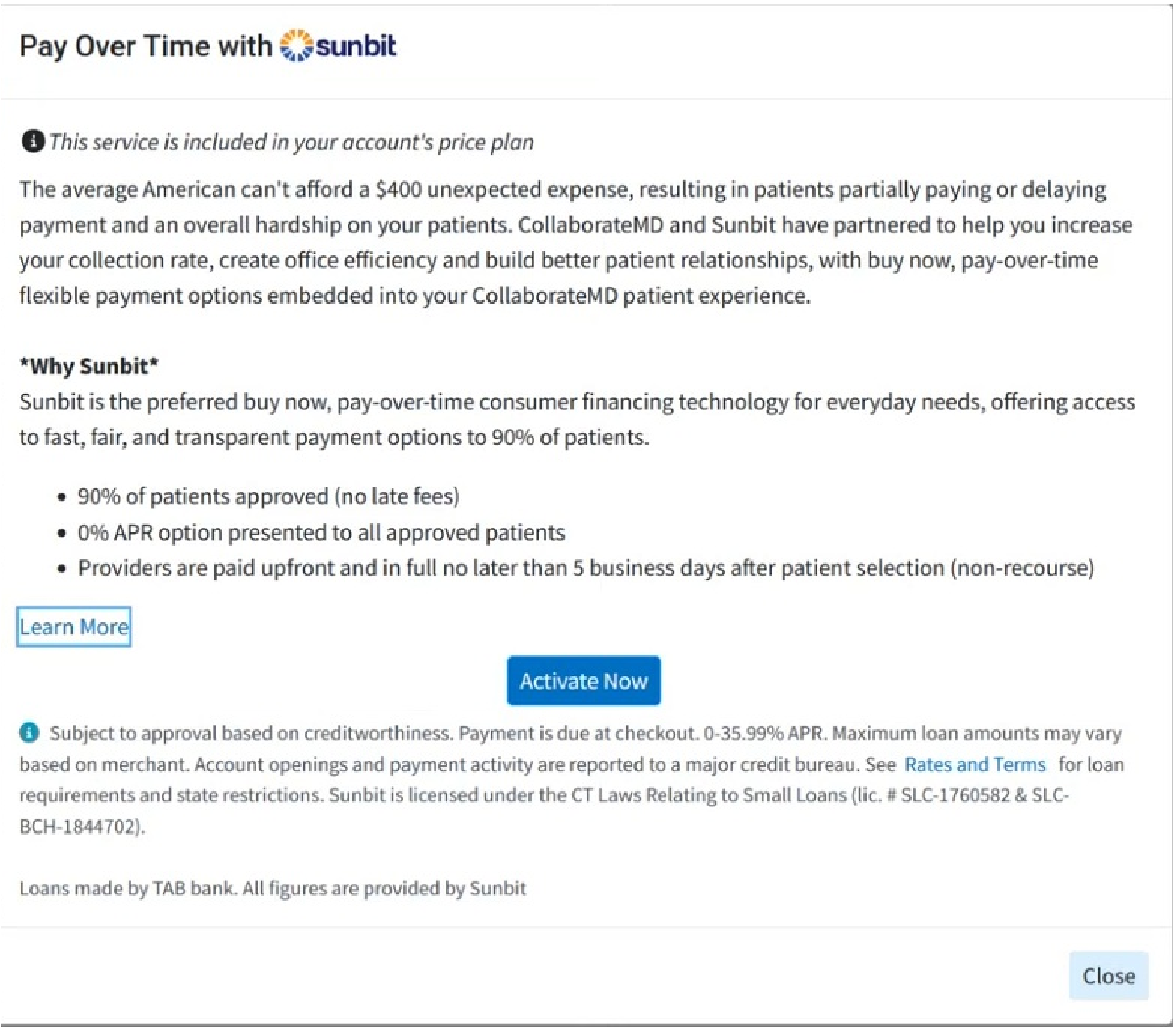
New features

New Pay Over Time with Sunbit feature integration

CollaborateMD now has an integrated partnership with Sunbit's buy now, pay later (BNPL) technology. Trusted healthcare practices and medical billing platforms can now choose Sunbit as a patient-friendly solution for post-care payment plans. Sunbit helps eliminate the stress of managing in-house payment plan by offering a pay-over-time option for patient invoices.

Providers can now offer their patients financing without assuming any financial risk themselves, as they receive the full amount within a few days. Sunbit manages all patient billing, enabling providers to reduce time in accounts receivable and minimize effort on collections. Patients can easily request financing direct from the payment portal, benefiting from a 90% approval rate and a 0% financing option for 3 months. Additionally, there are 6, 12, and 18-month plans with competitive interest rates.

Important Note: You must have the **In-App Credit Card Processing** and the **Patient Payment Portal** features enabled and configured so your patients can use Pay Over Time with Sunbit from the portal.



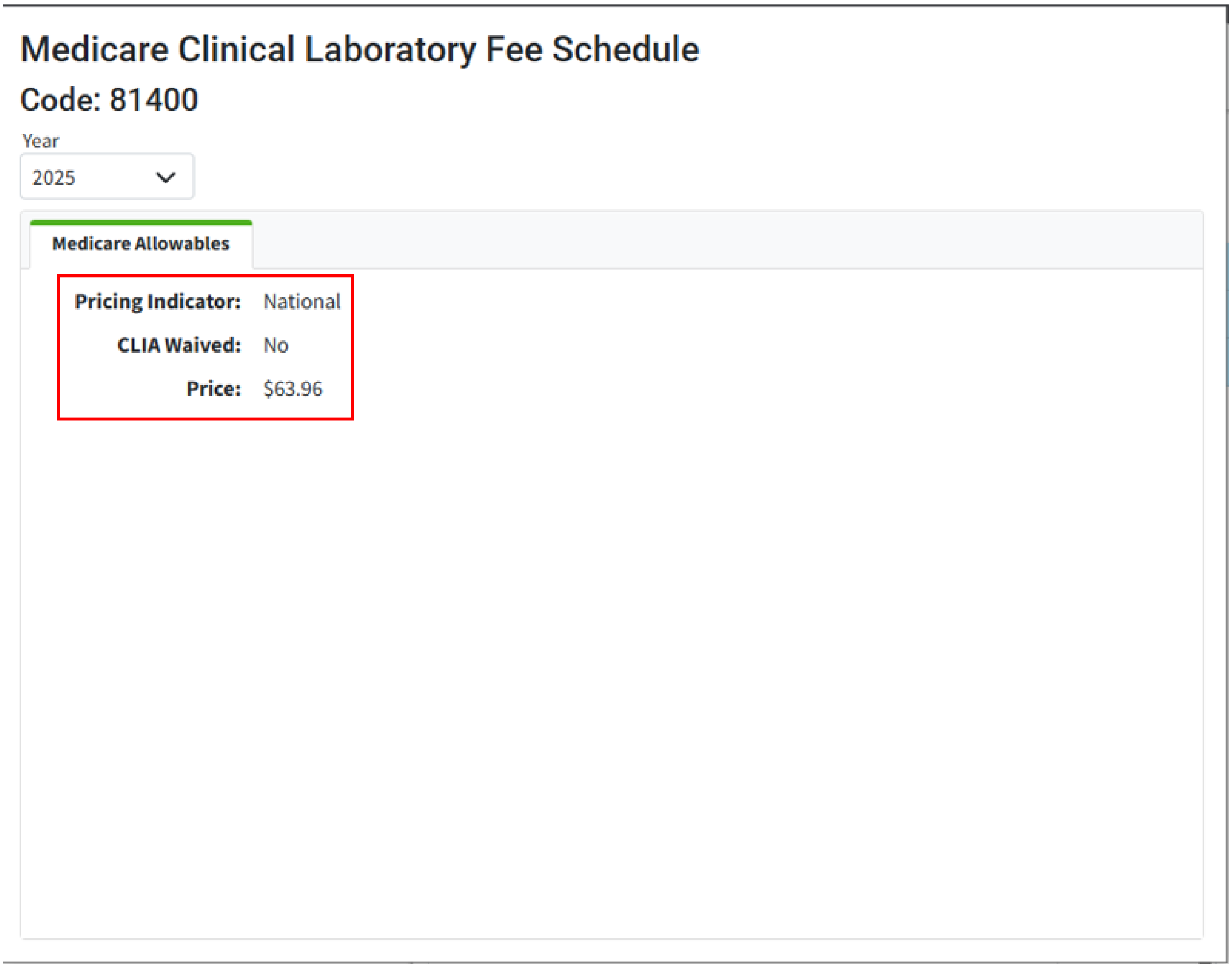
Knowledge base articles

- Pay Over Time with Sunbit
- Manage Pay Over Time with Sunbit
- Create a Payment Plan with Sunbit
- Refund a Sunbit (Pay Over Time) Patient Payment
- Merchant Payments Report
- Manage your Patient Payment Portal

New Clinical Laboratory Fee Schedule

We added the Centers for Medicare and Medicaid Services (CMS) "**Clinical Laboratory Fee Schedule**" for customers who are not physicians or who perform services not covered by the Medicare Physician Fee Schedule but can still be paid by Medicare. Lab customers or any customer who orders lab tests can now take advantage of fee schedules and contracts based on the Medicare Clinical Laboratory Fee Schedule (CLFS). When creating a fee schedule or contract using the Medicare Fee Schedule in CMD, it will include the Medicare Physician Fee Schedule and the Medicare Clinical Laboratory Fee Schedule. The Clinical Laboratory Fee Schedule will price procedure codes associated with a lab or test, while the Medicare Physician Fee Schedule will price other procedures.

The Medicare Clinical Laboratory Fee Schedule will be updated quarterly and consists of a single price, either local or national, in contrast to the Medicare Physician Fee Schedule, which is determined based on the specific ZIP code location.

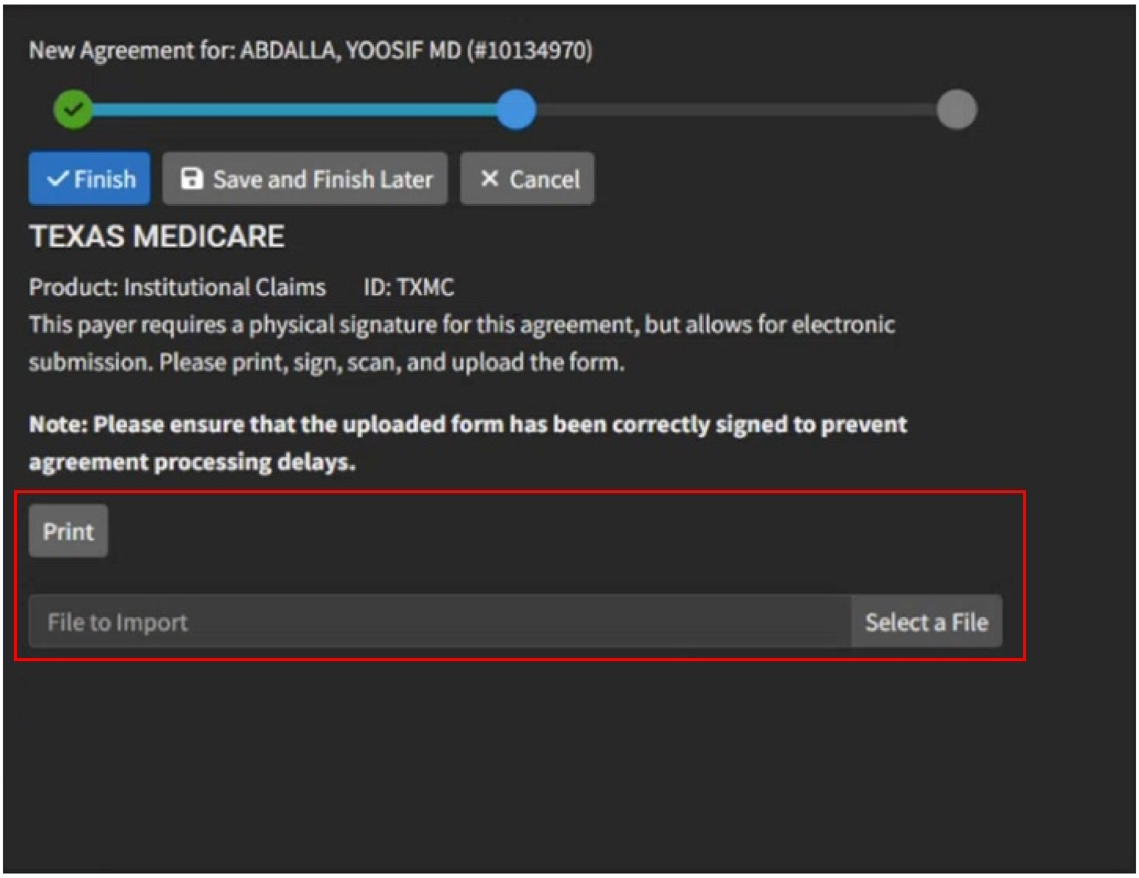


Knowledge base articles

- Add a Fee Schedule
- Procedure Code Fee Schedule
- Add a Contract

New Payer Agreement Signature option

We added a new feature for completing payer agreements that require a physical signature but allow for electronic submission of the agreement with the wet signature. This option enables the provider to print, sign, and scan the form, then upload the scanned PDF within the application as part of the Submit Facility NPI Enrollment Form API, similar to the electronic signature process.



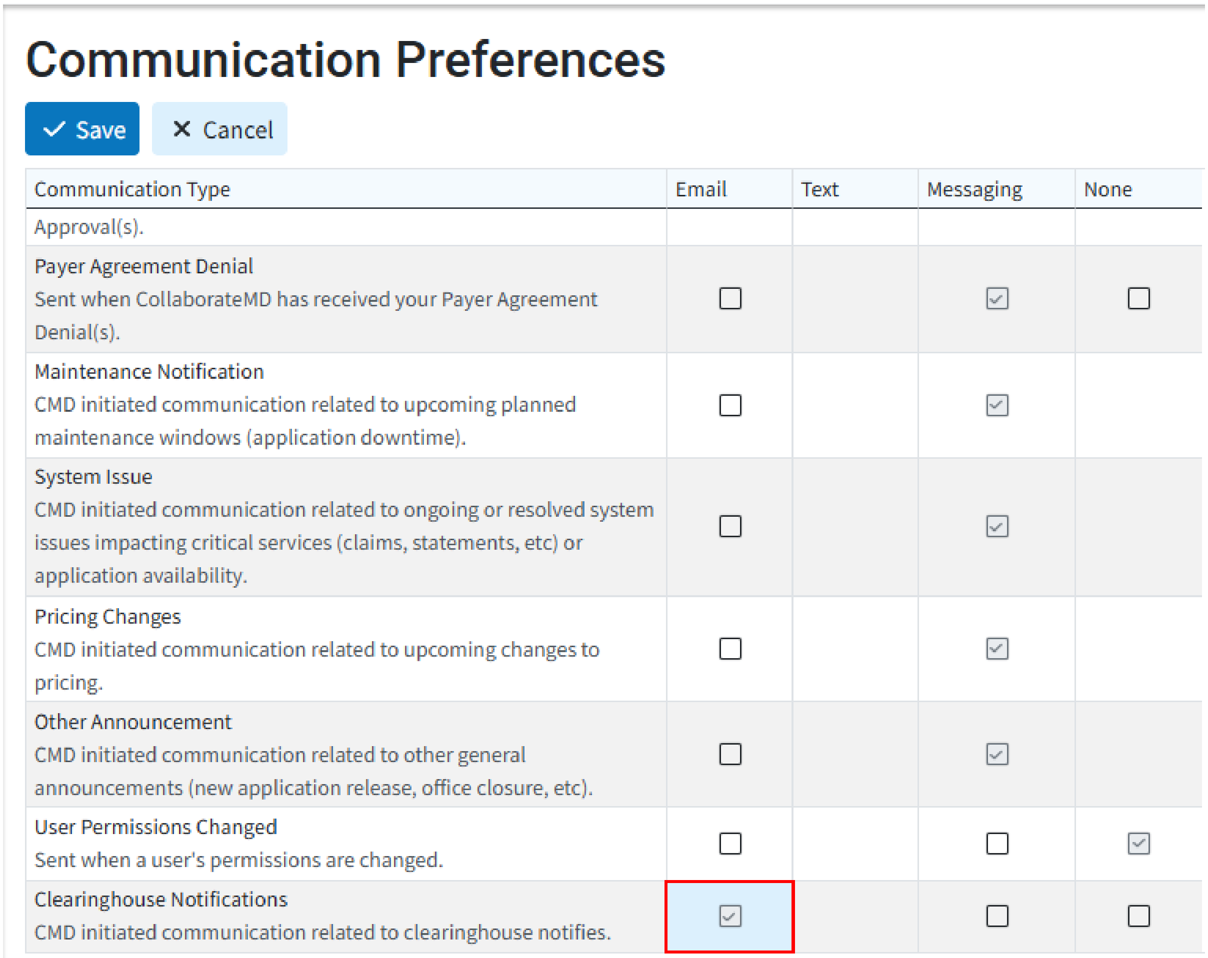
Knowledge base articles

- New ePS Payer Agreement

Enhancements

New Option to allow sending Clearinghouse Notifications via email

Previously, clearinghouse notifications could only be subscribed to using the CMD Messaging option. In this release, we added the ability to receive Clearinghouse notifications via email, in addition to CMD Messaging. The default will remain CMD Messaging, but users can now configure Clearinghouse notifications to be sent via email within their User Profile > Communication Preferences.



Communication Preferences

✓ Save ✕ Cancel

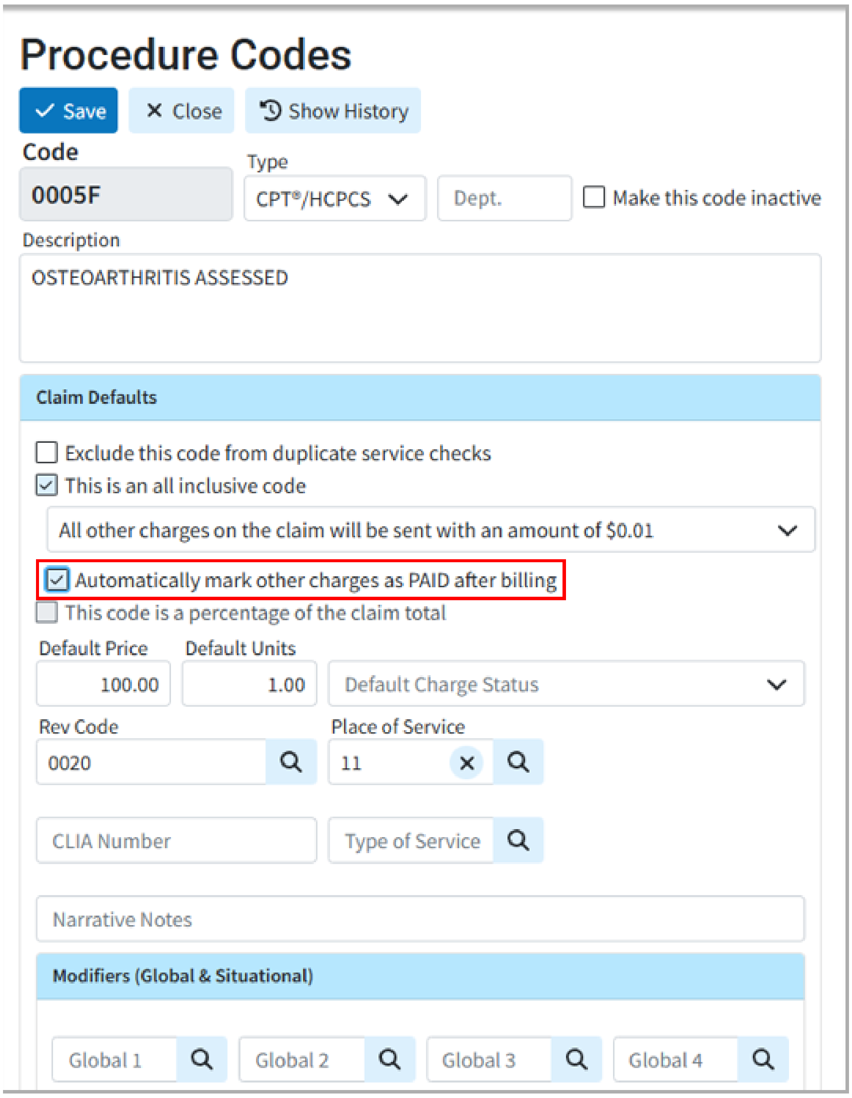
Communication Type	Email	Text	Messaging	None
Approval(s).				
Payer Agreement Denial Sent when CollaborateMD has received your Payer Agreement Denial(s).	☐		☑	☐
Maintenance Notification CMD initiated communication related to upcoming planned maintenance windows (application downtime).	☐		☑	
System Issue CMD initiated communication related to ongoing or resolved system issues impacting critical services (claims, statements, etc) or application availability.	☐		☑	
Pricing Changes CMD initiated communication related to upcoming changes to pricing.	☐		☑	
Other Announcement CMD initiated communication related to other general announcements (new application release, office closure, etc).	☐		☑	
User Permissions Changed Sent when a user's permissions are changed.	☐		☐	☑
Clearinghouse Notifications CMD initiated communication related to clearinghouse notifies.	☑		☐	☐

Knowledge base articles

- Communication Preferences

New Option to set non-all-inclusive charges as Paid after billing

We recently added a new feature to the Codes section that allows users to bill other charges when there is an "all-inclusive" charge on the claim, while still sending other charges as $0.00 or $0.01. These charges are then sent as information to the payer but will not be paid. Users would then need to manually adjust, delete or mark these charges as paid, which created extra work. In this release, we introduced a new option on the Procedure Codes screen to automatically set non-all-inclusive charges as paid after billing. After selecting one of the options to send all other charges on the claim as $0.00 or $0.01, you can choose to automatically mark the other charges as paid after billing, which will set all other charges to PAID rather than AT INSURANCE when claims are submitted.

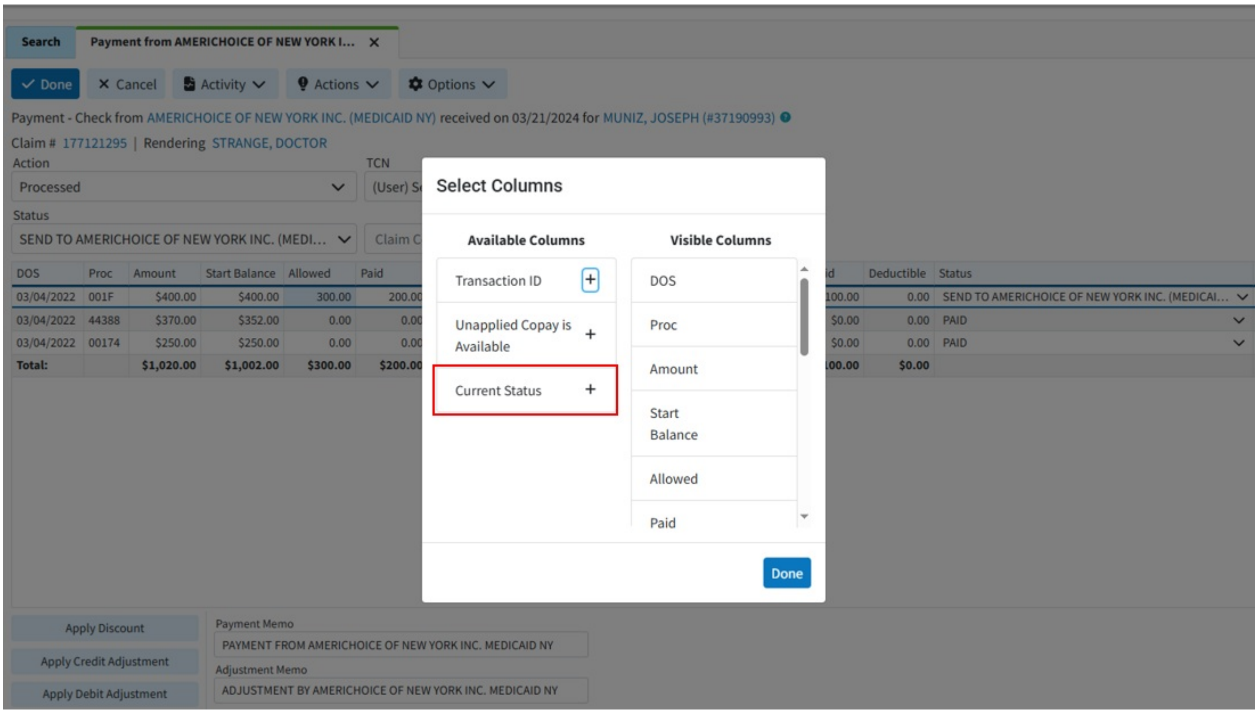


Knowledge base articles

- Add CPT/HCPCS Codes

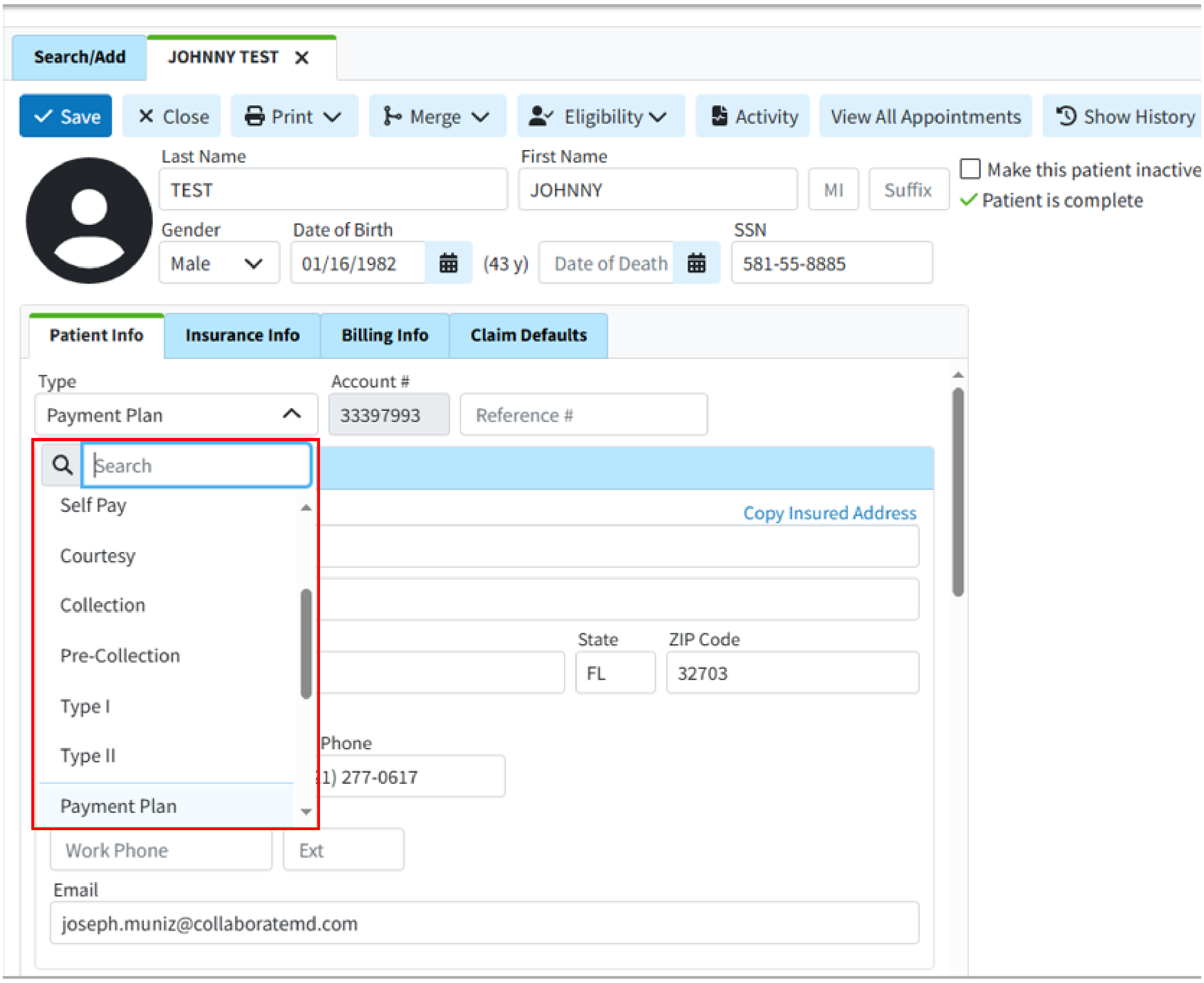
New "Current Status" column on EOB/ERA

When posting an insurance payment (manual or ERA) and viewing an individual EOB, the current claim status (not the status that will be set when the payment is posted) is available when hovering over the Status column. In this release, we added a new optional column, hidden by default, to the individual EOB screen. The new "Current Status" column will show the current claim status for better visibility in some workflows.



New Search option when searching in specific dropdown select fields

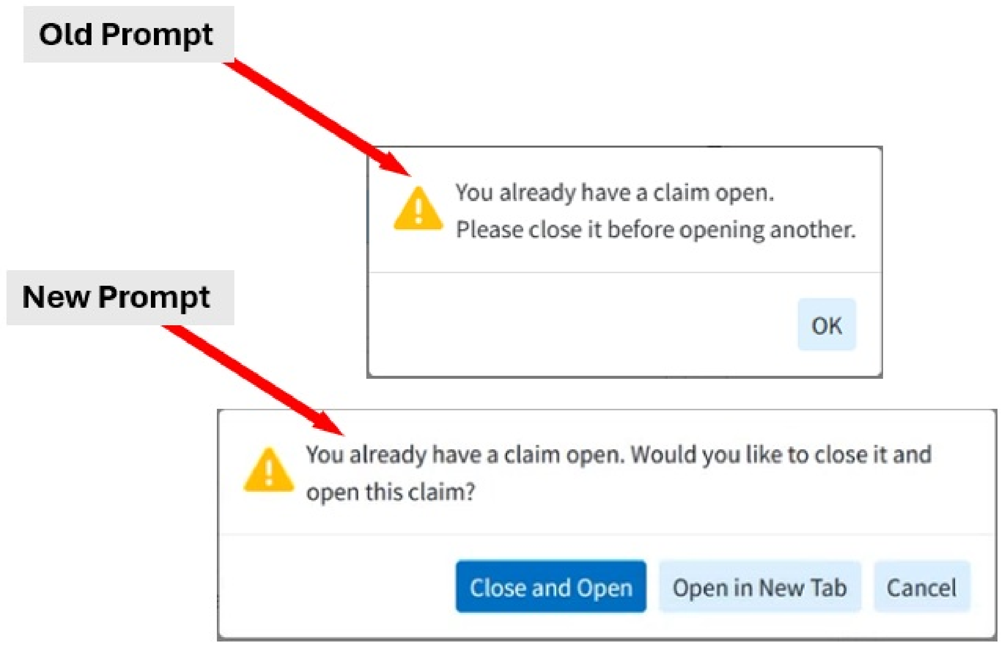
We added the ability to search and filter dropdowns with a visual confirmation when typing or searching in the Charge Status, Account Type, and Eligibility Service Type dropdown fields so users can see when they search for dropdown items.



Resolutions

The "Close and Open Claim" option is missing from Patient > View All Claims

Corrected an issue preventing users from opening a claim from **Patient** > **More** > **View All Claims** when a claim is already open. We previously added this prompt to other sections where claims could be opened, allowing the user to open the claim in a new tab or close the existing claim and open a new one from the prompt. In this release, we updated this screen to prompt the user to close the current claim before opening a new one, as it does on other screens.



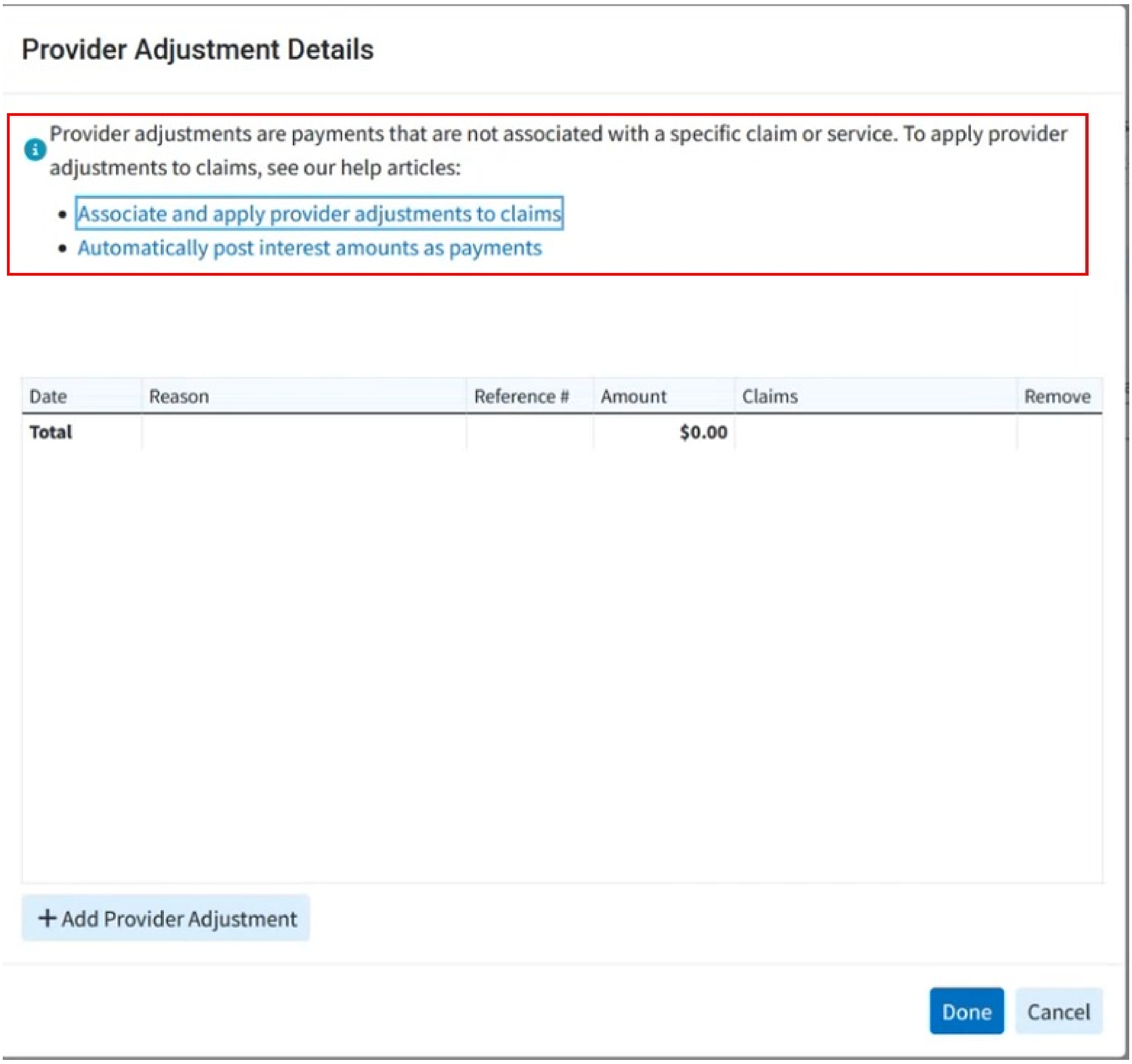
Release 15.6.0 - March 31, 2025

Enhancements

Enhancements

Provider Adjustments Details screen update

Updated the Help Text for the Provider Adjustment Details screen at the top to include links pointing directly to help pages that will aid customers in understanding what provider-level adjustments are and how to post them. The text will now provide a brief description of what provider adjustments are and include links to help articles on associating and applying provider adjustments on claims, as well as automatically posting interest amounts as payments.

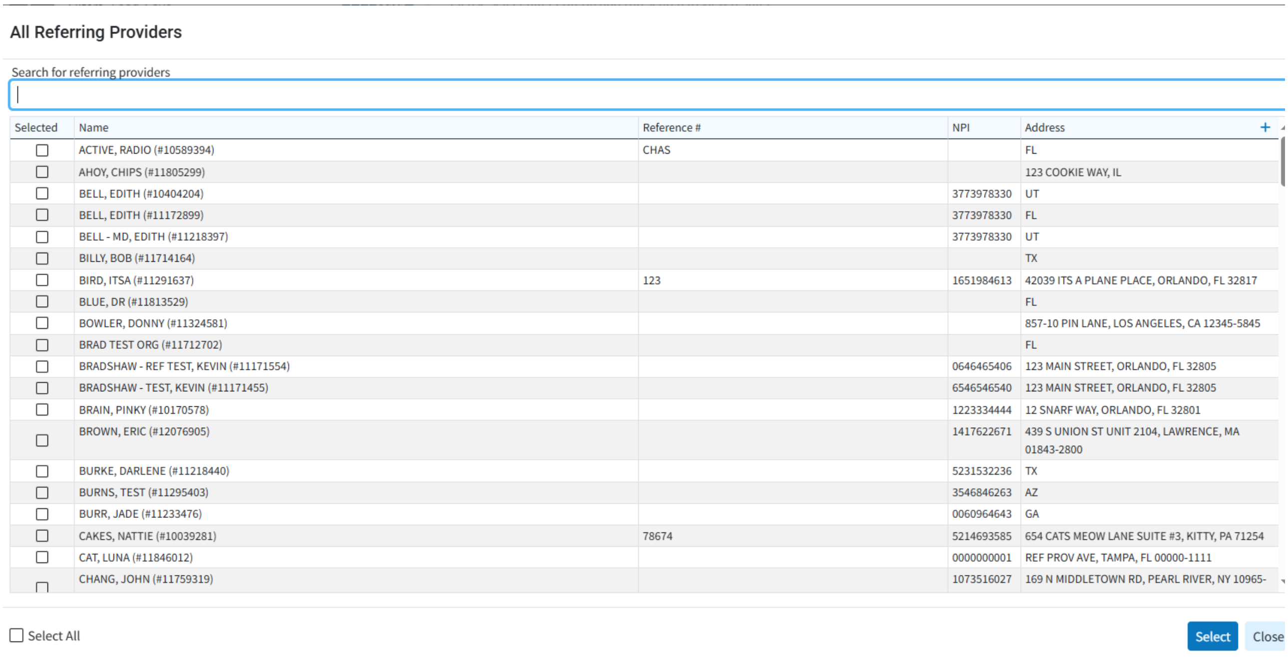


Knowledge base articles

- Associate and apply provider adjustments to claims
- Configure Payment Settings for Users

Referring Provider filter updated in multiple locations

The Referring Provider filter has been modified to function as a search field instead of a dropdown menu when the number of referring providers exceeds 20. This change aligns the behavior of the Referring Provider filter with that of the Rendering Provider and Payer search fields across the Control, Tracking, and Batch sections of the application. This search field offers enhanced searching and improved performance for accounts with more than 20 referring providers while maintaining the simplicity of a dropdown menu for customers with fewer than 20.


All Referring Providers

Search for referring providers

Selected	Name	Reference #	NPI	Address
☐	ACTIVE, RADIO (#10589394)	CHAS		FL
☐	AHOY, CHIPS (#11805299)			123 COOKIE WAY, IL
☐	BELL, EDITH (#10404204)		3773978330	UT
☐	BELL, EDITH (#11172899)		3773978330	FL
☐	BELL - MD, EDITH (#11218397)		3773978330	UT
☐	BILLY, BOB (#11714164)			TX
☐	BIRD, ITSA (#11291637)	123	1651984613	42039 ITS A PLANE PLACE, ORLANDO, FL 32817
☐	BLUE, DR (#11813529)			FL
☐	BOWLER, DONNY (#11324581)			857-10 PIN LANE, LOS ANGELES, CA 12345-5845
☐	BRAD TEST ORG (#11712702)			FL
☐	BRADSHAW - REF TEST, KEVIN (#11171554)		0646465406	123 MAIN STREET, ORLANDO, FL 32805
☐	BRADSHAW - TEST, KEVIN (#11171455)		6546546540	123 MAIN STREET, ORLANDO, FL 32805
☐	BRAIN, PINKY (#10170578)		1223334444	12 SNARF WAY, ORLANDO, FL 32801
☐	BROWN, ERIC (#12076905)		1417622671	439 S UNION ST UNIT 2104, LAWRENCE, MA 01843-2800
☐	BURKE, DARLENE (#11218440)		5231532236	TX
☐	BURNS, TEST (#11295403)		3546846263	AZ
☐	BURR, JADE (#11233476)		0060964643	GA
☐	CAKES, NATTIE (#10039281)	78674	5214693585	654 CATS MEOW LANE SUITE #3, KITTY, PA 71254
☐	CAT, LUNA (#11846012)		0000000001	REF PROV AVE, TAMPA, FL 00000-1111
☐	CHANG, JOHN (#11759319)		1073516027	169 N MIDDLETOWN RD, PEARL RIVER, NY 10965-

☐ Select All

Select Close

Release 15.5.0 - March 17, 2025

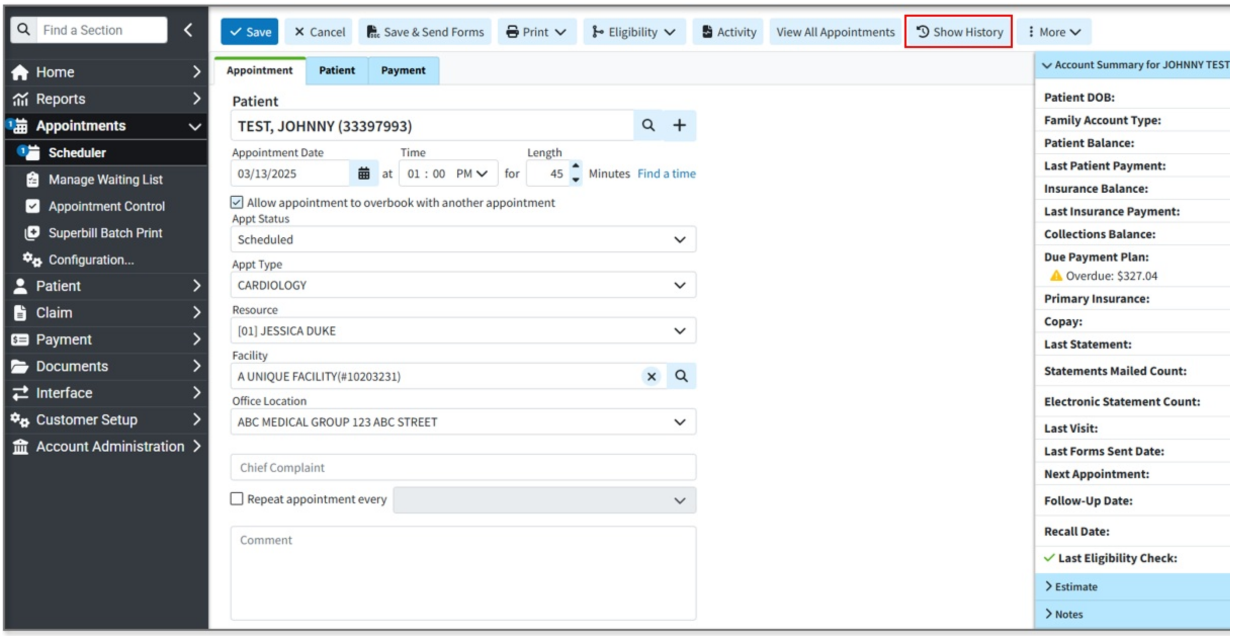
New Features and Updates

General

Appointments

- **New Enhanced Auditing (Show History) for Appointments** CollaborateMD has been working on a new enhanced auditing project that will provide offices with an easy and transparent way of auditing changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup, Patient, and Claim sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

  In this release, we are expanding our Enhanced Auditing functionality to the Appointments section, enabling users to track modifications, changes, and updates made to appointments within CMD for better auditing and accountability. With the new "Show History" feature, you can now determine which user changed/updated specific appointment information in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date and time, and the record changed.



These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, Claim, and Appointments sections, and we will be systematically adding it to other sections of the application.

For more information on using our new Add New Same/Similar Code List feature, please visit our Enhanced Auditing Help Articles.

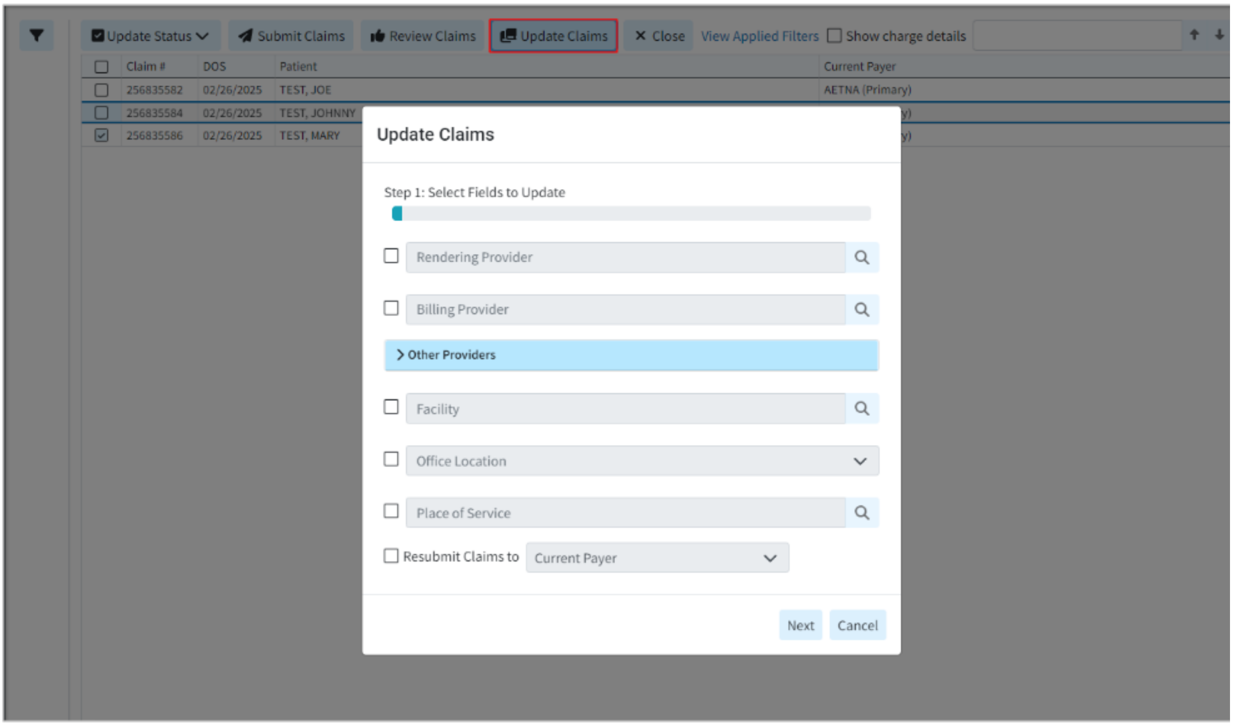
Release 15.4.0 - March 3, 2025

New Features and Updates

General

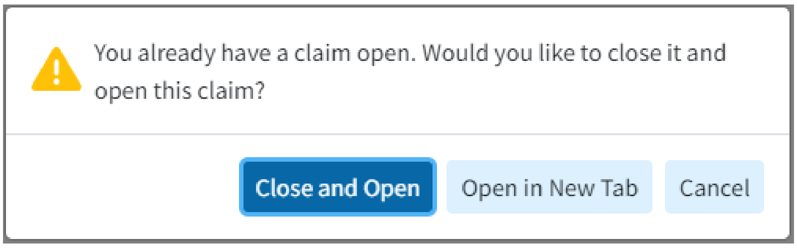
Claims

- **New Mass Claim Updates Feature:** CollaborateMD has always provided powerful tools for working with individual claims, but the platform's ability to make changes to multiple claims at once was limited. With this release, users no longer have to open each claim individually when correcting minor mistakes, such as setting the wrong rendering provider or place of service code on claims. We added a new Mass Claim Updates feature that enhances the existing Status Control screen with capabilities to modify multiple claims. The Status Control screen has been renamed Claim Control, where users can now manage the review of incoming claims from their EHR, submit or resubmit claims, and make updates to multiple claims at once, such as updating the Rendering and Billing Providers, the Facility, the Office Location, or the Place of Service by simply selecting the claim(s) and choosing the Update Claims option.



For more information on updating multiple claims at once, please visit ourUpdate Multiple Claims Help Article.

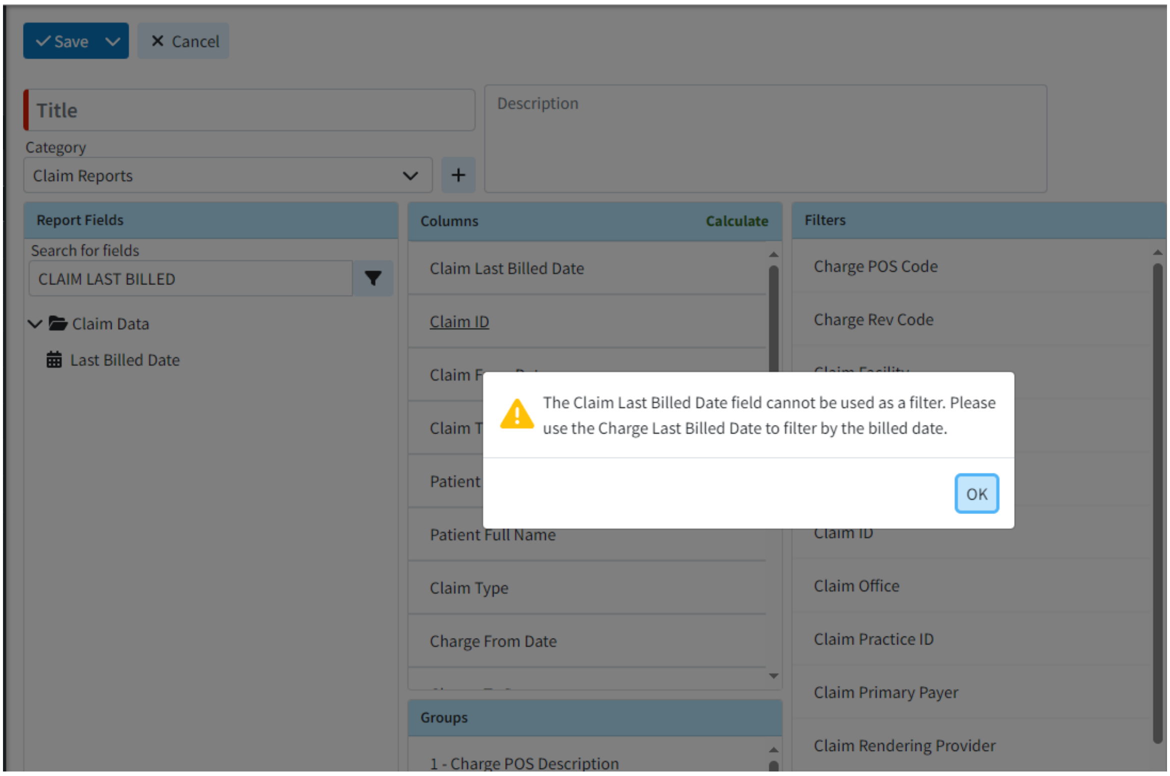
- **<u>Alternate Option To Open A Claim In a Separate Tab When Another Claim Is Already Open</u>**:We have introduced a new dialog box option that appears when a user attempts to open a claim from any section within the CMD while a claim is already open. This feature will now provide the user with the following options:
  - **Close and Open** - Closes the open claim and opens a new one (it will display the usual unsaved changes warning and allow the user to save if there are unsaved changes).
  - **Open in New Tab**- Opens a new window/tab with the correct URL/claim
  - **Cancel** - Closes the dialog and keeps the claim open.



Reports

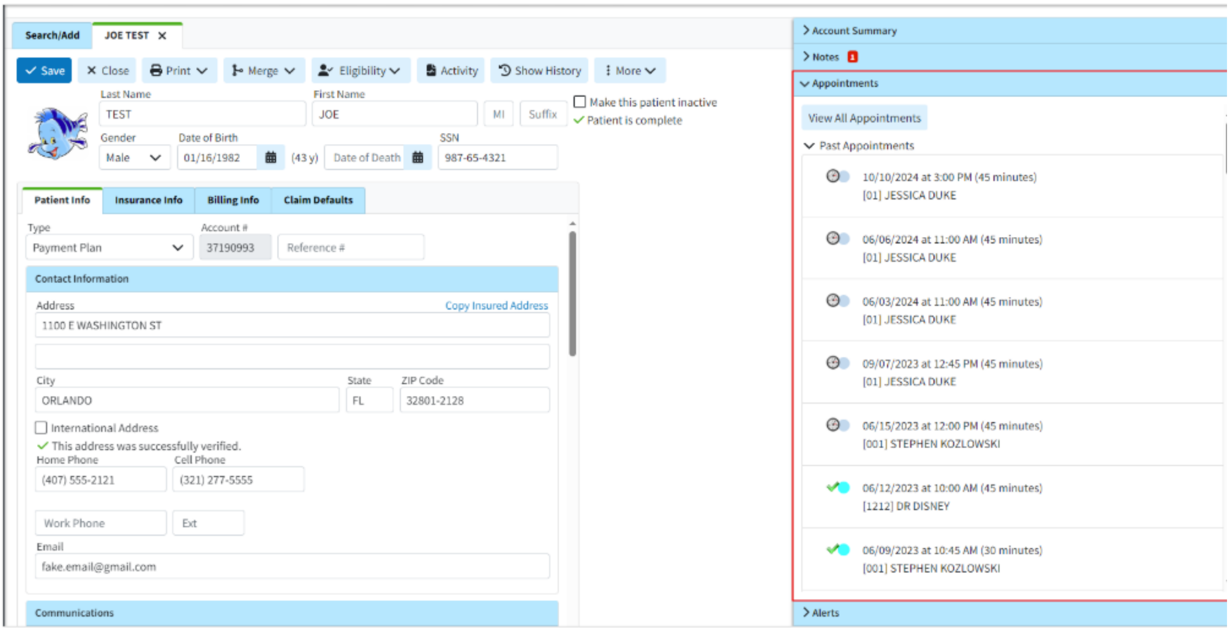
- **<u>Update to the Report Builder to Prevent the "Claim Last Billed Date" Field from Being Added as a Filter:</u>** Updated the Report Builder to prevent adding the "Claim Last Billed Date" report field as a

Report Filter. While some customers may still try using this field as a filter, we've added a warning message directing them to use the "Charge Last Billed Date" instead, which provides the same results is much faster, and can potentially be improved further via an index.



Patient

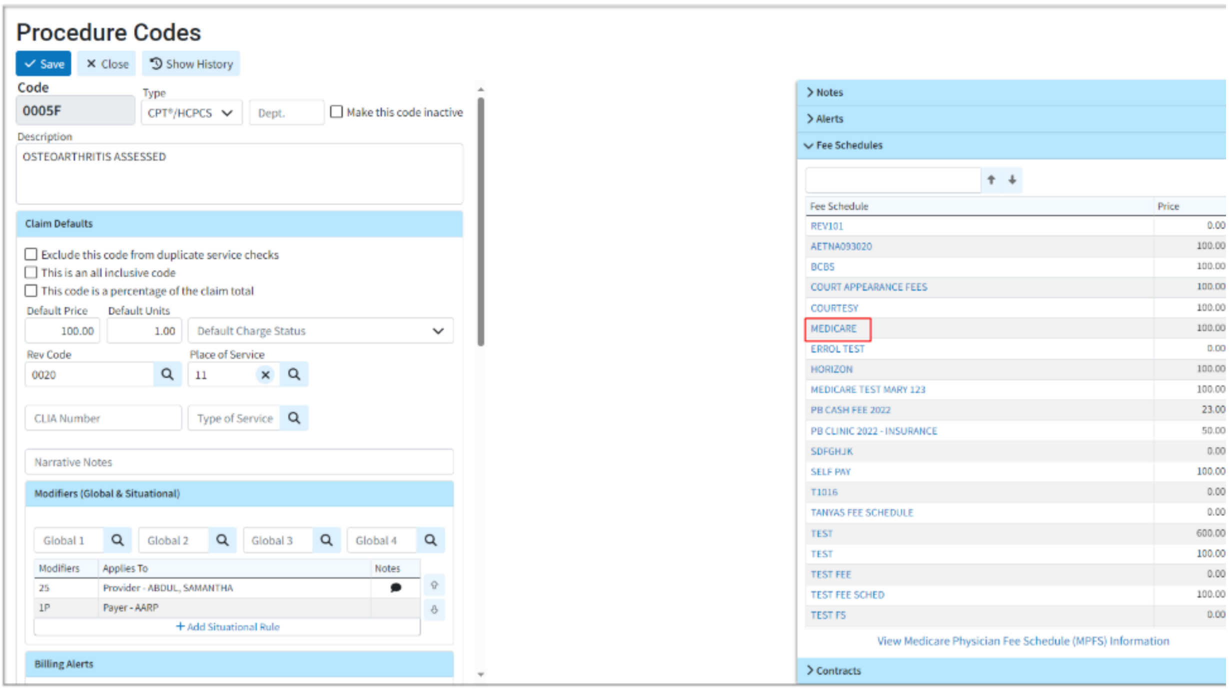
- **<u>New Appointment View Option From The Patient Section:</u>** Previously, the "View All Appointments" button directed users to the Appointment section to view a patient's appointment details, requiring them to leave the current section even if they only needed the dates of past appointments. In this release, we added a new "Appointments" option in the patient side panel that displays a list of all appointments (categorized into Past Appointments and Future Appointments) for the patient withou leaving the screen. The section will still provide an option for users to access the "View All Appointments" button, directing them to the Appointment section where they can see patient appointment details.



For more information on our new Appointments dropdown, please visit our View Appointments From Patient Section Help Articles.

Customer Setup

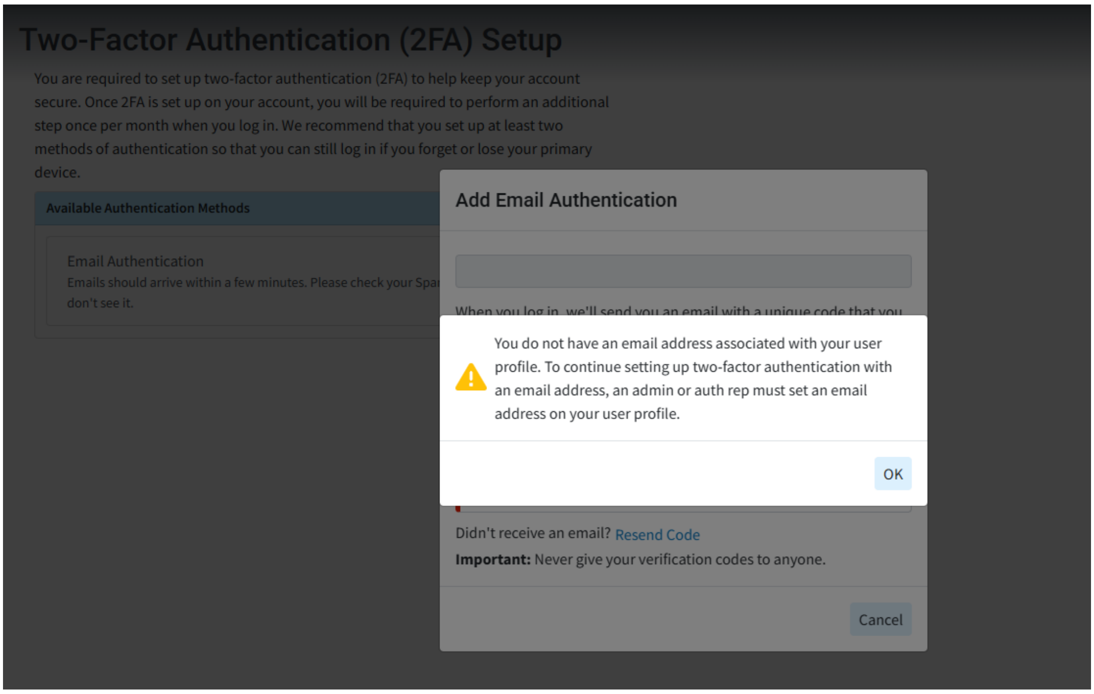
- **New Option to Open Contracts and Fee Schedules From Procedure & Revenue Codes Section:** We added the ability for users to open contracts and fee schedules directly from the Procedure and Revenue Codes sections. This new functionality enables users to click on the Fee Schedule/Contract Name (which is now a clickable link) within the Contracts and Fee Schedules side panel, allowing them to access and view the associated contracts and fee schedules.



For more information on accessing fee schedules/Contracts from procedure codes, please visit our Procedure Codes Fee Schedules or Procedure Codes Contract Help Articles. For information on accessing fee schedules/Contracts from revenue codes, please visit our Revenue Codes Fee Schedule or Revenue Codes Contract Help Articles.

Jser Profile

- **<u>New Email Option For Two-Factor Authentication:</u>** We updated our Two-Factor Authentication to now support email authentication. This option will send an email message with a 6-digit login code, similar to the SMS verification, and can only be set up with the email attached to the user's CMD profile. Please note that if an email address is used that does not match the one set in your user profil you will receive a warning.



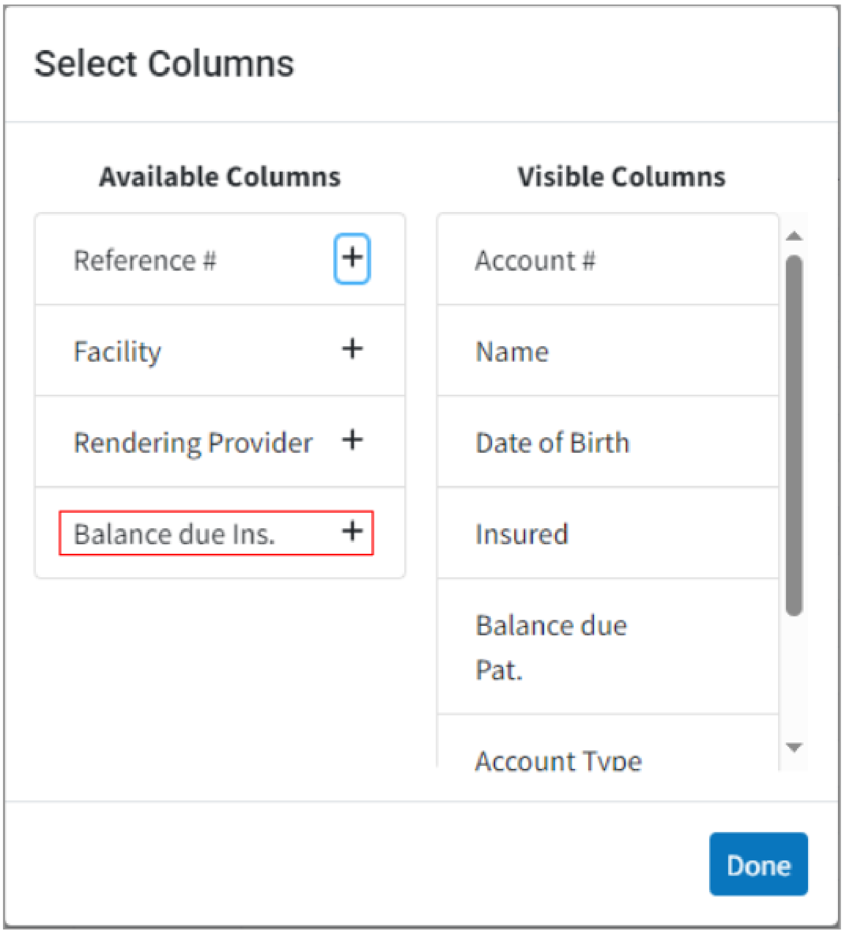
Release 15.3.0 - February 18, 2025

New Features and Updates

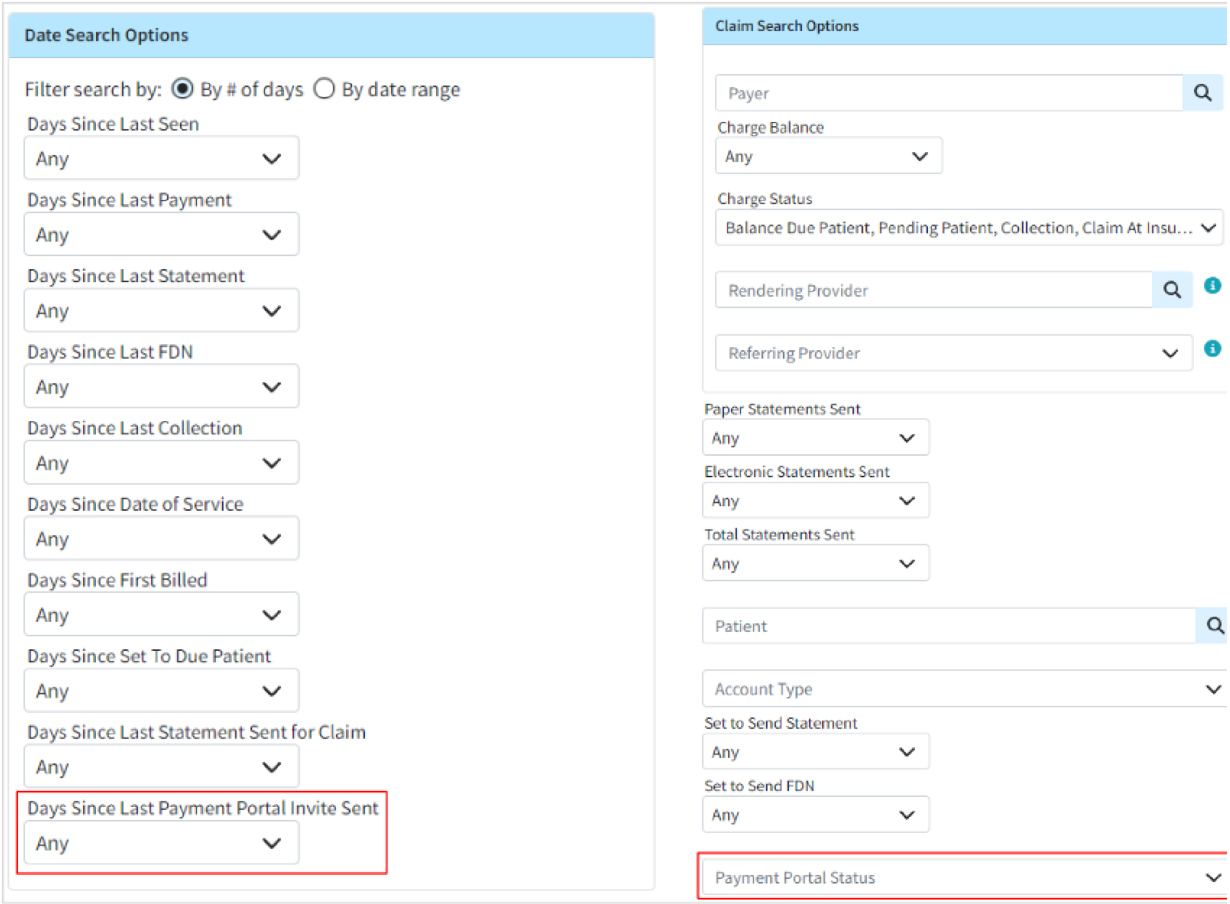
General

Patient

- **<u>New Balance Due Insurance Optional Column:</u>** Some healthcare providers rarely bill patients directly, instead focusing primarily on the balance owed by insurance companies rather than the patient's balance. The patient search screen (results dialog) already displayed the balance owed by insurance, but this information was not shown in the recently opened table. In this release, We added the Balance Due Insurance as an optional column (hidden by default) within the Patient Search screen's Recently Opened list.



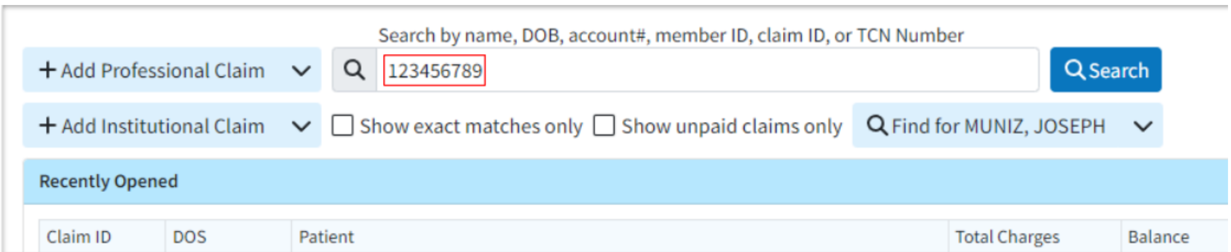
- **<u>New A/R Control Filters Related To Payment Portal Invites:</u>** We recently added an option to Send Payment Portal Invites as a batch action from Patient A/R Control. In this release, we added new filters within A/R Control to determine whether or not a patient has enrolled with the payment portal. Customers can now search by a new Date Search Option "***Days Since Last Payment Portal Invite Sent***" or by the Claim Search Option "***Payment Portal Status***" (Invitation Not Sent, Invitation Sent but Not Registered, Registered).

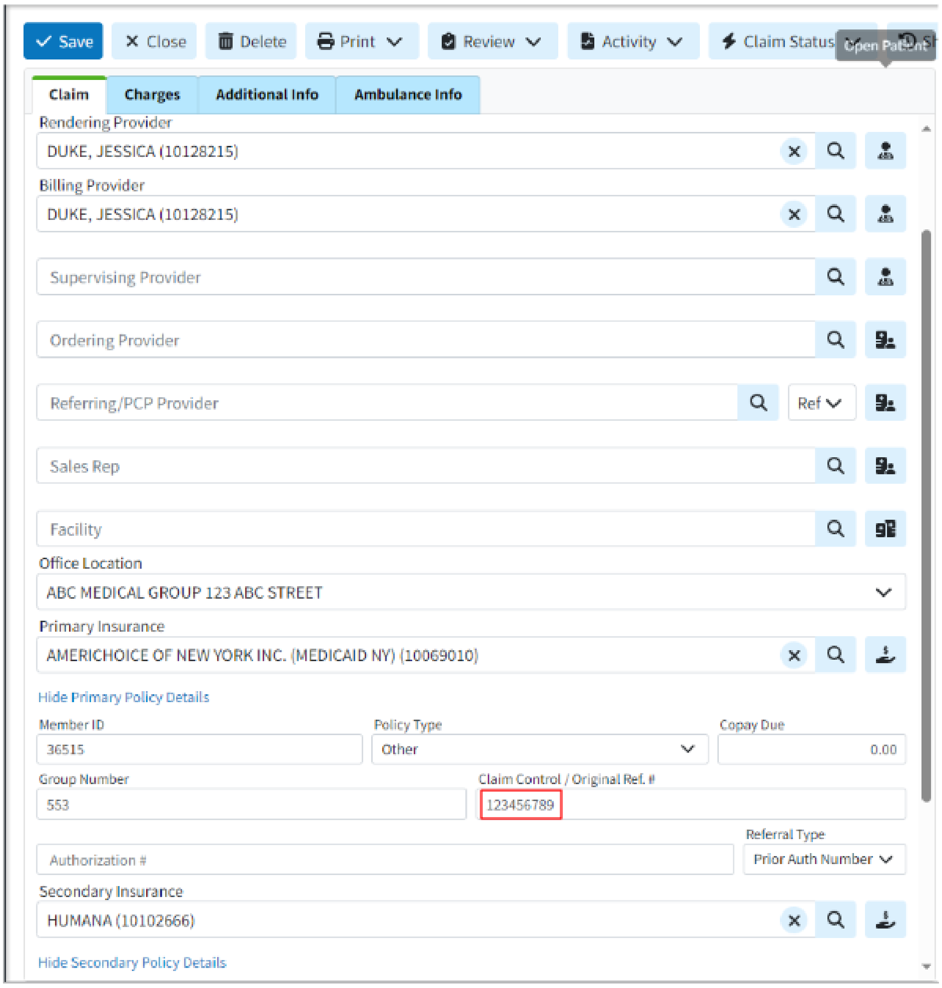


For more information on determining if patients have enrolled in the payment portal, please visit our Search For Patient Balances Help Article.

Claim

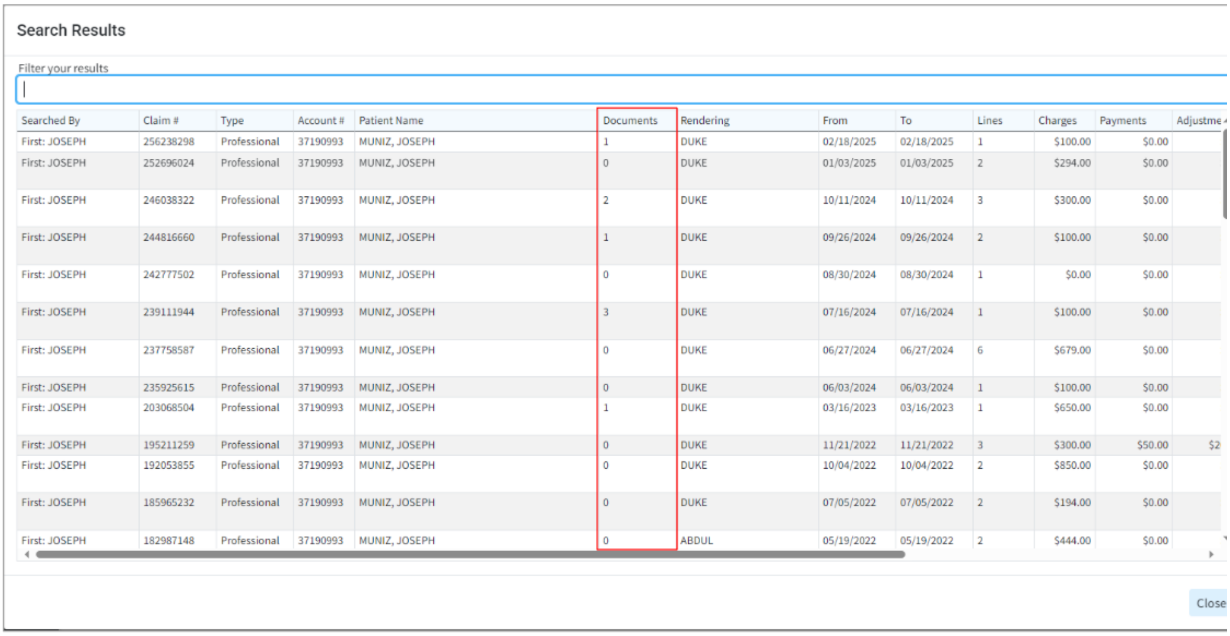
- **Updated the Claim Search Capability:** When users receive communication from the payer about a claim, it often includes the payer's claim number: the ICN (Internal Control Number), Claim Control Number, or Original Reference #. These numbers are automatically populated on the claim after the ERA is applied, so the ability to find claims by the ICN is a great tool to have when working on appeals In this release, we updated the Claim Search capability to include searching by all three claim control numbers, making it easier to locate specific claims during the appeals process.





- **<u>New Optional Column For Document Count</u>:** We added a new optional column (hidden by default) t the Claim, Patient, and Payment sections that display a count of the documents associated with each item. This column helps indicate if a patient, claim, or payment has a document association before opening it.

> Please note that this column option will only appear on the search screen after a search is performed, not on the Recently Opened List.


Search Results

Filter your results

Searched By	Claim #	Type	Account #	Patient Name	Documents	Rendering	From	To	Lines	Charges	Payments	Adjustme
First: JOSEPH	256238298	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	02/18/2025	02/18/2025	1	$100.00	$0.00	
First: JOSEPH	252696024	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	01/03/2025	01/03/2025	2	$294.00	$0.00	
First: JOSEPH	246038322	Professional	37190993	MUNIZ, JOSEPH	2	DUKE	10/11/2024	10/11/2024	3	$300.00	$0.00	
First: JOSEPH	244816660	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	09/26/2024	09/26/2024	2	$100.00	$0.00	
First: JOSEPH	242777502	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	08/30/2024	08/30/2024	1	$0.00	$0.00	
First: JOSEPH	239111944	Professional	37190993	MUNIZ, JOSEPH	3	DUKE	07/16/2024	07/16/2024	1	$100.00	$0.00	
First: JOSEPH	237758587	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	06/27/2024	06/27/2024	6	$679.00	$0.00	
First: JOSEPH	235925615	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	06/03/2024	06/03/2024	1	$100.00	$0.00	
First: JOSEPH	203068504	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	03/16/2023	03/16/2023	1	$650.00	$0.00	
First: JOSEPH	195211259	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	11/21/2022	11/21/2022	3	$300.00	$50.00	$2
First: JOSEPH	192053855	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	10/04/2022	10/04/2022	2	$850.00	$0.00	
First: JOSEPH	185965232	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	07/05/2022	07/05/2022	2	$194.00	$0.00	
First: JOSEPH	182987148	Professional	37190993	MUNIZ, JOSEPH	0	ABDUL	05/19/2022	05/19/2022	2	$444.00	$0.00	

Close

Payment

- **<u>Updated The Refund Receipts:</u>** Previously, when refund receipts were generated, they appeared identical to a standard receipt, except that the refund amount was displayed within parentheses. To make these receipts more easily identifiable and comprehensible, we modified the refund receipt by adding the word "Refund" to the text and displaying negative numbers with a negative symbol instead of using parentheses, making it clearer.

Receipt
Receipt # 10002247

CMD FAMILY PRACTICE - WEST

PO BOX 555, ORLANDO, FL 32488-1111
https://www.bestdoctorever.com • (321) 251-7915

Payment Refund
-$12.50

Patient: MCCLOUD, FOX
Account: 25017512

Check received on 02/12/2025

Thank you for your payment.

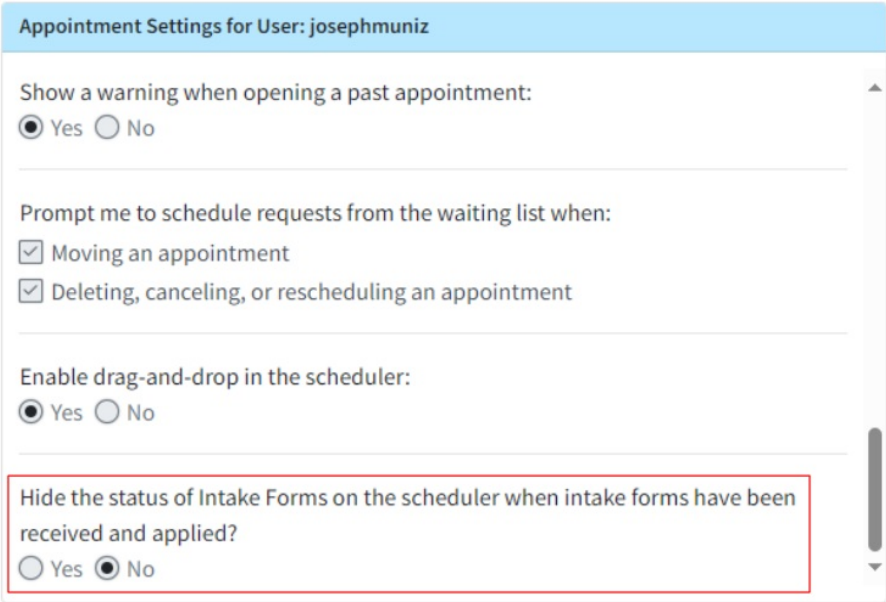
Release 15.2.0 - February 4, 2025

New Features and Updates

General

Appointments

- **New Appointment Setting to Hide The Status of Received/Applied Intake Forms:** Some users who have tightly packed schedules (double/triple booked) may struggle to see the specifics of their appointments due to the two types of icons we show (the eligibility icon and the forms icon) taking up a lot of the appointment space. To help with this, we introduced a setting that allows users to hide the checkmark that indicates forms that have been submitted.

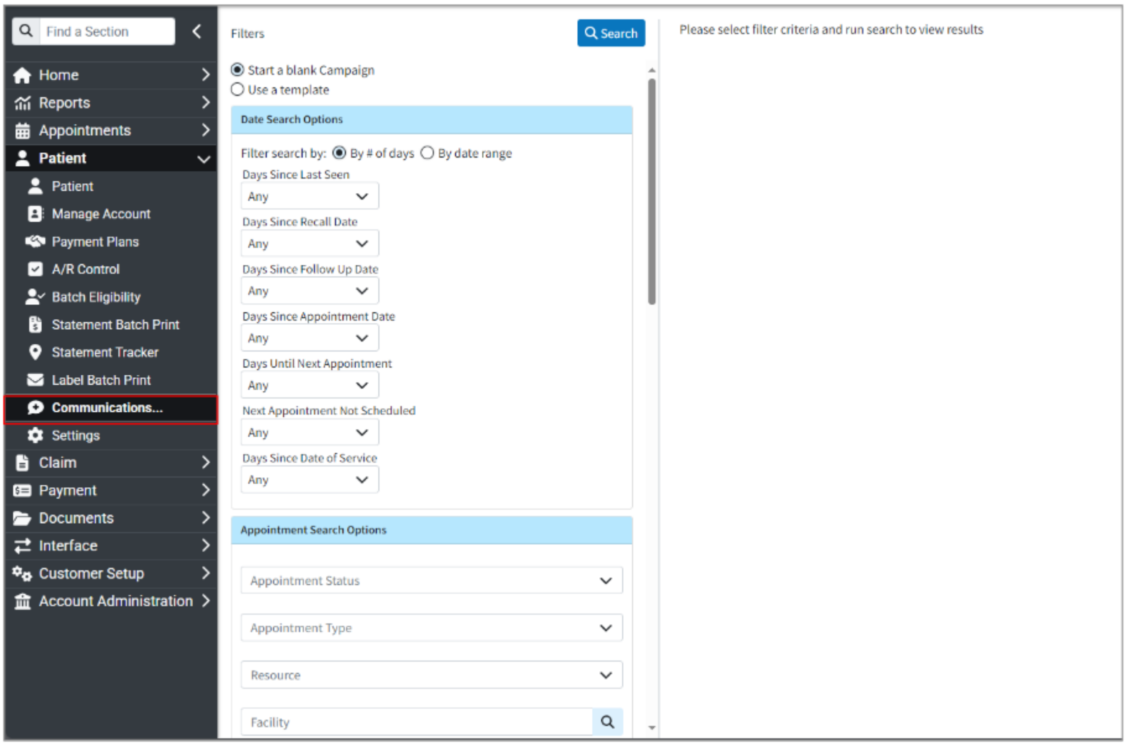


Visit our Configure User Appointment Settings Help Articles for more information on how to turn on this setting.

Patient

- **New Patient Broadcast Communications Feature**: Patient engagement is the collaborative process between healthcare providers and patients aimed at improving patient health. Over the past few years, the significance and prevalence of patient engagement have grown considerably. Research indicates that when patients feel involved and take an active role in their medical care, they achieve improved health results. Simultaneously, providers observe increased patient satisfaction and retention.

  In order to meet the growing needs of both providers and patients, CollaborateMD has developed an introduced a new Patient Broadcast Communications feature. This feature allows providers to send targeted one-way communications to multiple patients using various methods (text, email, or phone). Customers can set campaigns with customized parameters to target specific patients, helping them with their healthcare needs and encouraging retention or usage of optional/elective medical services through intelligent marketing.



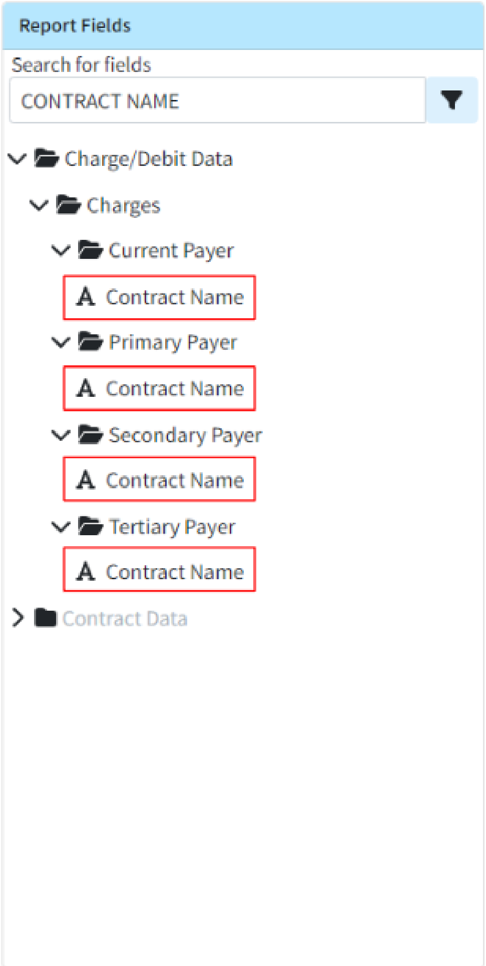
For more information on using our new Patient Broadcast Communications feature, please visit our Broadcast Communications Help Articles. For instructions on how to enable and configure the feature, visit our Manage Broadcast Communications Help Article.

- **New A/R Control Filters:** Some of our customers have very particular workflows and have requested to be able to search in A/R Control by Referring and Rendering providers. This would enable them to send out statements only for claims from a particular provider. To address this need, we added the ability to filter by Rendering or Referring Provider within A/R Control, allowing customers to send statements only for claims from a specific provider or referrer. These new filter options were added under a new header within the A/R Control Filters called "Claim Search Options." Additionally, the existing Payer, Charge Balance, and Charge Status filters have been moved under the Claim Search Options.

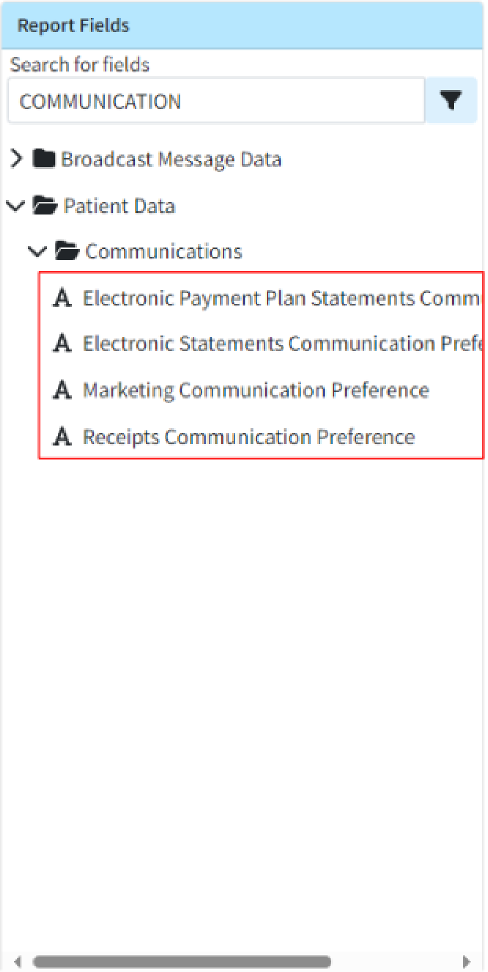
  For more information on these new filters, please visit our Search For Patient Balances Help Article.

Reports

- **New Report Fields For Contract Name:** We previously had a number of fields that could be used to show the contract price that applies to a charge. In this release, we added "**Contract Name**" as a report field under those same data sections . This new field is available under Charge/Debit Data > Charges > Current Payer (as well as Primary/Secondary/Tertiary Payers).



- **New Report Fields For Patient Communication Preferences** We added the ability to include information about communication opt-ins in reports, enabling customers to conduct targeted outreach to patients to encourage them to opt-in. The following new communication preferences report fields have been added under **Patient Data** > **Communications**:
  - Electronic Payment Plan Statements Communication Preference
  - Electronic Statements Communication Preference
  - Marketing Communications Preference
  - Receipts Communication Preference



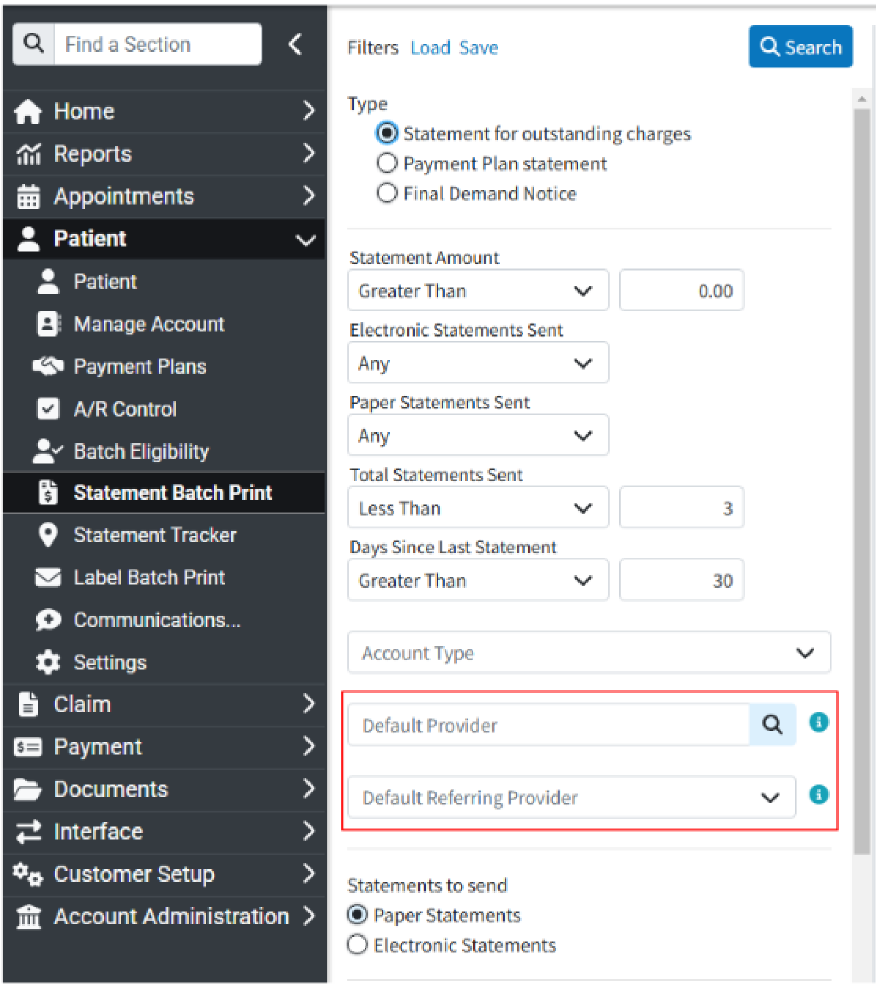
Release 15.1.0 - January 21, 2025

New Features and Updates

General

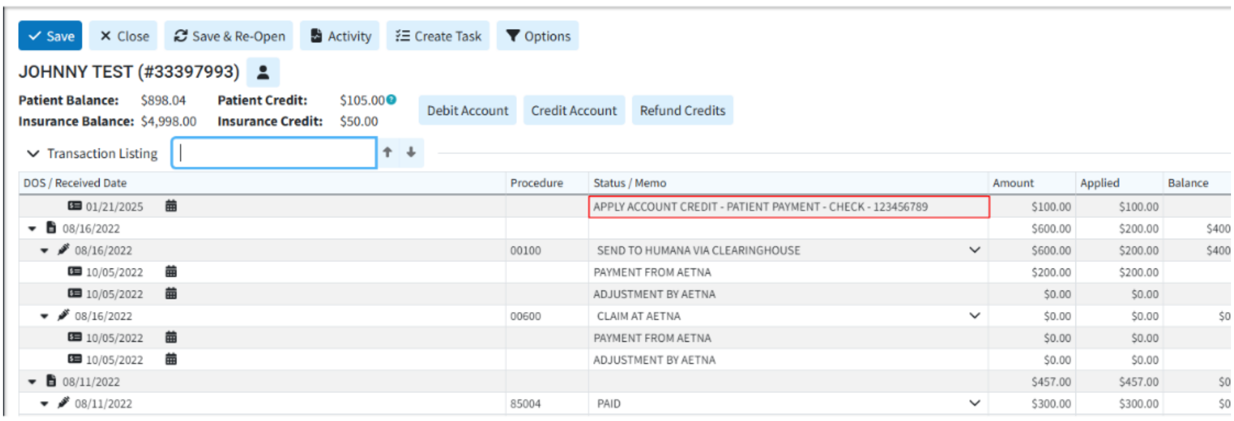
Patient

- **New Statement Batch Print Search Options:** We added the Default Provider and the Default Referring Provider as search (filter) options within Statement Batch Print, so only patients with the selected default referring or rendering providers are returned. This option will not affect the generated statement, which will continue to include all charges regardless of the rendering or referring provider on the claim.

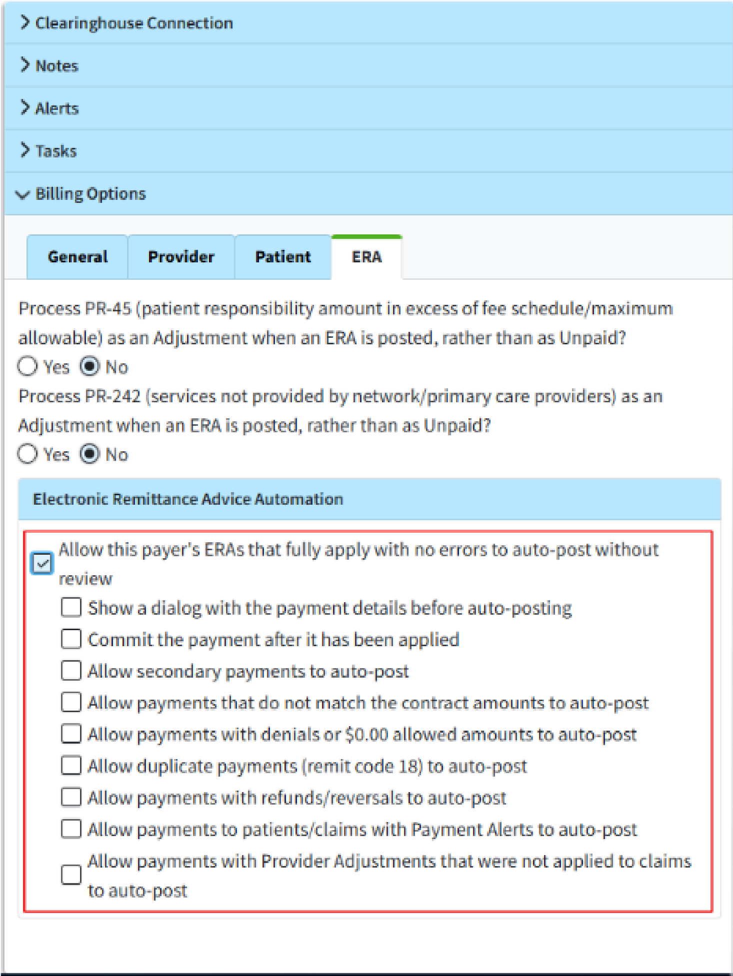


Payment

- **<u>Updated The Default ACCOUNT CREDIT & APPLY ACCOUNT CREDIT Memos</u>:** We updated the default account credit memo, created when an account credit is generated based on a payment or adjustment, to include more information about the credit. In this release, we also updated the APPLY ACCOUNT CREDIT memo line to include additional details (such as the source and check number) that will be visible in the Manage Account and Activity screens once the credit is applied.



- **New ERA Auto Post:** Added a new ERA Auto-Post billing option that can be configured by Payer and pay priority (primary, secondary, etc.). Once enabled and configured, the Electronic Remittance Advice will automatically check for errors or warnings on most ERAs and, if the ERA is free of issues ("clean"), will automatically apply the payments with no interaction or review required.

  For more information on configuring this new ERA Automation billing option, please visit our ERA Billing Options Tab Help Article.

Release 15.0.0 - January 6, 2025

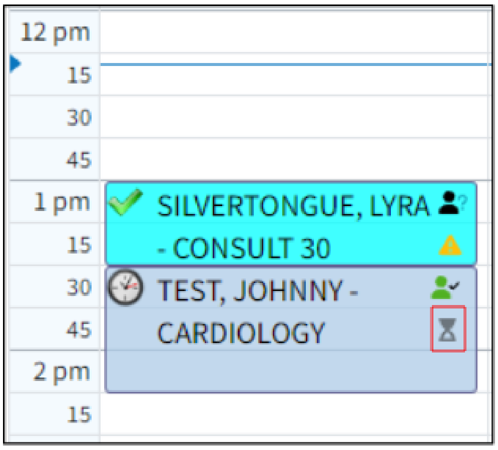
New Features and Updates

General

Appointments

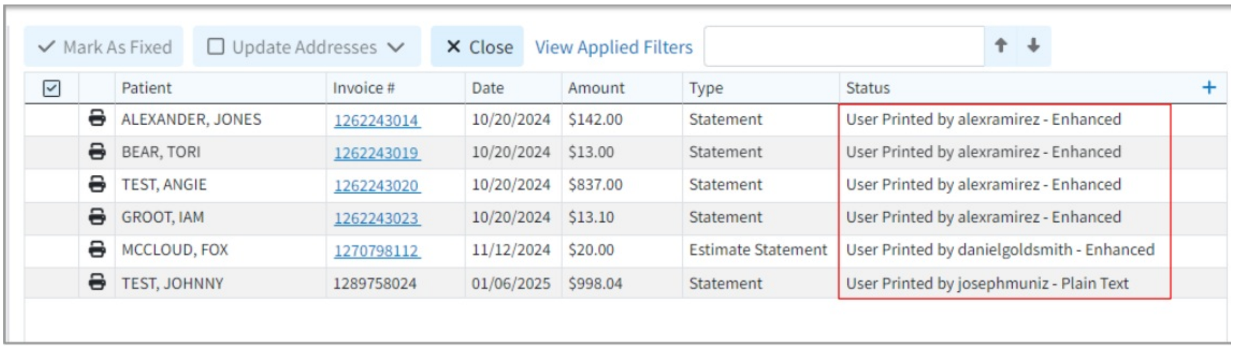
- **Added UI Improvements To The Scheduler's Eligibility & Forms Icons:** We reduced the size of the

Eligibility and Forms icons and allowed them to take up vertical space when available, enabling more appointment information to be visible on the scheduler. We also changed the color of the "intake forms sent but not filled out" icon from yellow to gray, distinguishing it from the "intake forms not sent" icon.



Patient

- **<u>Updated The Statement Tracker "Status" Column:</u>** Updated the Statement Trackers Status column t include the "user printed name." This allows users to see the print status, as well as the individual whc printed the document, which improves the auditing process.



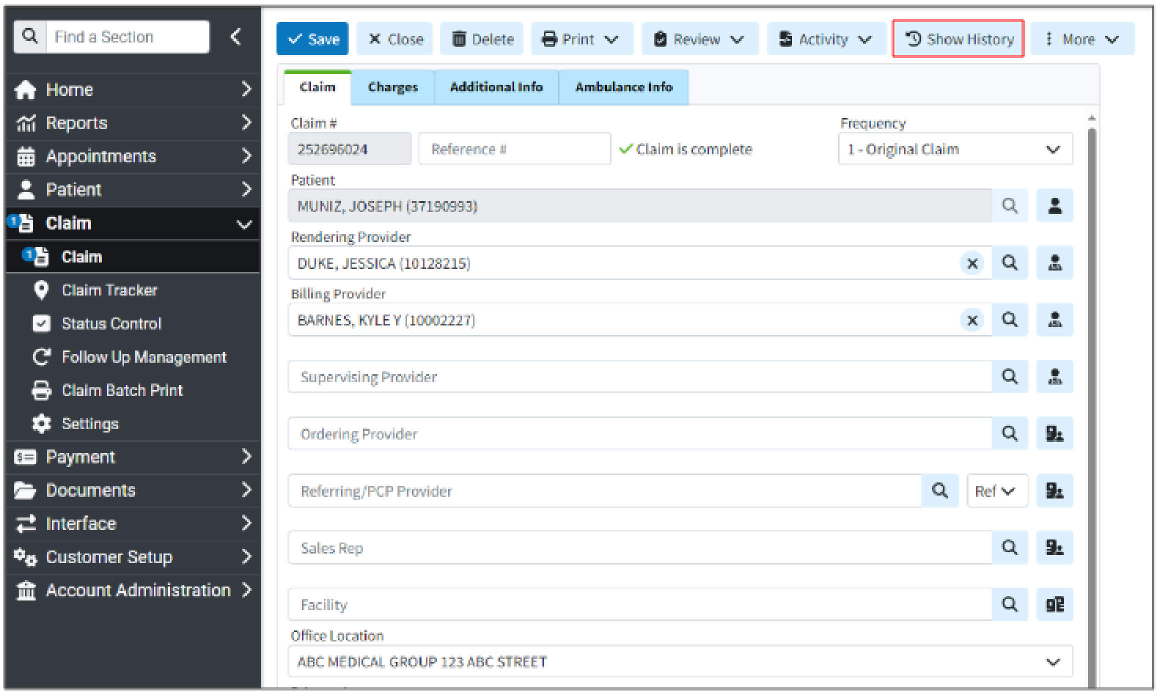
Mark As Fixed | Update Addresses | Close | View Applied Filters

	Patient	Invoice #	Date	Amount	Type	Status
	ALEXANDER, JONES	1262243014	10/20/2024	$142.00	Statement	User Printed by alexramirez - Enhanced
	BEAR, TORI	1262243019	10/20/2024	$13.00	Statement	User Printed by alexramirez - Enhanced
	TEST, ANGIE	1262243020	10/20/2024	$837.00	Statement	User Printed by alexramirez - Enhanced
	GROOT, IAM	1262243023	10/20/2024	$13.10	Statement	User Printed by alexramirez - Enhanced
	MCCLOUD, FOX	1270798112	11/12/2024	$20.00	Estimate Statement	User Printed by danielgoldsmith - Enhanced
	TEST, JOHNNY	1289758024	01/06/2025	$998.04	Statement	User Printed by josephmuniz - Plain Text

Claim

- **<u>New Enhanced Auditing (Show History) for Claims</u>** CollaborateMD has been working on a new enhanced auditing project that provides offices with an easy and transparent way of auditing change: made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup and Patient sections of the application, allowing users to see a detailed list of change made to specific records throughout the application.

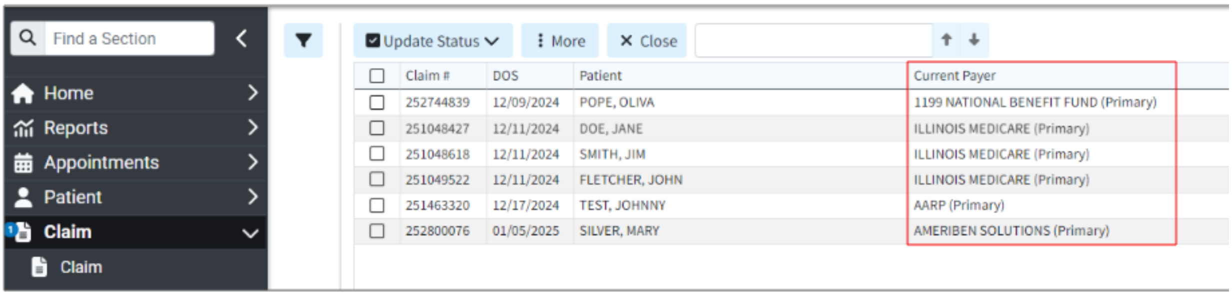
  In this release, we are expanding our Enhanced Auditing functionality to the Claim section enabling users to track modifications, changes, and updates made to claims within CMD for better auditing an accountability. With the new "Show History" feature, you can now determine which user changed specific Claim information in the software and when, by providing an auditing table with all updates c changes made to a record, including the user, date and time, and the item changed.



These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, and Claim sections, and we will be adding it to other sections of the application systematically.

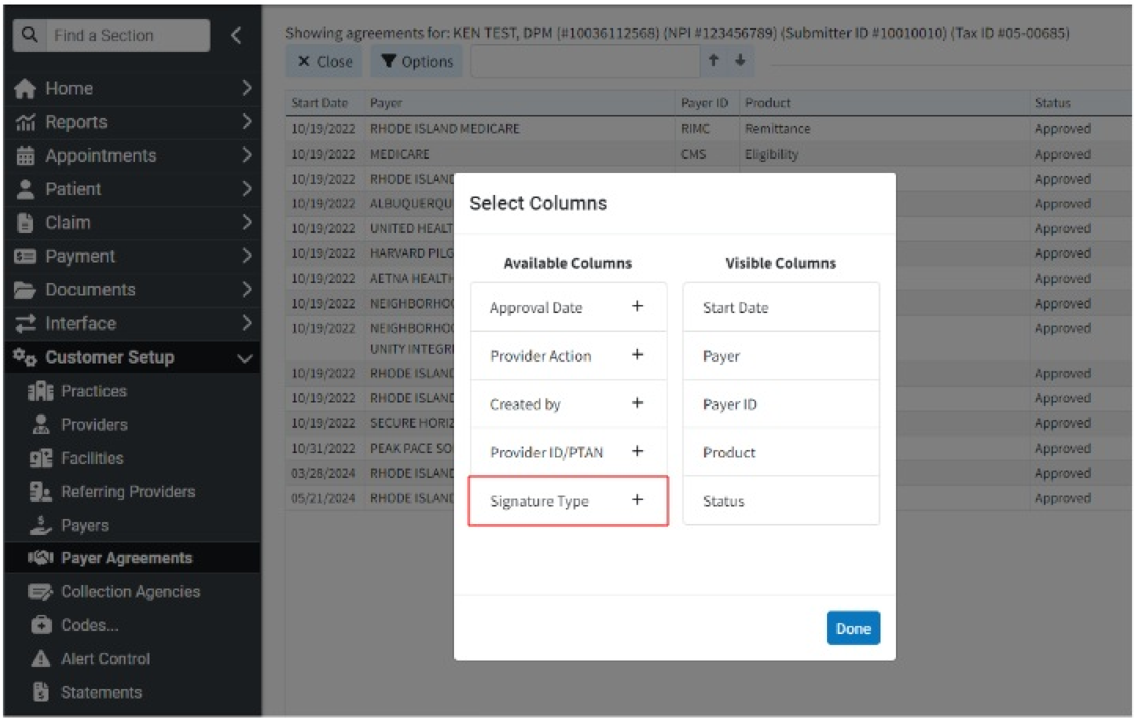
For more information on using our new Add New Same/Similar Code List feature, please visit our Enhanced Auditing Help Articles.

- **Status Control's "Current Payer" Column Update:** Updated the Status Control results screen to sho more details about which payer is displayed. The "Current / Primary Payer" column will now be "Current Payer," and will include the payer priority (primary, secondary, tertiary) in parentheses if th filtered charge status is a payer status.



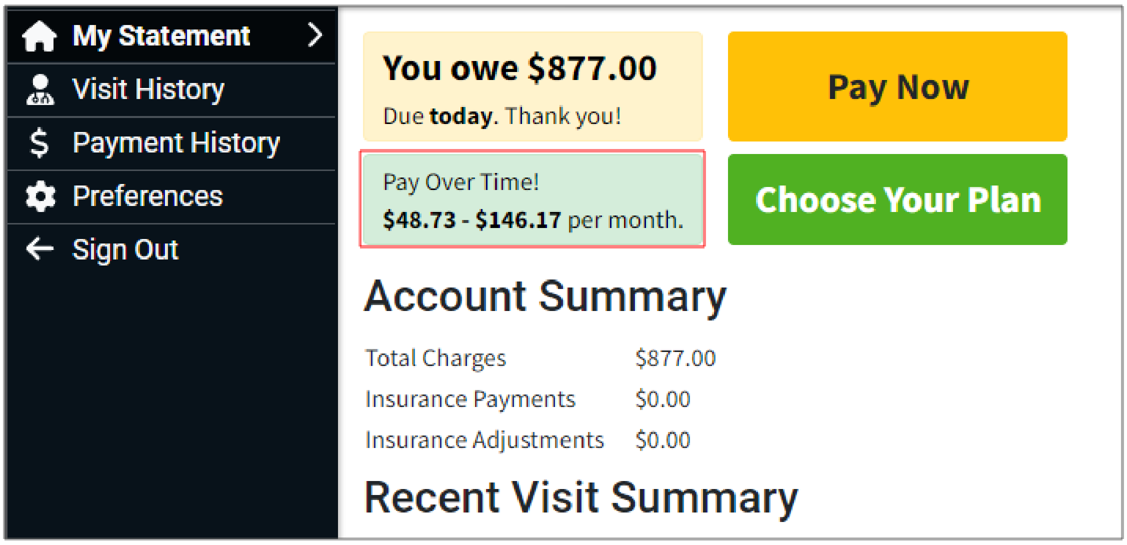
Customer Support

- **New Signature Type Column Within Agreement Lookup:** Added a new column, hidden by default, to the agreement lookup screen. This column will store and display the "Signature Type" (based on the Provider Action field received from ePS) and includes a new report field under Agreement Data. The possible actions for the "Signature Type" are:
  - * Electronic Signature
  - * Online Enrollment
  - * Wet Signature
  - * Other



Payment Portal

- **New UI Updates to The Payment Portal:** Added some UI enhancements to the Payment Portal relate to new colors and margins for better consistency and a better customer experience. We also updatec the Payment Portals password requirements to now require at least 12 characters and disallow the reuse of any previous passwords.


My Statement
Visit History
Payment History
Preferences
Sign Out
You owe $877.00
Due today. Thank you!
Pay Now
Pay Over Time!
$48.73 - $146.17 per month.
Choose Your Plan
Account Summary
Total Charges $877.00
Insurance Payments $0.00
Insurance Adjustments $0.00
Recent Visit Summary