

2025 Release Notes

Modified on 02/19/2025 8:42 am EST

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

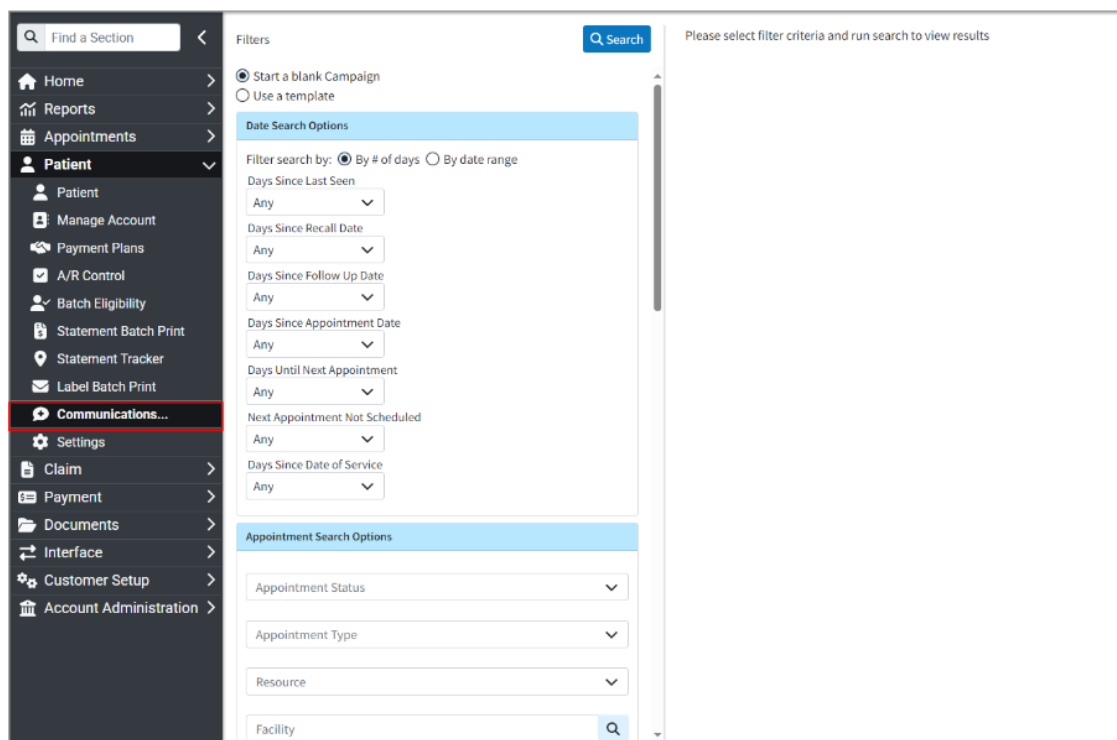
Visit our [Configure User Appointment Settings Help Articles](#) for more information on how to turn on this setting.

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.



The screenshot displays the 'Filters' section of the Patient Broadcast Communications interface. On the left is a dark sidebar with a search bar and a list of navigation items: Home, Reports, Appointments, Patient (expanded), Patient, Manage Account, Payment Plans, A/R Control, Batch Eligibility, Statement Batch Print, Statement Tracker, Label Batch Print, Communications... (highlighted with a red box), Settings, Claim, Payment, Documents, Interface, Customer Setup, and Account Administration. The main content area is titled 'Filters' and contains a search bar, a 'Please select filter criteria and run search to view results' message, and two sections of filter options: 'Date Search Options' and 'Appointment Search Options'. The 'Date Search Options' section includes radio buttons for 'By # of days' (selected) and 'By date range', followed by dropdown menus for 'Days Since Last Seen', 'Days Since Recall Date', 'Days Since Follow Up Date', 'Days Since Appointment Date', 'Days Until Next Appointment', 'Next Appointment Not Scheduled', and 'Days Since Date of Service'. The 'Appointment Search Options' section includes dropdown menus for 'Appointment Status', 'Appointment Type', 'Resource', and 'Facility'.

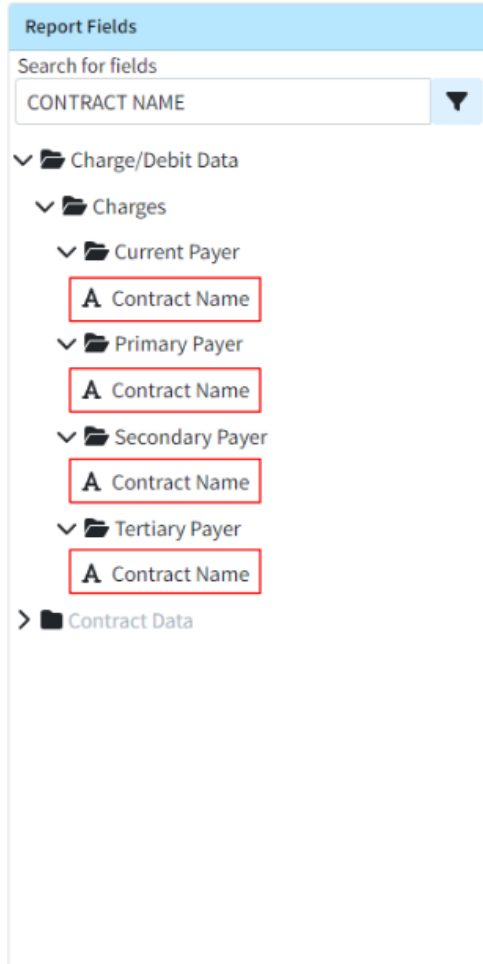
For more information on using our new Patient Broadcast Communications feature, please visit our [Broadcast Communications Help Articles](#). For instructions on how to enable and configure the feature, visit our [Manage Broadcast Communications Help Article](#).

- **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.

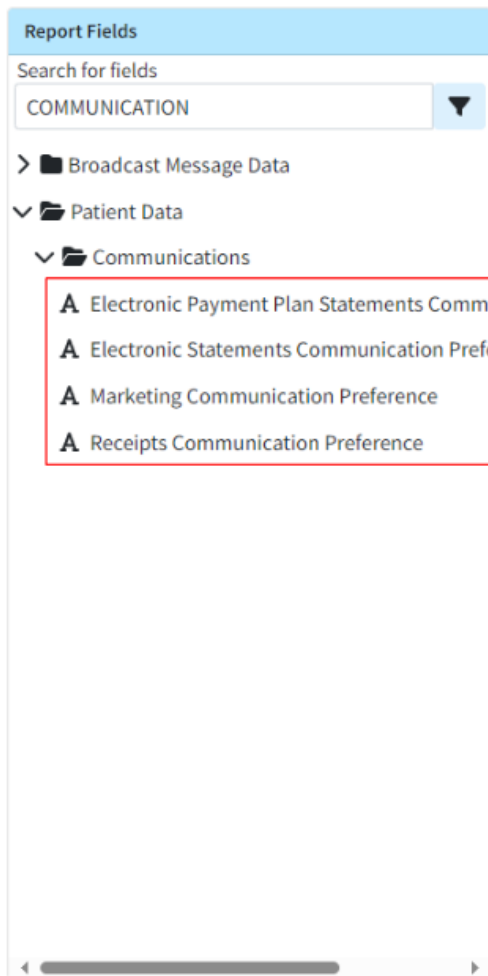
For more information on these new filters, please visit our [Search For Patient Balances Help Article](#).

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.

Find a Section

- 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

Electronic Statements Sent

Any

Paper Statements Sent

Any

Total Statements Sent

Less Than

Days Since Last Statement

Greater Than

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 - CONSULT 30
15	
30	🕒 TEST, JOHNNY - CARDIOLOGY ⌚
45	
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.

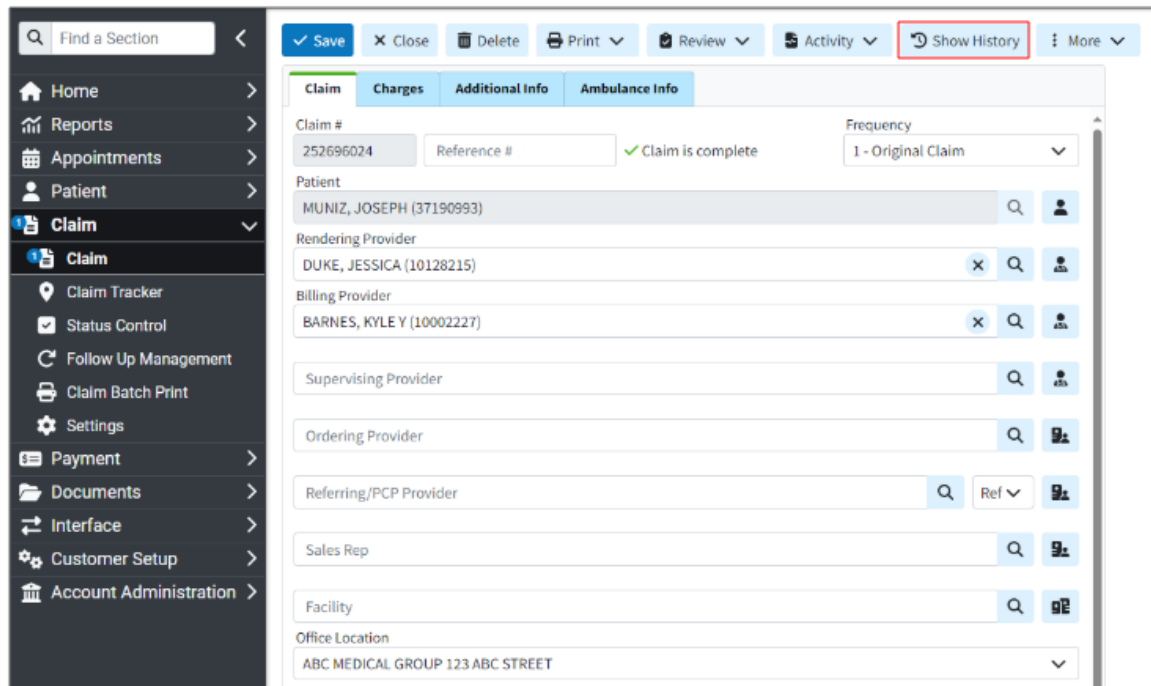
<input checked="" type="checkbox"/>	Patient	Invoice #	Date	Amount	Type	Status
<input type="checkbox"/>	ALEXANDER, JONES	1262243014	10/20/2024	\$142.00	Statement	User Printed by alexramirez - Enhanced
<input type="checkbox"/>	BEAR, TORI	1262243019	10/20/2024	\$13.00	Statement	User Printed by alexramirez - Enhanced
<input type="checkbox"/>	TEST, ANGIE	1262243020	10/20/2024	\$837.00	Statement	User Printed by alexramirez - Enhanced
<input type="checkbox"/>	GROOT, IAM	1262243023	10/20/2024	\$13.10	Statement	User Printed by alexramirez - Enhanced
<input type="checkbox"/>	MCCLLOUD, FOX	1270798112	11/12/2024	\$20.00	Estimate Statement	User Printed by danielgoldsmith - Enhanced
<input type="checkbox"/>	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

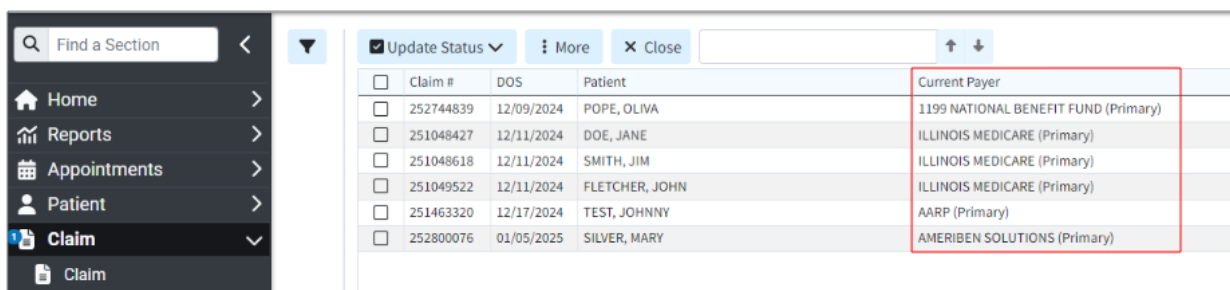
accountability. With the new "Show History" feature, you can now determine which user changed specific Claim information in the software and when, by providing an auditing table with all updates and changes made to a record, including the user, date and time, and the item changed.



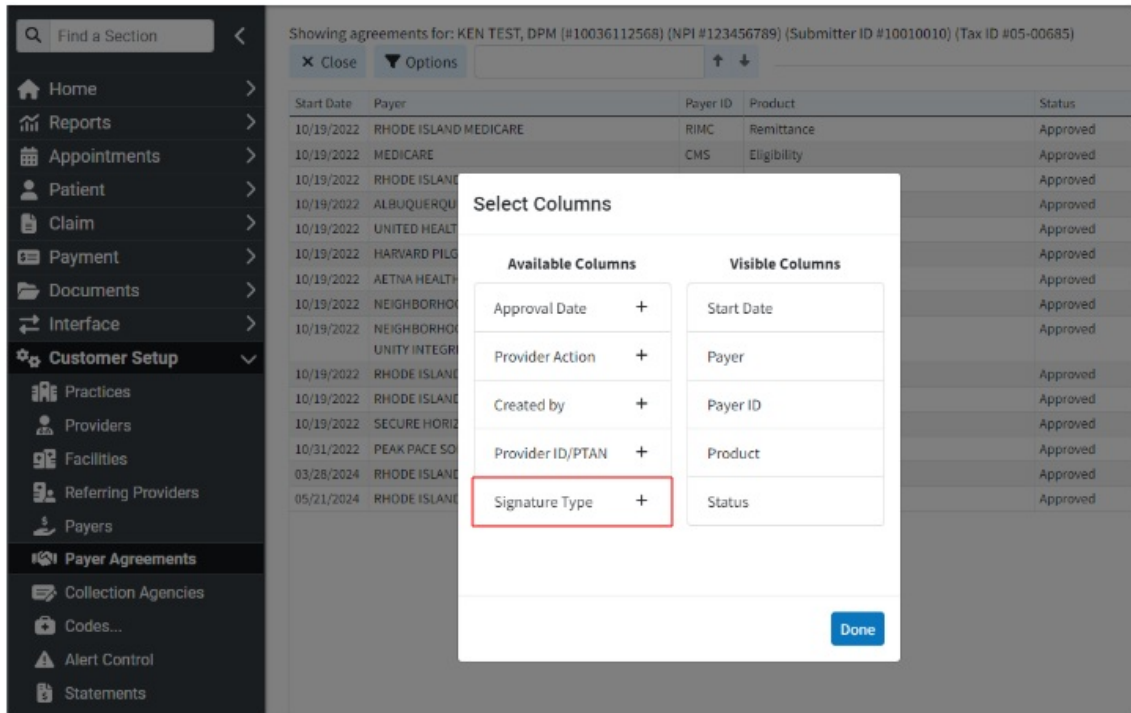
These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, and Claim sections, and we will be adding it to other sections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

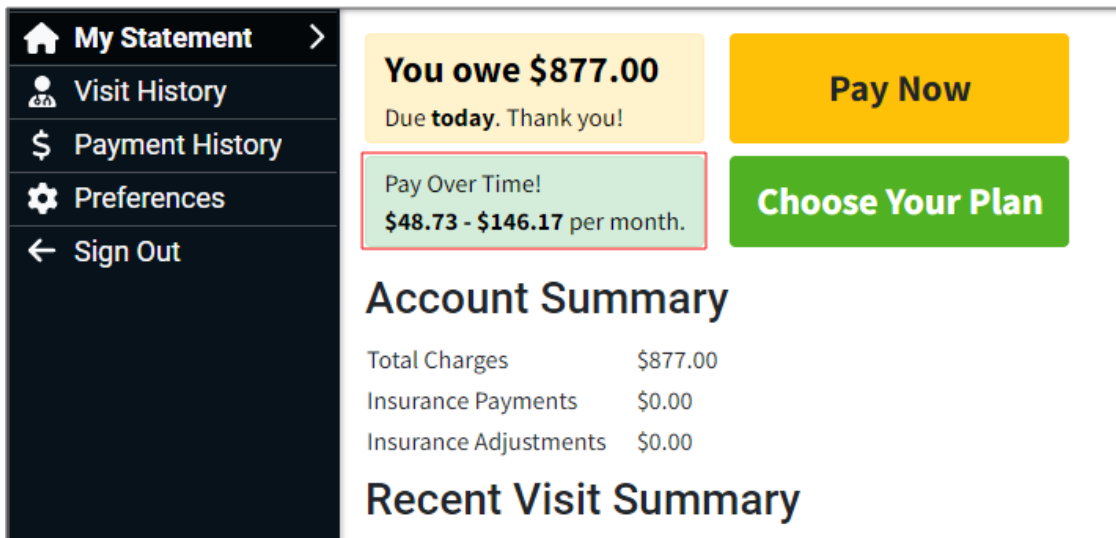


- **New Signature Type Column Within Agreement Lookup:** Added a new column, hidden by default, to the agreement lookup screen. This column will store and display the "Signature Type" (based on the Provider Action field received from ePS) and includes a new report field under Agreement Data. The possible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



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 # <input type="checkbox"/>	Account #
Facility <input type="checkbox"/>	Name
Rendering Provider <input type="checkbox"/>	Date of Birth
Balance due Ins. <input type="checkbox"/>	Insured
	Balance due Pat.
	Account Type

- 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

🔍 Search

🔍 Find for MUNIZ, JOSEPH ▼

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

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: 36515 Policy Type: Other Copay Due: 0.00

Group Number: 553 Claim Control / Original Ref. #: 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.