

2025 Release Notes

Updated 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](#)
[New Prior Auth Requirement & Billing Alerts Update](#)
[New Appointment Types Default Codes](#)

Enhancements

[New Taxonomy Specialty Report Fields](#)

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 Group](#) Help Article. For info on assigning tasks to a contact group, visit our [Assign a Task to a Contact Group](#) Help Article.

✓ Save

✕ Cancel

Task Title

Review Follow ups for BCBS today

Due Date

05/27/2025

Status

Not Started

Priority

Normal

Description

Please Review all BCBS follow ups before EOD today.

Task Links

+ Add Link

No links have been added yet.

Assign this task to

Billing ✕

Select User

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.

Find a Section

Home >

Reports >

Appointments >

Patient >

Claim >

Payment >

Documents >

Interface >

Customer Setup >

Practices

Providers

Facilities

Referring Providers

Payers

Payer Agreements

Collection Agencies

Codes...

Alert Control

Procedure Codes

SaveCloseShow History

Narrative Notes

Modifiers (Global & Situational)

Global 1Global 2Global 3Global 4

Create situational modifiers

Billing Alerts

Global Surgery Period

Default (0 days)

Same or Similar Codes

Codes	Period	Delete
Add New Same/Similar Code List		

Prior Authorization Requirements

☐ None

☒ All Payers

☐ Certain Payers Only

Drug Information

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.

Claim Review Result

Claim ID **228334650** Run Date 05/21/2025 12:11 PM

Results

✗ Claim reviewed for Billing Alerts. An issue was found.

The following procedures require prior authorization:

- 11055 - TRIM SKIN LESION.

⚠ Claim not analyzed by CollaborateMD Edits.

✗ Claim processed by the code scrubbing engine. Issues were found.

❗ *Reject Claim*

999999999 (PROV) The billing provider NPI is either missing, contains invalid characters or is malformed. The billing provider NPI is required.

❗ *Line Item Rejected*

00001 (CPT/HCPCS) The CPT/HCPCS code is not valid for the date of service.

ℹ *Actionable*

11055 (MN-PROP) This CPT/HCPCS and diagnosis code combination may be clinically questionable for medical necessity and might benefit from clinical review.

Run date: May 21, 2025, 12:11:35 PM JOB ID: 1637578969

✗ Claim analyzed by Clearinghouse Edits. An issue was found.

Errors were found that will prevent this claim from being successfully processed at the

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 or 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.

Appointment Types

✓ Save
✕ Close
🕒 Show History

Code

☐ Make this type inactive

Description

Icon

Color

Length (minutes)

Make Appointment Type Available in:
☒ All Departments (Global)
☐ Specific Department(s)

☐ Disable automatic appointment reminders for this appointment type
☐ Specify the hours of operation for this appointment type

Claim Defaults

Default Codes

CPT #1	CPT #2	CPT #3
01420 ✕ 🔍	A4770 ✕ 🔍	G0483 ✕ 🔍
CPT #4 🔍	CPT #5 🔍	CPT #6 🔍

[Intake Forms](#)

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

Report Fields

Search for fields

>

Facility Data

>

Practice Data

>

Provider Data

✓

Referring Data

A

Taxonomy Specialty

A

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 Manager section.

	+ Add Note	Set Follow Up	⚡ Check Claim Status	Task Options	Export	Close	View Applied Filters		
DOS	Last Note	Claim Follow Up Date	Current Payer	Last Note C	Task Assignr	Last Billed Date	Task Status	Status	Task Due Date
12/04/2024		02/25/2025	AARP			02/10/2025		CLAIM AT AARP	
12/06/2019		05/06/2025	AETNA	04/09/2020		05/01/2025		CLAIM AT AETNA	
02/11/2024		03/05/2025	BCBS			02/03/2025		CLAIM AT BCBS	

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 PT15 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 as 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 the 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.

✓ Save

✕ Cancel

↺ Show History

set) whenever creating a new Payment Plan?

☒ Yes ☐ No

Show an alert when opening patient records for patients older than 65?

☐ Yes ☒ No

Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)

☐ Yes ☒ No

Show whether a claim is professional or institutional in the Patient Activity?

☐ Yes ☒ No

Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?

✕

☒ Yes ☐ No

Set margins to use when printing the addresses on the Enhanced Statement payment slip.

i Changes to these margins will only adjust that that address.
Each unit represents 1/72 of an inch.

Return Address label:

Left Margin	Top Margin
<input type="text" value="0"/>	<input type="text" value="0"/>

Patient Address label:

Left Margin	Top Margin
<input type="text" value="0"/>	<input type="text" value="0"/>

Release 15.9.0 - May 12, 2025

[New features](#) | [Enhancements](#) | [Resolutions](#)

Highlights

New Features

New Split Claim Feature
Enhanced Auditing for Fee Schedules &
Customer-level Settings

Enhancements

A/R Control Payer Filter Renamed

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.

Save

Close

Delete

Print

Review

Activity

Show History

More

Claim

Charges

Additional Info

Information Codes

Charge Options

☐ Create a new charge panel from procedure(s)

Use Description From

REVCODE

Set all charges to

NO CHANGE

	Service Date	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Rev Code	Description
=	10/16/2024	00001	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE
=	10/17/2024	001099	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE

+ Add Charges 2 Charges

Convert Claim to Professional

Copy Claim

Split Claim

Check Claim Status

Track Claim Submission History

View Charge History

Preview Electronic Claim

Update Other Claims w/ Insurance Info

Update Patient w/ Insurance Info

Claim Summary

Estimate

Patient Notes

Follow Up Activi

Alerts

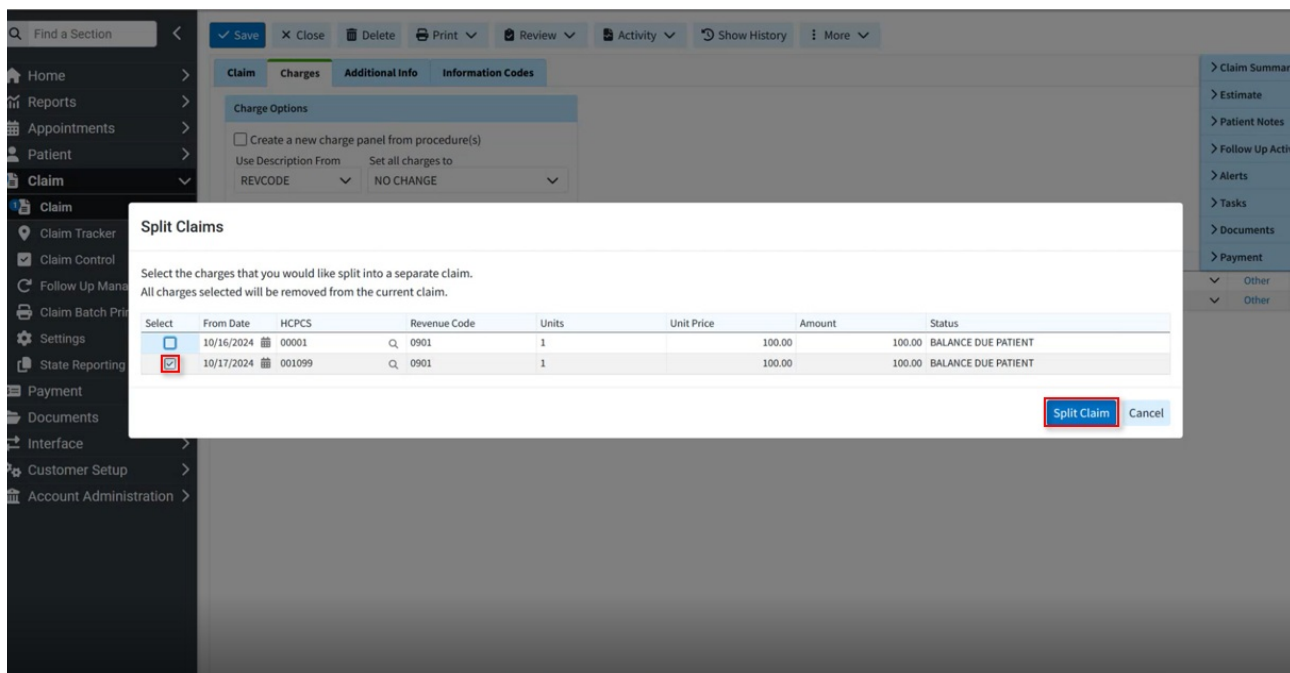
Tasks

Documents

Payment

Status		
1.00	BALANCE DUE PATIENT	Other
1.00	BALANCE DUE PATIENT	Other

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.



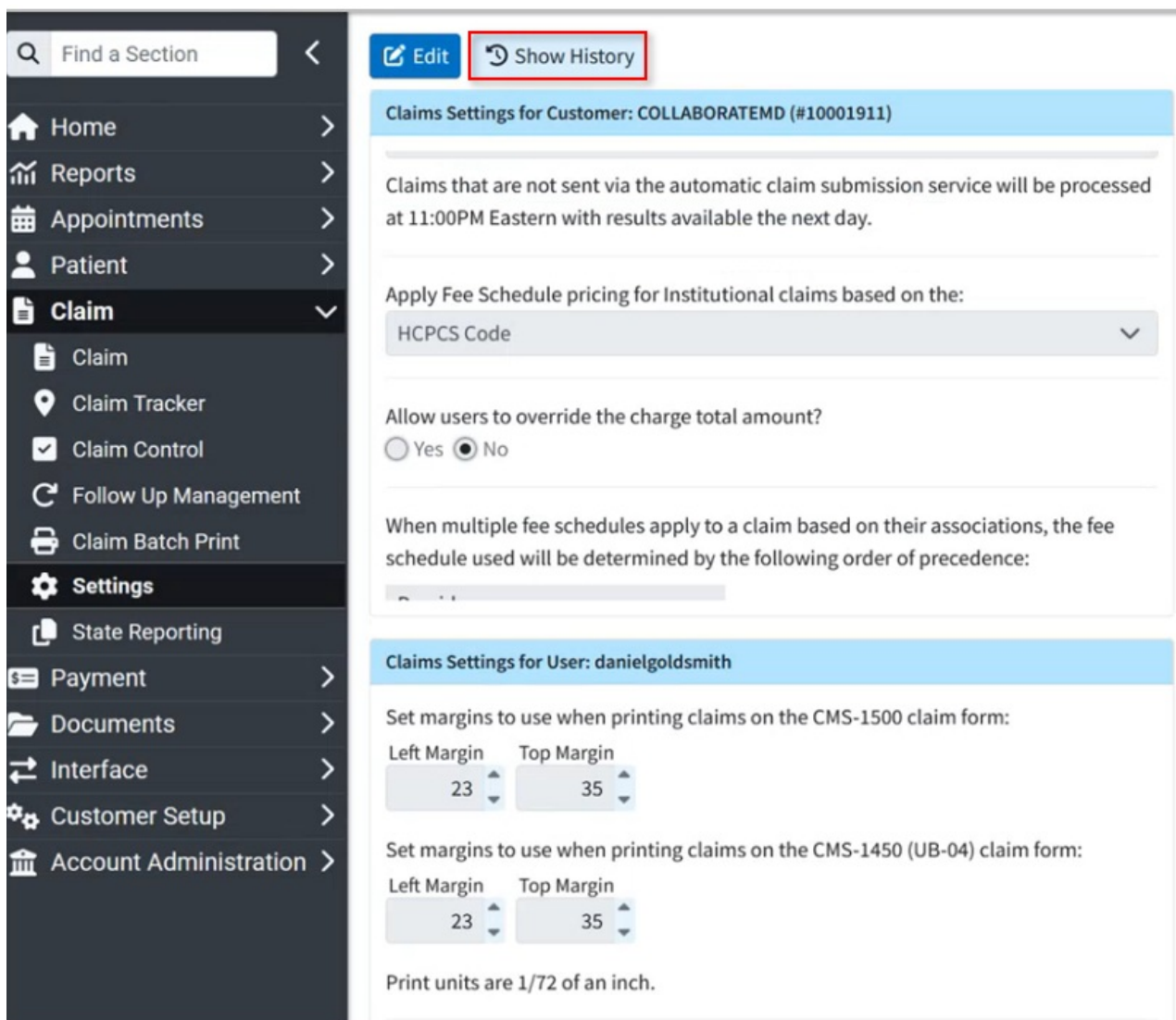
Knowledge base articles

- [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 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, 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.



Find a Section <

Edit Show History

Claims Settings for Customer: COLLABORATEMD (#10001911)

Claims that are not sent via the automatic claim submission service will be processed at 11:00PM Eastern with results available the next day.

Apply Fee Schedule pricing for Institutional claims based on the:

HCPCS Code

Allow users to override the charge total amount?

☐ Yes ☒ No

When multiple fee schedules apply to a claim based on their associations, the fee schedule used will be determined by the following order of precedence:

Claims Settings for User: danielgoldsmith

Set margins to use when printing claims on the CMS-1500 claim form:

Left Margin Top Margin

23 35

Set margins to use when printing claims on the CMS-1450 (UB-04) claim form:

Left Margin Top Margin

23 35

Print units are 1/72 of an inch.

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.

The image displays two side-by-side panels titled "Claim Search Options". The left panel, labeled "Old Filter Name", contains a search bar with the text "Payer", a "Charge Balance" dropdown set to "Any", a "Charge Status" dropdown with the text "Balance Due Patient, Pending Patient, Collection, Claim At Insu...", and two more search bars labeled "Rendering Provider" and "Referring Provider". The right panel, labeled "New Filter Name", contains a search bar with the text "Current Payer", the same "Charge Balance" and "Charge Status" dropdowns, and the same "Rendering Provider" and "Referring Provider" search bars. A red box highlights the "Payer" search bar on the left and the "Current Payer" search bar on the right, with a red arrow pointing from the left box to the right box.

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.

Save

Cancel

Show History

set) whenever creating a new Payment Plan?

☒ Yes ☐ No

Show an alert when opening patient records for patients older than 65?

☐ Yes ☒ No

Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)

☐ Yes ☒ No

Show whether a claim is professional or institutional in the Patient Activity?

☐ Yes ☒ No

Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?

☒ Yes ☐ No

Set margins to use when printing the addresses on the Enhanced Statement payment slip.

i Changes to these margins will only adjust that that address.
Each unit represents 1/72 of an inch.

Return Address label:

Left Margin

Top Margin

0

0

Patient Address label:

Left Margin

Top Margin

0

0

This option was added to allow users to view claims on a net basis. When this option is selected, the Balance 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	\$138.99
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	\$0.00
Claim Totals					\$458.00	\$138.99	\$0.00	\$0.00	\$138.99

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

and not a reflection of a contract needing to be updated. The warning itself, if your contract amount doesn't match the allowed amount, will still show (alongside informational items stating that the payer did not pay). However, the system will not allow you to update the contract directly from the warning.

Release 15.8.0 - April 28, 2025

New features | Enhancements | Resolutions

Highlights

New Features

New Re-Order charges on claims option

Enhanced Auditing for Payment Profiles & Interface Settings

Enhancements

New Shared Contact Groups

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 for 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.

SaveCloseDeletePrintReviewActivityShow HistoryMore

ClaimChargesAdditional InfoAmbulance Info

ICD A M25.561ICD B M25.562ICD CICD DICD EICD FICD GICD HICD IICD J

Drag and drop to the Desired location/order

Charge Options

Create a new charge panel from procedure(s)

Set all charges to NO CHANGE

Claim SummaryEstimatePatient NotesFollow Up ActivityAlertsTasksDocumentsPayment

	From	To	Procedure	POS	TOS	Mod 1	Mod 2	Mod 3	Mod 4	DX Pointers	Unit Price	Units	Amount	Status	Other	Delete			
	07/22/2021	07/22/2021	J3475	Q	11	Q	1	Q	Q	Q	Q	AB	Q	0.00	1.00	0.00	PAID	Other	
	07/22/2021	07/22/2021	J0610	Q	11	Q	1	Q	Q	Q	Q	AB	Q	0.00	1.00	0.00	PAID	Other	
	07/22/2021	07/22/2021	99212	Q	11	Q	1	Q	Q	Q	Q	AB	Q	250.00	1.00	250.00	PAID	Other	

+ Add Charges 3 Charges

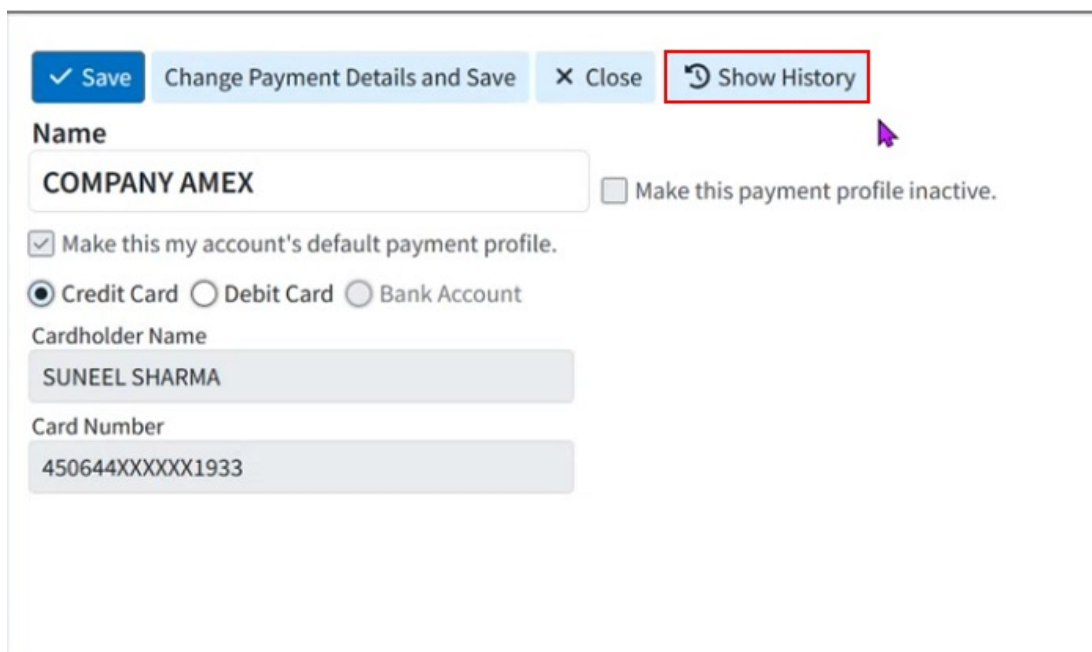
Knowledge base articles

- 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 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, 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.



The screenshot shows a form for editing a payment profile. At the top, there are four buttons: 'Save' (blue), 'Change Payment Details and Save' (light blue), 'Close' (light blue), and 'Show History' (light blue with a circular arrow icon). The 'Show History' button is highlighted with a red rectangular box. Below the buttons, the form contains the following fields and options:

- Name:** A text input field containing 'COMPANY AMEX'.
- ☐ Make this payment profile inactive.
- ☒ Make this my account's default payment profile.
- ☒ Credit Card ☐ Debit Card ☐ Bank Account
- Cardholder Name:** A text input field containing 'SUNEEL SHARMA'.
- Card Number:** A text input field containing '450644XXXXXX1933'.

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 are sent to the appropriate individuals.

New Group

+ Add Contacts

☒ Share this group

☐ All Users

☒ Admins Only

☐ Auth Reps Only

Shared groups are accessible to users who can contact all members.

Username	First Name	Last Name	Type	Remove
You have no members added to this contact group. Try adding a new member.				

Save

Cancel

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 when typing to replace content in the field.



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 plans 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 directly 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.

Pay Over Time with sunbit

 This service is included in your account's price plan

The average American can't afford a \$400 unexpected expense, resulting in patients partially paying or delaying payment and an overall hardship on your patients. CollaborateMD and Sunbit have partnered to help you increase your collection rate, create office efficiency and build better patient relationships, with buy now, pay-over-time flexible payment options embedded into your CollaborateMD patient experience.


Why Sunbit

Sunbit is the preferred buy now, pay-over-time consumer financing technology for everyday needs, offering access to fast, fair, and transparent payment options to 90% of patients.

- 90% of patients approved (no late fees)
- 0% APR option presented to all approved patients
- Providers are paid upfront and in full no later than 5 business days after patient selection (non-recourse)

[Learn More](#)

[Activate Now](#)

 Subject to approval based on creditworthiness. Payment is due at checkout. 0-35.99% APR. Maximum loan amounts may vary based on merchant. Account openings and payment activity are reported to a major credit bureau. See [Rates and Terms](#) for loan requirements and state restrictions. Sunbit is licensed under the CT Laws Relating to Small Loans (lic. # SLC-1760582 & SLC-BCH-1844702).

Loans made by TAB bank. All figures are provided by Sunbit

Close

- [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.

Medicare Clinical Laboratory Fee Schedule

Code: 81400

Year

2025



Medicare Allowables

Pricing Indicator: National
CLIA Waived: No
Price: \$63.96

- [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.

New Agreement for: ABDALLA, YOOSIF MD (#10134970)

✓

✓ Finish Save and Finish Later × Cancel

TEXAS MEDICARE

Product: Institutional Claims ID: TXMC

This payer requires a physical signature for this agreement, but allows for electronic submission. Please print, sign, scan, and upload the form.

Note: Please ensure that the uploaded form has been correctly signed to prevent agreement processing delays.

Print

File to Import Select a File

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).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintenance Notification CMD initiated communication related to upcoming planned maintenance windows (application downtime).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
System Issue CMD initiated communication related to ongoing or resolved system issues impacting critical services (claims, statements, etc) or application availability.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Pricing Changes CMD initiated communication related to upcoming changes to pricing.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Other Announcement CMD initiated communication related to other general announcements (new application release, office closure, etc).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
User Permissions Changed Sent when a user's permissions are changed.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clearinghouse Notifications CMD initiated communication related to clearinghouse notifies.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

[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.

Procedure Codes

Code Type ☐ Make this code inactive

Description

Claim Defaults

☐ Exclude this code from duplicate service checks
☒ This is an all inclusive code

☒ Automatically mark other charges as PAID after billing
☐ This code is a percentage of the claim total

Default Price Default Units Default Charge Status

Rev Code Place of Service

Modifiers (Global & Situational)

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.

Search

Payment from AMERICHoice of New York Inc. (Medicaid NY) X

Done

Cancel

Activity

Actions

Options

Payment - Check from AMERICHoice of New York Inc. (Medicaid NY) received on 03/21/2024 for MUNIZ, JOSEPH (#37190993)

Claim # 177121295 | Rendering STRANGE, DOCTOR

Action

Processed

TCN

Status

SEND TO AMERICHoice of New York Inc. (Medicaid NY)

Claim C

DOS	Proc	Amount	Start Balance	Allowed	Paid
03/04/2022	001F	\$400.00	\$400.00	300.00	200.00
03/04/2022	44388	\$370.00	\$352.00	0.00	0.00
03/04/2022	00174	\$250.00	\$250.00	0.00	0.00
Total:		\$1,020.00	\$1,002.00	\$300.00	\$200.00

Transaction ID

Unapplied Copay is Available

Current Status

DOS

Proc

Amount

Start Balance

Allowed

Paid

Done

Apply Discount

Apply Credit Adjustment

Apply Debit Adjustment

Payment Memo

ADJUSTMENT BY AMERICHoice of New York Inc. Medicaid NY

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.

Search/Add

JOHNNY TEST X

Save

Close

Print

Merge

Eligibility

Activity

View All Appointments

Show History

TEST

JOHNNY

MI

Suffix

☐ Make this patient inactive
☒ Patient is complete

Gender

Male

Date of Birth

01/16/1982

(43 y)

SSN

581-55-8885

Patient Info

Insurance Info

Billing Info

Claim Defaults

Type

Account #

Reference #

Payment Plan

33397993

Q Search

Self Pay

Courtesy

Collection

Pre-Collection

Type I

Type II

Payment Plan

Copy Insured Address

State

ZIP Code

FL

32703

Phone

(1) 277-0617

Work Phone

Ext

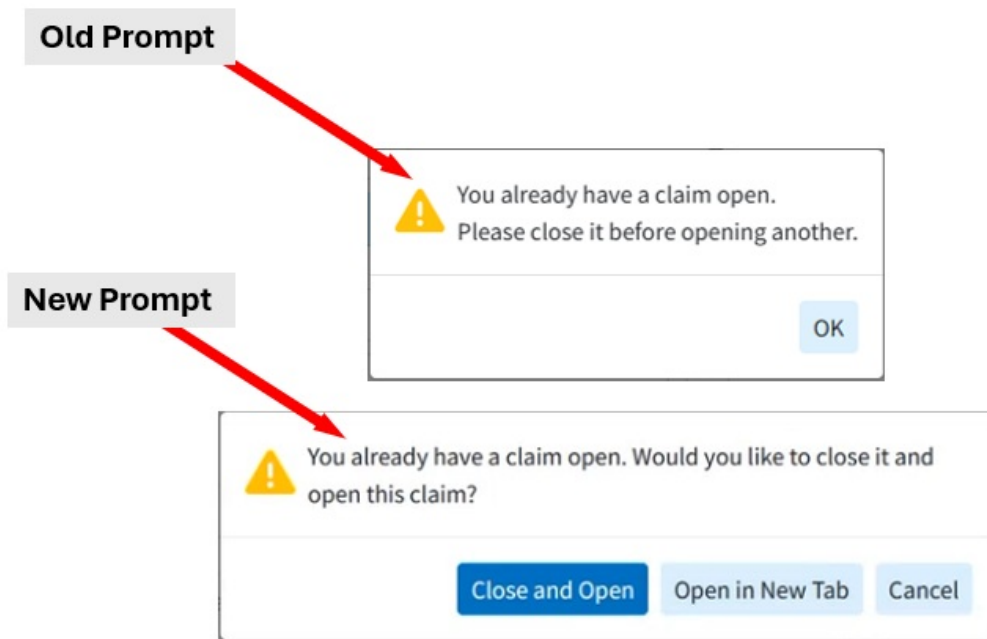
Email

joseph.muniz@collaboratemd.com

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.

Provider Adjustment Details

 Provider adjustments are payments that are not associated with a specific claim or service. To apply provider adjustments to claims, see our help articles:

- Associate and apply provider adjustments to claims
- Automatically post interest amounts as payments

Date	Reason	Reference #	Amount	Claims	Remove
Total			\$0.00		

+ Add Provider Adjustment

Done

Cancel

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	+
<input type="checkbox"/>	ACTIVE, RADIO (#10589394)	CHAS		FL	
<input type="checkbox"/>	AHOV, CHIIPS (#11805299)			123 COOKIE WAY, IL	
<input type="checkbox"/>	BELL, EDITH (#10404204)		3773978330	UT	
<input type="checkbox"/>	BELL, EDITH (#11172899)		3773978330	FL	
<input type="checkbox"/>	BELL - MD, EDITH (#11218397)		3773978330	UT	
<input type="checkbox"/>	BILLY, BOB (#11714164)			TX	
<input type="checkbox"/>	BIRD, ITSA (#11291637)	123	1651984613	42039 ITS A PLANE PLACE, ORLANDO, FL 32817	
<input type="checkbox"/>	BLUE, DR (#11813529)			FL	
<input type="checkbox"/>	BOWLER, DONNY (#11324581)			857-10 PIN LANE, LOS ANGELES, CA 12345-5845	
<input type="checkbox"/>	BRAD TEST ORG (#11712702)			FL	
<input type="checkbox"/>	BRADSHAW - REF TEST, KEVIN (#11171554)		0646465406	123 MAIN STREET, ORLANDO, FL 32805	
<input type="checkbox"/>	BRADSHAW - TEST, KEVIN (#11171455)		6546546540	123 MAIN STREET, ORLANDO, FL 32805	
<input type="checkbox"/>	BRAIN, PINKY (#10170578)		1223334444	12 SNARF WAY, ORLANDO, FL 32801	
<input type="checkbox"/>	BROWN, ERIC (#12076905)		1417622671	439 S UNION ST UNIT 2104, LAWRENCE, MA 01843-2800	
<input type="checkbox"/>	BURKE, DARLENE (#11218440)		5231532236	TX	
<input type="checkbox"/>	BURNS, TEST (#11295403)		3546846263	AZ	
<input type="checkbox"/>	BURR, JADE (#11233476)		0060964643	GA	
<input type="checkbox"/>	CAKES, NATTIE (#10039281)	78674	5214693585	654 CATS MEOW LANE SUITE #3, KITTY, PA 71254	
<input type="checkbox"/>	CAT, LUNA (#11846012)		0000000001	REF PROV AVE, TAMPA, FL 00000-1111	
<input type="checkbox"/>	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.

The screenshot displays the 'Appointment' form in the CollaborateMD application. The left sidebar contains navigation options like Home, Reports, Appointments, Scheduler, and Patient. The main form area is titled 'Appointment' and includes tabs for 'Patient' and 'Payment'. The 'Patient' tab is active, showing patient information and appointment details. The 'Show History' button in the top right is highlighted with a red box. The right sidebar provides an 'Account Summary for JOHNNY TEST' with various financial and administrative details.

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

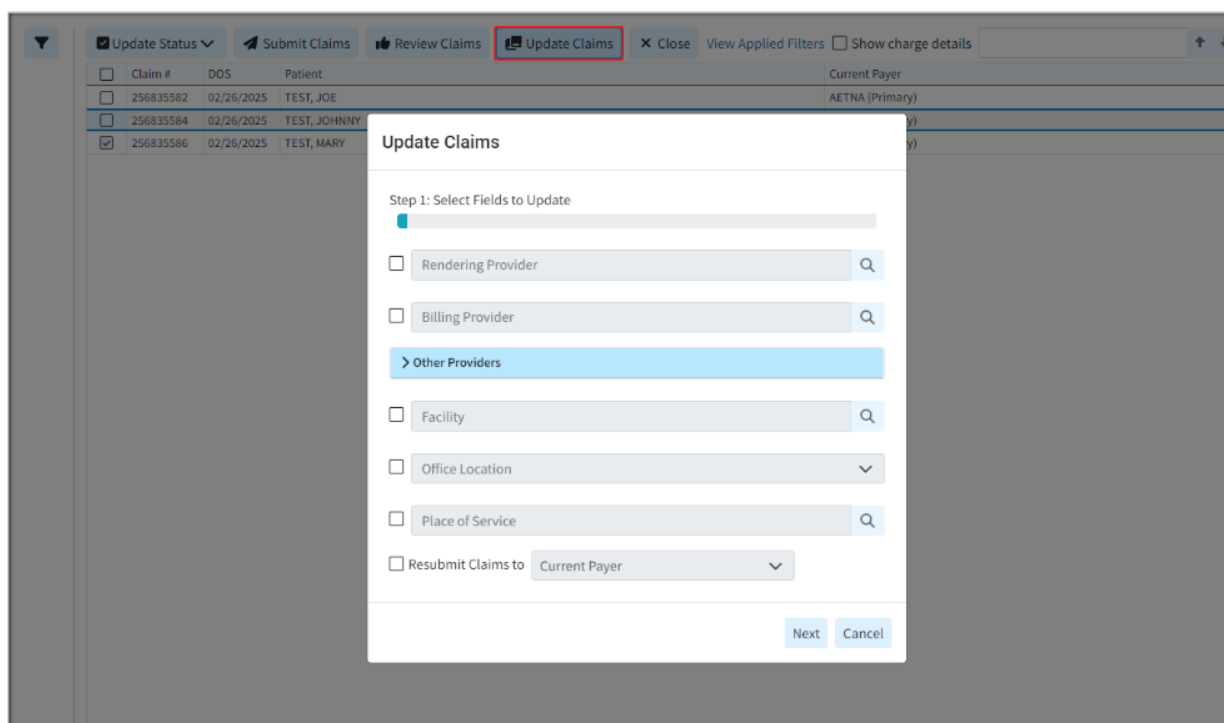
New Features and Updates

General

Claims

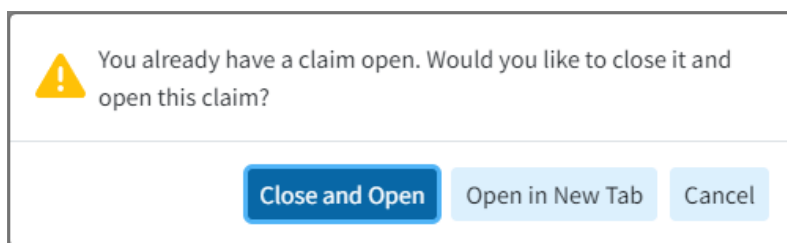
- New Mass Claim Updates Feature:** CollaborateMD has always provided powerful tools for working with individual claims, but the platform's ability to make changes to multiple claims at once was limited. With this release, users no longer have to open each claim individually when correcting minor mistakes, 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 our [Update Multiple Claims Help Article](#).

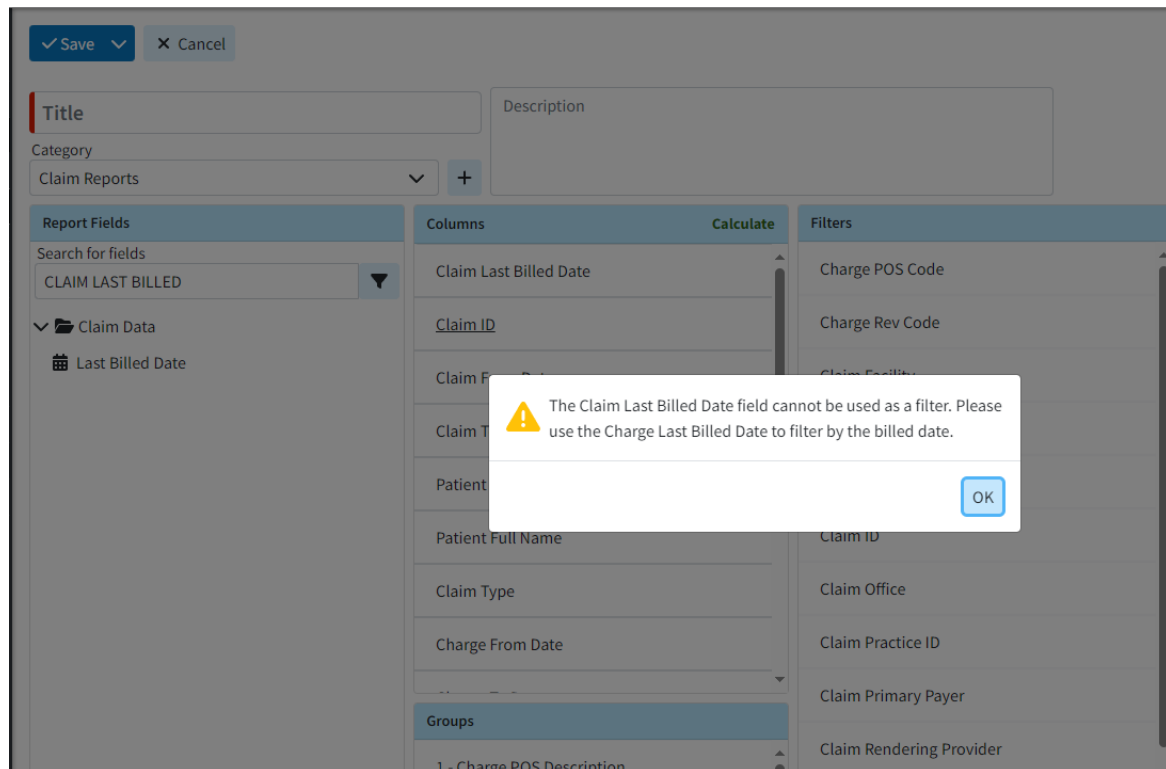
- **Alternate Option To Open A Claim In a Separate Tab When Another Claim Is Already Open:** We have introduced a new dialog box option that appears when a user attempts to open a claim from any section within the CMD while a claim is already open. This feature will now provide the user with the following 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

- **Update to the Report Builder to Prevent the "Claim Last Billed Date" Field from Being Added as a Filter:** 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 result: is much faster, and can potentially be improved further via an index.



Patient

- New Appointment View Option From The Patient Section:** 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 without 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.

Search/Add

JOE TEST

Save

Close

Print

Merge

Eligibility

Activity

Show History

More

TEST

JOE

MI

Suffix

Make this patient inactive

Patient is complete

Gender

Male

Date of Birth

01/16/1982

(43 y)

Date of Death

987-65-4321

Patient Info

Insurance Info

Billing Info

Claim Defaults

Type

Payment Plan

Account #

37190993

Reference #

Contact Information

Address

1100 E WASHINGTON ST

City

ORLANDO

State

FL

ZIP Code

32801-2128

International Address

This address was successfully verified.

Home Phone

(407) 555-2121

Cell Phone

(321) 277-5555

Work Phone

Ext

Email

fake.email@gmail.com

Communications

Account Summary

Notes

Appointments

View All Appointments

Past Appointments

10/10/2024 at 3:00 PM (45 minutes)

[01] JESSICA DUKE

06/06/2024 at 11:00 AM (45 minutes)

[01] JESSICA DUKE

06/03/2024 at 11:00 AM (45 minutes)

[01] JESSICA DUKE

09/07/2023 at 12:45 PM (45 minutes)

[01] JESSICA DUKE

06/15/2023 at 12:00 PM (45 minutes)

[001] STEPHEN KOZLOWSKI

06/12/2023 at 10:00 AM (45 minutes)

[1212] DR DISNEY

06/09/2023 at 10:45 AM (30 minutes)

[001] STEPHEN KOZLOWSKI

Alerts

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.

Procedure Codes

Save

Close

Show History

Code

0005F

Type

CPT®/HCPCS

Dept.

Make this code inactive

Description

OSTEOARTHRITIS ASSESSED

Claim Defaults

Exclude this code from duplicate service checks

This is an all inclusive code

This code is a percentage of the claim total

Default Price

100.00

Default Units

1.00

Default Charge Status

Rev Code

0020

Place of Service

11

CLIA Number

Type of Service

Narrative Notes

Modifiers (Global & Situational)

Global 1

Global 2

Global 3

Global 4

Modifiers

Applies To

Notes

25

Provider - ABDUL, SAMANTHA

1P

Payer - AARP

Add Situational Rule

Billing Alerts

Notes

Alerts

Fee Schedules

Fee Schedule

Price

REV101

0.00

AETNA093020

100.00

BCBS

100.00

COURT APPEARANCE FEES

100.00

COURTESY

100.00

MEDICARE

100.00

ERROL TEST

0.00

HORIZON

100.00

MEDICARE TEST MARY 123

100.00

PB CASH FEE 2022

23.00

PB CLINIC 2022 - INSURANCE

50.00

SDFGHJK

0.00

SELF PAY

100.00

T1016

0.00

TANYAS FEE SCHEDULE

0.00

TEST

600.00

TEST

100.00

TEST FEE

0.00

TEST FEE SCHED

100.00

TEST FS

0.00

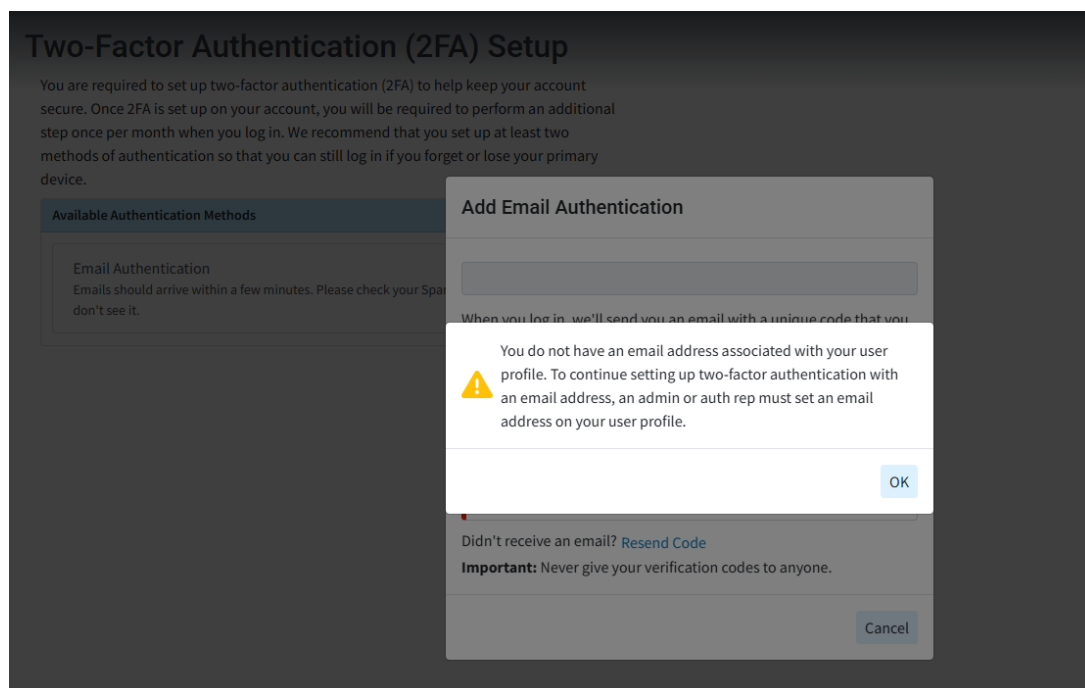
View Medicare Physician Fee Schedule (MPFS) Information

Contracts

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.

User Profile

- **New Email Option For Two-Factor Authentication:** 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 profile you will receive a warning.



Release 15.3.0 - February 18, 2025

New Features and Updates

General

Patient

- **New Balance Due Insurance Optional Column:** 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.

Select Columns	
Available Columns	Visible Columns
Reference # +	Account #
Facility +	Name
Rendering Provider +	Date of Birth
Balance due Ins. +	Insured
	Balance due Pat.
	Account Type

Done

- **New A/R Control Filters Related To Payment Portal Invites:** 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).

Date Search Options

Filter search by: ☒ By # of days ☐ By date range

Days Since Last Seen
Any

Days Since Last Payment
Any

Days Since Last Statement
Any

Days Since Last FDN
Any

Days Since Last Collection
Any

Days Since Date of Service
Any

Days Since First Billed
Any

Days Since Set To Due Patient
Any

Days Since Last Statement Sent for Claim
Any

Days Since Last Payment Portal Invite Sent
Any

Claim Search Options

Payer

Charge Balance
Any

Charge Status
Balance Due Patient, Pending Patient, Collection, Claim At Insu...

Rendering Provider

Referring Provider

Paper Statements Sent
Any

Electronic Statements Sent
Any

Total Statements Sent
Any

Patient

Account Type

Set to Send Statement
Any

Set to Send FDN
Any

Payment Portal Status

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.

Search by name, DOB, account#, member ID, claim ID, or TCN Number

+ Add Professional Claim
+ Add Institutional Claim
☐ Show exact matches only
☐ Show unpaid claims only

123456789

Recently Opened

Claim ID	DOS	Patient	Total Charges	Balance
----------	-----	---------	---------------	---------

✓ Save ✕ Close 🗑 Delete 🖨 Print 📄 Review 📅 Activity ⚡ Claim Status 🏠 Open Patient

Claim Charges Additional Info Ambulance Info

Rendering Provider
 DUKE, JESSICA (10128215) ✕ 🔍 👤

Billing Provider
 DUKE, JESSICA (10128215) ✕ 🔍 👤

Supervising Provider 🔍 👤

Ordering Provider 🔍 👤

Referring/PCP Provider 🔍 Ref ▾ 👤

Sales Rep 🔍 👤

Facility 🔍 🏢

Office Location
 ABC MEDICAL GROUP 123 ABC STREET ▾

Primary Insurance
 AMERICHoice OF NEW YORK INC. (MEDICAID NY) (10069010) ✕ 🔍 📄

Hide Primary Policy Details

Member ID Policy Type Copay Due
 36515 Other 0.00

Group Number Claim Control / Original Ref. #
 553 123456789

Authorization # Referral Type
 Prior Auth Number ▾

Secondary Insurance
 HUMANA (10102666) ✕ 🔍 📄

Hide Secondary Policy Details

- New Optional Column For Document Count:** We added a new optional column (hidden by default) to 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

- Updated The Refund Receipts:** 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.

Appointment Settings for User: josephmuniz

Show a warning when opening a past appointment:
☒ Yes ☐ No

Prompt me to schedule requests from the waiting list when:
☒ Moving an appointment
☒ Deleting, canceling, or rescheduling an appointment

Enable drag-and-drop in the scheduler:
☒ Yes ☐ No

Hide the status of Intake Forms on the scheduler when intake forms have been received and applied?
☐ Yes ☒ No

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 and 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).

Report Fields

Search for fields

CONTRACT NAME

✓ Charge/Debit Data

✓ Charges

✓ Current Payer

Contract Name

✓ Primary Payer

Contract Name

✓ Secondary Payer

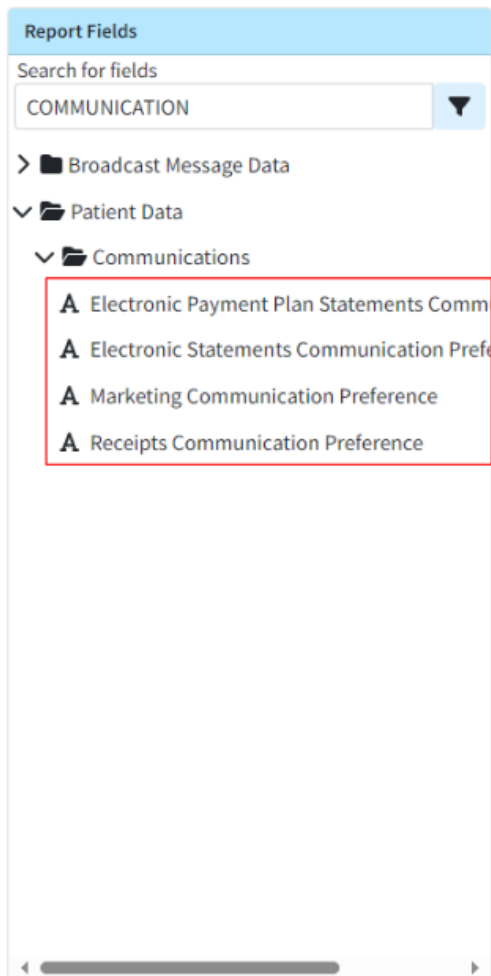
Contract Name

✓ Tertiary Payer

Contract Name

> Contract Data

- **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.

Home

Reports

Appointments

Patient

Patient

Manage Account

Payment Plans

A/R Control

Batch Eligibility

Statement Batch Print

Statement Tracker

Label Batch Print

Communications...

Settings

Claim

Payment

Documents

Interface

Customer Setup

Account Administration

Filters

Load

Save

Search

Type

☒ Statement for outstanding charges
 ☐ Payment Plan statement
 ☐ Final Demand Notice

Statement Amount

Greater Than

0.00

Electronic Statements Sent

Any

Paper Statements Sent

Any

Total Statements Sent

Less Than

3

Days Since Last Statement

Greater Than

30

Account Type

Default Provider

Default Referring Provider

Statements to send

☒ Paper Statements
 ☐ Electronic Statements

Payment

- Updated The Default ACCOUNT CREDIT & APPLY ACCOUNT CREDIT Memos:** 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.

Save

Close

Save & Re-Open

Activity

Create Task

Options

JOHNNY TEST (#33397993)

Patient Balance: \$898.04

Patient Credit: \$105.00

Insurance Balance: \$4,998.00

Insurance Credit: \$50.00

Debit Account

Credit Account

Refund Credits

Transaction Listing

DOS / Received Date	Procedure	Status / Memo	Amount	Applied	Balance
01/21/2025		APPLY ACCOUNT CREDIT - PATIENT PAYMENT - CHECK - 123456789	\$100.00	\$100.00	
08/16/2022			\$600.00	\$200.00	\$400
08/16/2022	00100	SEND TO HUMANA VIA CLEARINGHOUSE	\$600.00	\$200.00	\$400
10/05/2022		PAYMENT FROM AETNA	\$200.00	\$200.00	
10/05/2022		ADJUSTMENT BY AETNA	\$0.00	\$0.00	
08/16/2022	00600	CLAIM AT AETNA	\$0.00	\$0.00	\$0
10/05/2022		PAYMENT FROM AETNA	\$0.00	\$0.00	
10/05/2022		ADJUSTMENT BY AETNA	\$0.00	\$0.00	
08/11/2022			\$457.00	\$457.00	\$0
08/11/2022	85004	PAID	\$300.00	\$300.00	\$0

- **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.

> Clearinghouse Connection

> Notes

> Alerts

> Tasks

▼ Billing Options

General Provider Patient **ERA**

Process PR-45 (patient responsibility amount in excess of fee schedule/maximum allowable) as an Adjustment when an ERA is posted, rather than as Unpaid?
☐ Yes ☒ No

Process PR-242 (services not provided by network/primary care providers) as an Adjustment when an ERA is posted, rather than as Unpaid?
☐ Yes ☒ No

Electronic Remittance Advice Automation

☒ Allow this payer's ERAs that fully apply with no errors to auto-post without review

☐ Show a dialog with the payment details before auto-posting

☐ Commit the payment after it has been applied

☐ Allow secondary payments to auto-post

☐ Allow payments that do not match the contract amounts to auto-post

☐ Allow payments with denials or \$0.00 allowed amounts to auto-post

☐ Allow duplicate payments (remit code 18) to auto-post

☐ Allow payments with refunds/reversals to auto-post

☐ Allow payments to patients/claims with Payment Alerts to auto-post

☐ Allow payments with Provider Adjustments that were not applied to claims to auto-post

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.

12 pm	
15	
30	
45	
1 pm	✓ SILVERTONGUE, LYRA
15	- CONSULT 30
30	⌚ TEST, JOHNNY -
45	CARDIOLOGY
2 pm	
15	

Patient

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







✓ Mark As Fixed

□ Update Addresses

✕ Close

View Applied Filters

↑ ↓

<input checked="" type="checkbox"/>		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	
		MCCLLOUD, 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

- New Enhanced Auditing (Show History) for Claims** CollaborateMD has been working on a new enhanced auditing project that provides 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 and Patient 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 Claim section enabling users to track modifications, changes, and updates made to claims within CMD for better auditing and

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.

The screenshot shows the 'Show History' feature in the Claim section. The left sidebar contains a search bar and a list of sections: Home, Reports, Appointments, Patient, Claim (selected), Claim Tracker, Status Control, Follow Up Management, Claim Batch Print, Settings, Payment, Documents, Interface, Customer Setup, and Account Administration. The main content area has a top bar with buttons: Save, Close, Delete, Print, Review, Activity, Show History (highlighted with a red box), and More. Below this is a tabbed interface with 'Claim', 'Charges', 'Additional Info', and 'Ambulance Info'. The 'Claim' tab is active, showing fields for Claim # (252696024), Reference #, Frequency (1 - Original Claim), Patient (MUNIZ, JOSEPH (37190993)), Rendering Provider (DUKE, JESSICA (10128215)), Billing Provider (BARNES, KYLE Y (10002227)), Supervising Provider, Ordering Provider, Referring/PCP Provider, Sales Rep, Facility, and Office Location (ABC MEDICAL GROUP 123 ABC STREET).

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.

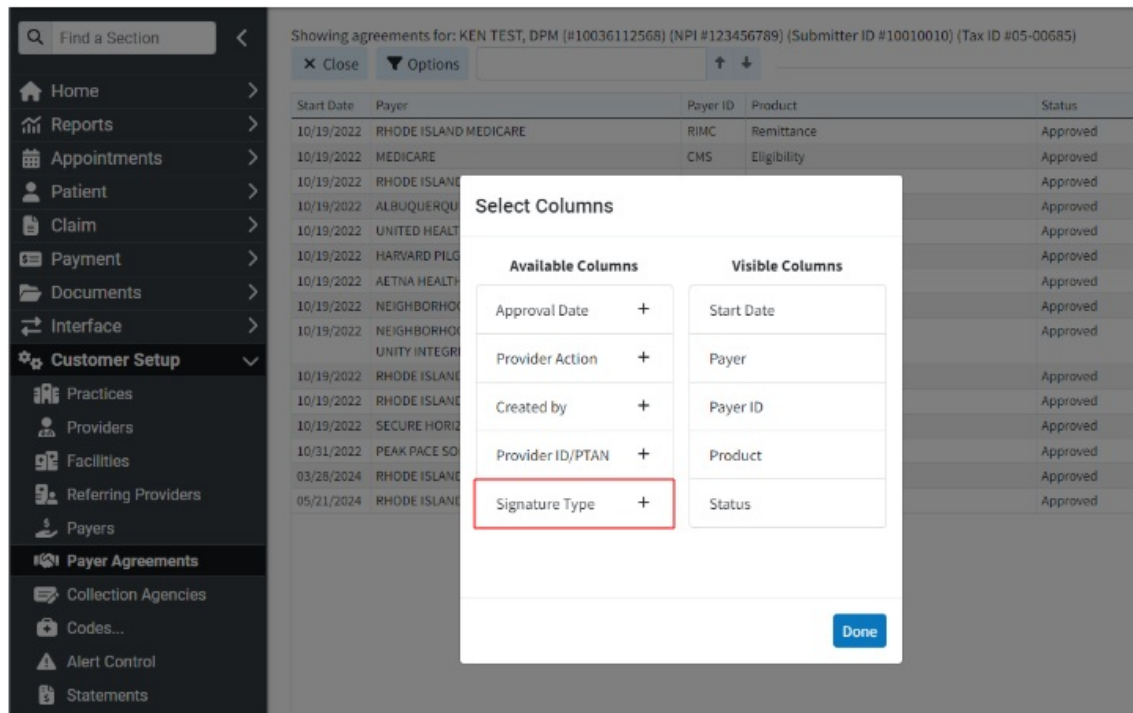
For more information on using our new Add New Same/Similar Code List feature, please visit our [Enhanced Auditing Help Articles](#).

- **Status Control's "Current Payer" Column Update:** Updated the Status Control results screen to show 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 the filtered charge status is a payer status.

The screenshot shows the Status Control results screen. The left sidebar is the same as in the previous screenshot. The main content area has a top bar with buttons: Update Status (checked), More, Close, and a search bar. Below this is a table with columns: Claim #, DOS, Patient, and Current Payer. The 'Current Payer' column is highlighted with a red box. The table contains the following data:


Claim #	DOS	Patient	Current Payer
252744839	12/09/2024	POPE, OLIVA	1199 NATIONAL BENEFIT FUND (Primary)
251048427	12/11/2024	DOE, JANE	ILLINOIS MEDICARE (Primary)
251048618	12/11/2024	SMITH, JIM	ILLINOIS MEDICARE (Primary)
251049522	12/11/2024	FLETCHER, JOHN	ILLINOIS MEDICARE (Primary)
251463320	12/17/2024	TEST, JOHNNY	AARP (Primary)
252800076	01/05/2025	SILVER, MARY	AMERIBEN SOLUTIONS (Primary)


- **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 updated 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 Over Time!
\$48.73 - \$146.17 per month.

Pay Now

Choose Your Plan

Account Summary

Total Charges	\$877.00
Insurance Payments	\$0.00
Insurance Adjustments	\$0.00

Recent Visit Summary

