2025 Release Notes

t Modified on 08/01/2025 5:50 pm EDT

Release 15.14.0 - July 21, 2025

New features | **Enhancements**

Highlights

New Features

Diagnosis Code Default Procedures

New Task Automation For Appointment Cancelation

New Basic Appeal & Timely Filing Letters

Enhancements

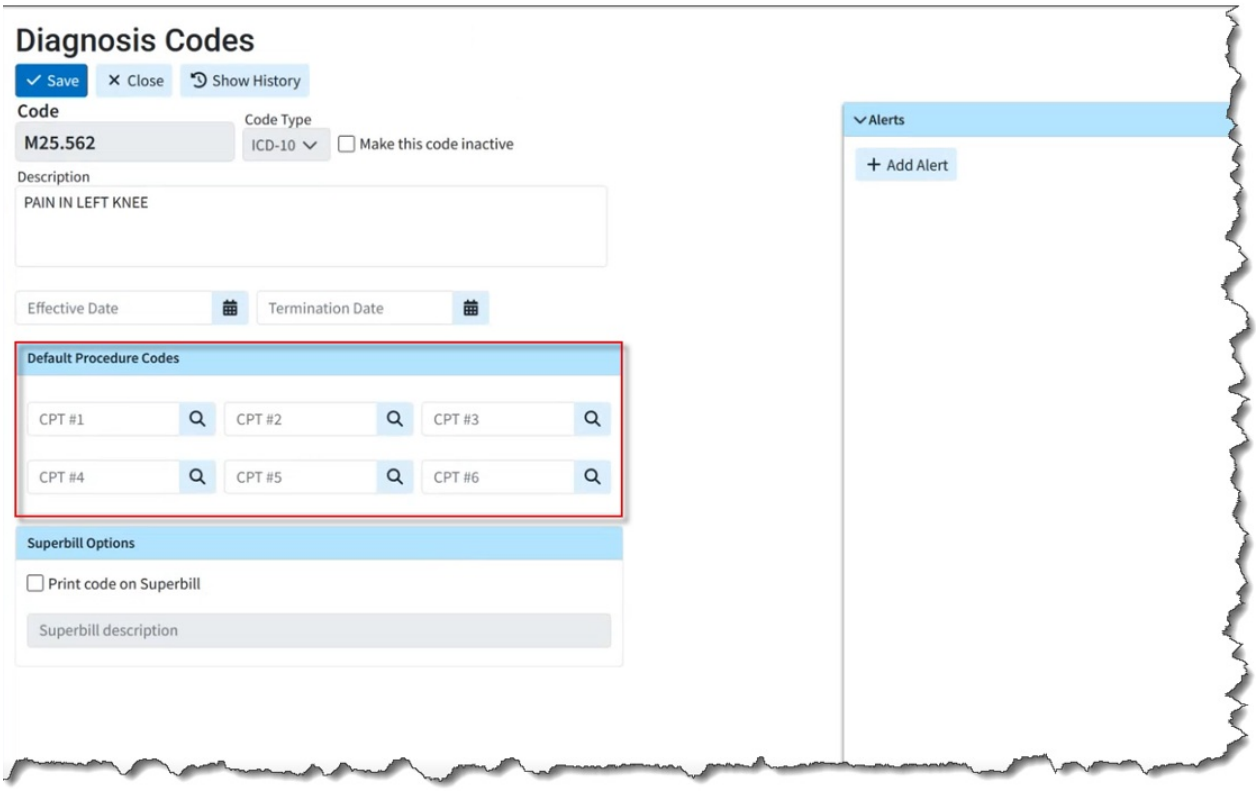
Copay Max Increased

New Eligibility Report Fields

New features

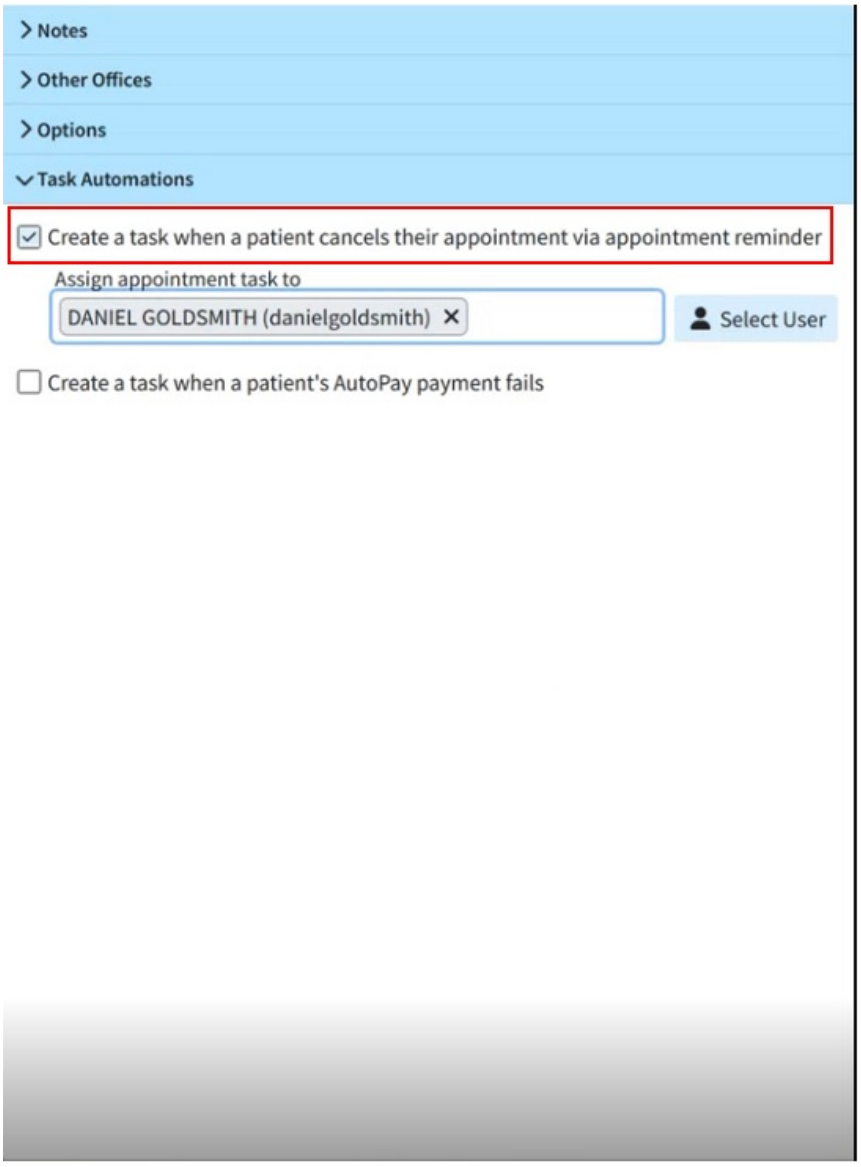
Diagnosis Code Default Procedures

We added the ability to automate procedure codes based on diagnosis codes, particularly for diagnoses th consistently require a specific procedure. When set, if a claim is created or a diagnosis code is manually entered, the corresponding procedure code will automatically populate as a charge line item. This new feature allows users to assign up to six default procedure codes per diagnosis code. For more information, visit our Add a Diagnosis Code Help Article



New Task Automation for Appointment Cancellation

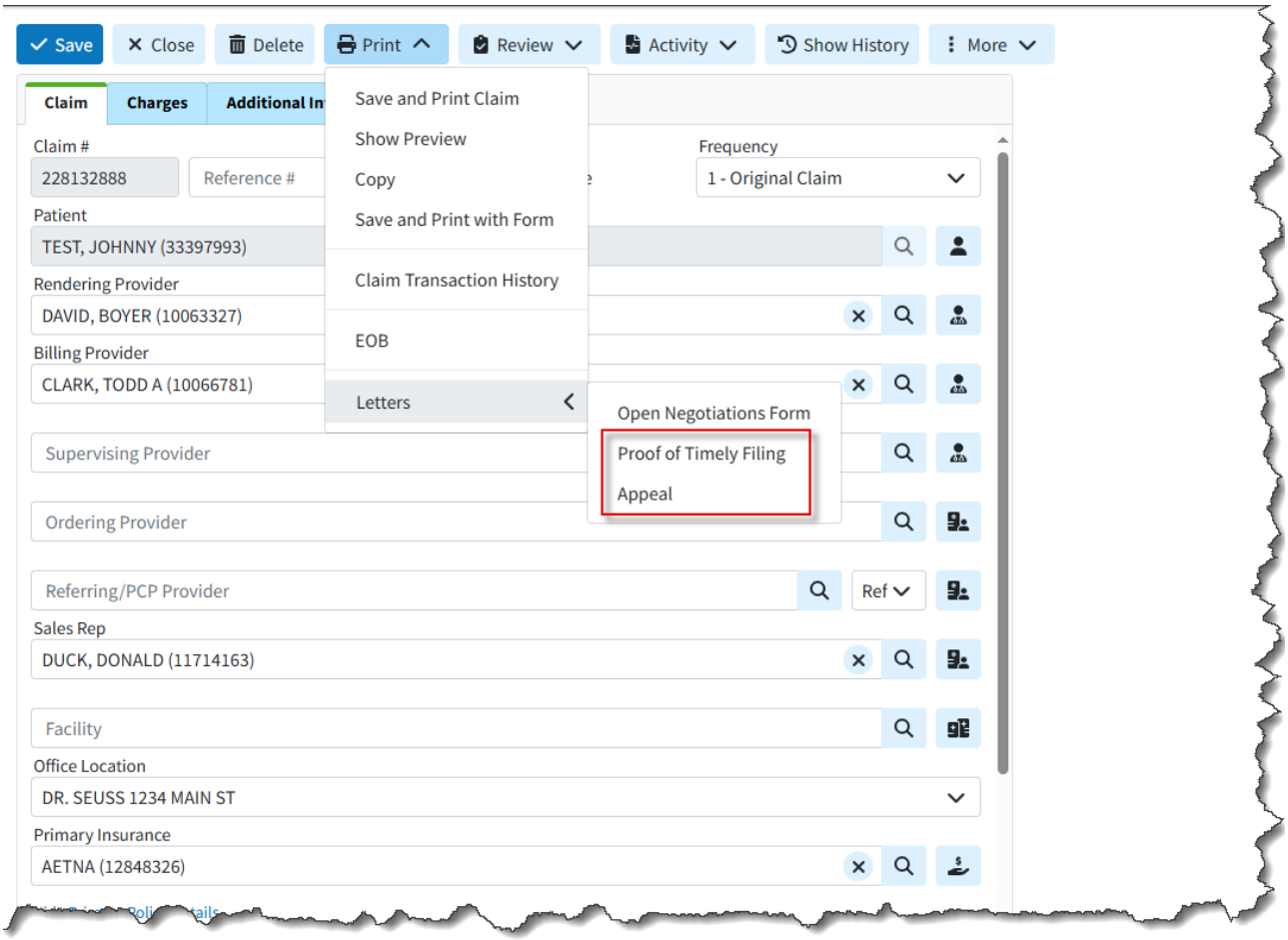
We recently added a new Task Automation tab allowing customers to configure their practice to automatically create a new task for any payment failures during the daily AutoPay process. In this release, we are expanding this tab to include a new task automation option to *Create a task when a patient cancels their appointment via appointment reminder*. When a patient cancels an appointment via an appointment reminder, a user or group can receive an automated task notification, enabling them to immediately fill the slot with another patient. Visit our Task Automations Help Article for more info on setting up this automation.



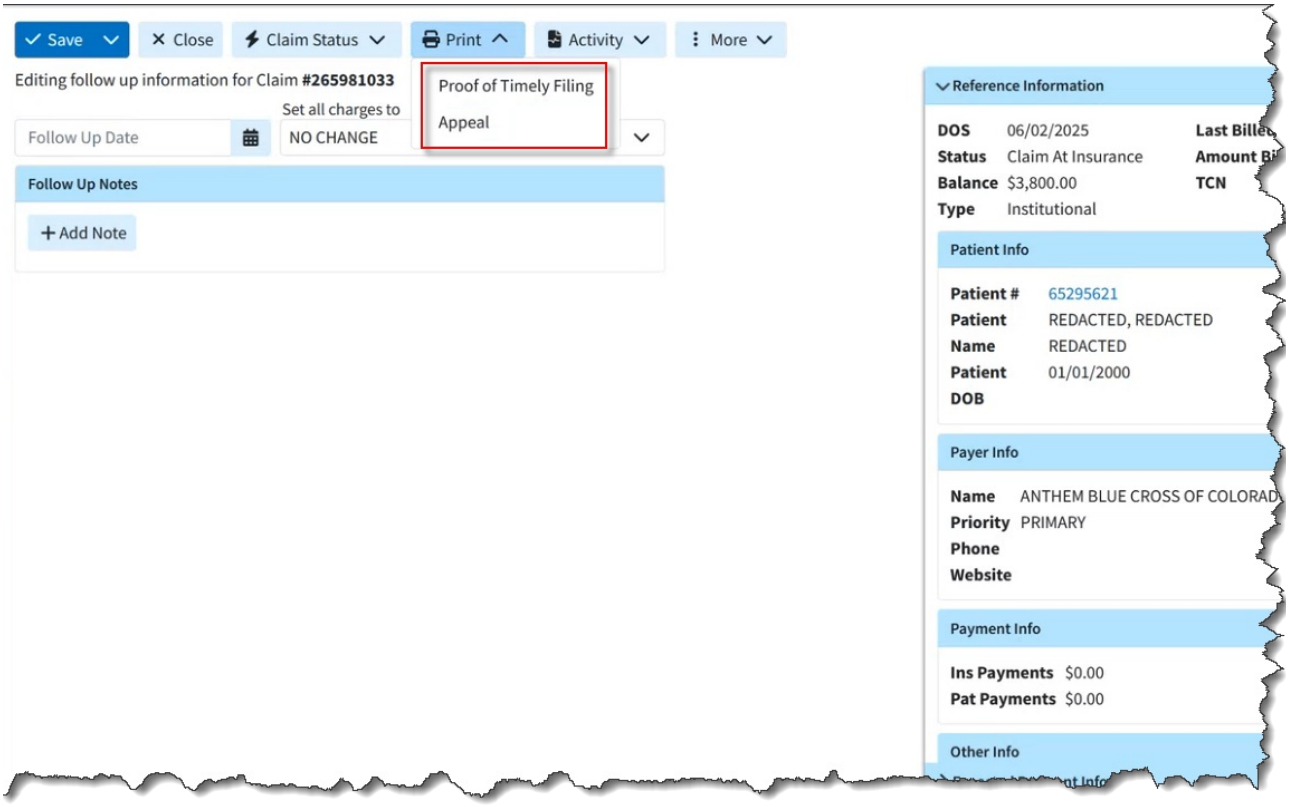
New Basic Appeal & Timely Filing Letters

Previously, users needed to create their own appeal and timely filing letters when they needed to provide those letters to payers. In this release, we added the ability for users to print timely filing and appeal letter directly from the Claim, Claim Tracker, and Claim Follow Up sections of the application. This allows customers to print basic appeal and timely filing letters for payers who don't have their own required format.

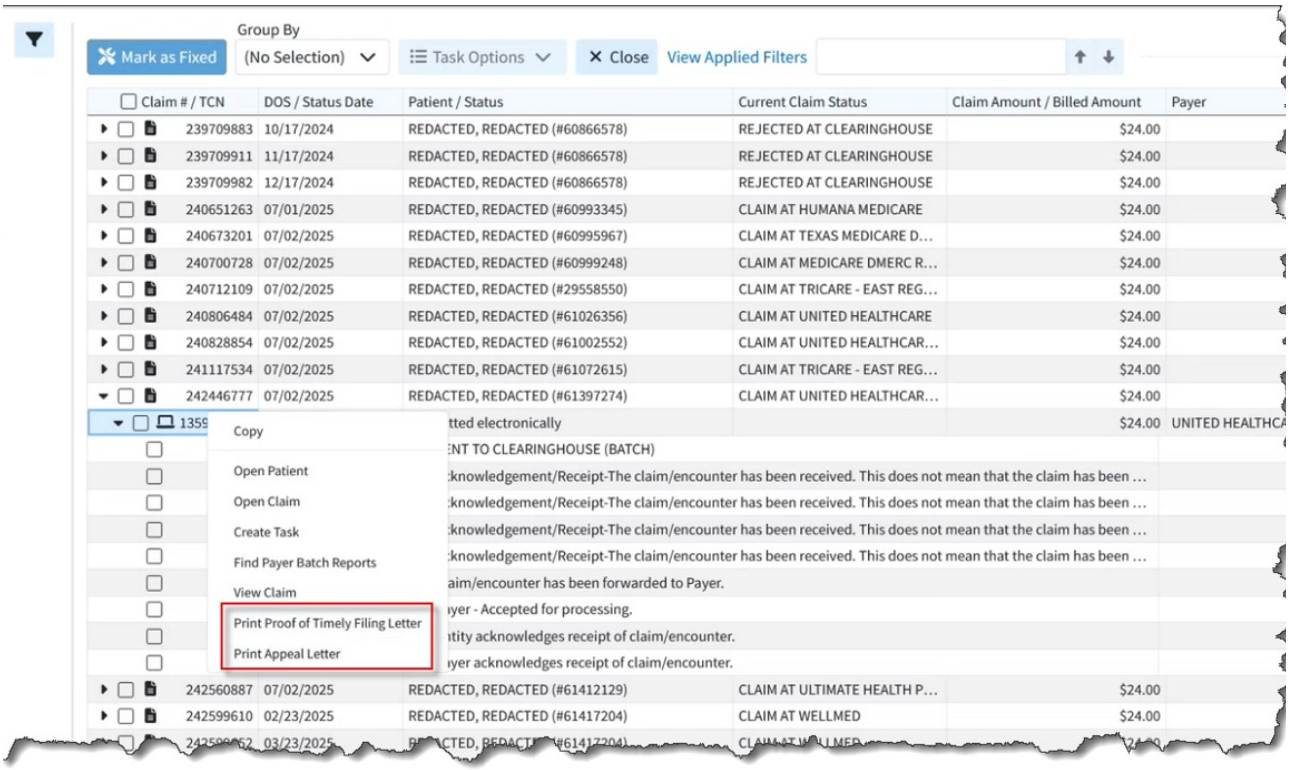
Printing Letter From the Claim Section



Printing Letter From the Follow Up Management section



Printing Letter From the Claim Tracker Section



Knowledge base articles

- Print Proof of Timely Filing Letter from Claim Help Article
- Print Appeal Letter From Claim Help Article
- Print Proof of Timely Filing Letter From Follow Up Help Article

- Print Appeal Letter From Follow Up Help Article
- Track a Claim Help Article
- Proof of Timely Filing Letter Sample
- Appeal Letter Sample

Enhancements

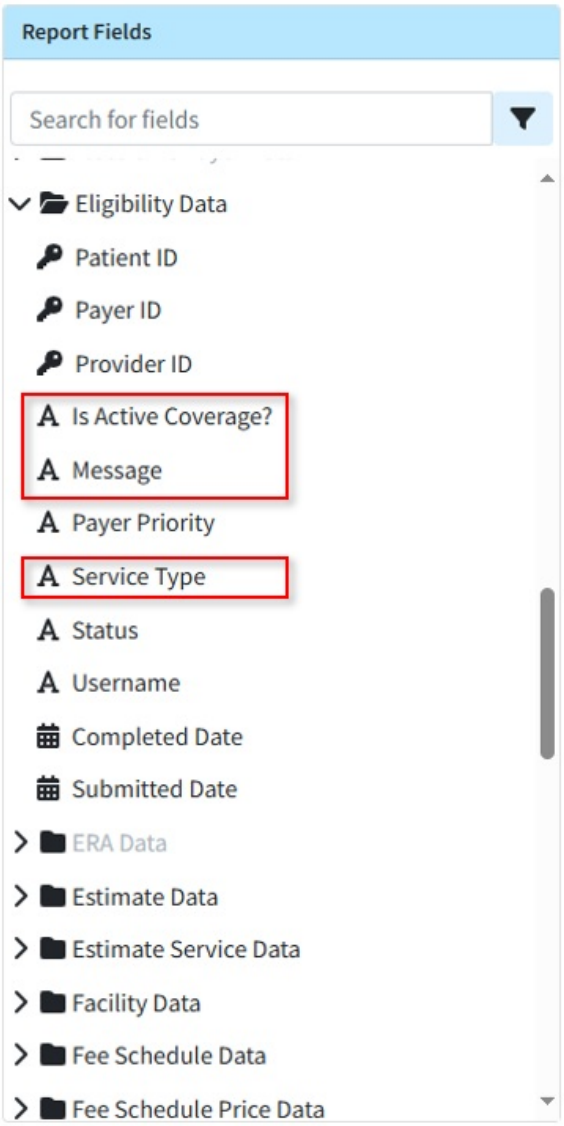
Copay Max Increased

As healthcare costs increase, more costs are being shifted to the patient. Previously, the Copay field allowed for up to $999.99, which is generally sufficient for professional services but not for inpatient hospital or maternity copays. (Typically, plans use a coinsurance model for hospital claims, but not all plans do this.) Since the insurance policies table already has a limit of $9,999.99 (based on being a numeric(6,4) column), we expanded the width of the in-app copay fields in the patient section to allow entering values o up to $9,999.99.

New Eligibility Report Fields

n this release, we added the following Eligibility Data report fields for better reporting on Eligibility requests:

1. **Is Active Coverage?** - This field displays if there is active coverage based on the Eligibility.Active field uses Yes or No filter values.
2. **Message** - (text field) This field displays any eligibility messages (error messages).
3. **Service Type** - (filter values are full name) This field displays the service type with values as the full name (i.e., “Medical Care” rather than the code “01”) based on the Eligibility.Servicetype field.



Visit our Eligibility Data Help Article for more information on the new report fields.

Estimates Automation (Charge Detail)

We updated patient estimates for appointments to no longer require re-entering charge details when creating a new estimate for an appointment that already has one. The charge details that were previously entered are now shown by default, eliminating the need for users to re-enter them.

Report Performance Enhancement

We added performance improvements of several reports including the Rev. Claims Billed Charges Report and the Claim Details Report (particularly the Charge Last Billed Date filter) to minimize slowness when running these reports.

Show HL7 Location for Users

A new checkbox was added to the bottom left of the**View Message** Interface Tracker dialog to display the HL7 location. This checkbox will only be shown for HL7 messages and when checked, the HL7 segment location will be displayed to the user (previously only available with Engineering permissions).

Release 15.13.0 - July 7, 2025

New features | **Enhancements**

Highlights

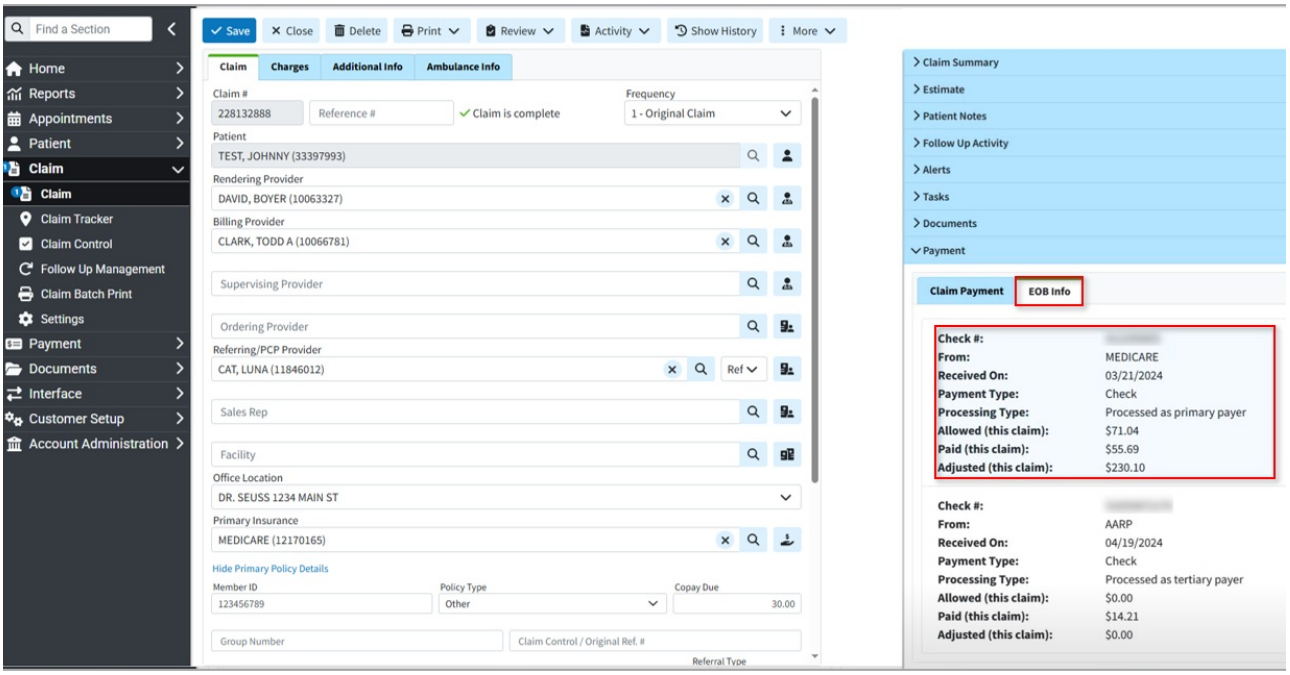
New Features
EOB Info Available in Claim & Follow Up Sections

Enhancements
WebAPI Enhancements

New features

EOB Information Now Available in Claim & Follow Up Sections

When working claim appeals and denials, users were previously having to juggle multiple windows to see the claim EOB details. In this release, we added a new tab that allows customers to quickly access this information directly within the Claim and Follow Up Management sections so that users can access this information without the need to leave the current screen. The new EOB Info tab is available from the side-panel dropdown (in the Claim and Follow Up sections) and will allow users to view the EOB details including remittance code information.



To view the EOB details, click the desired check information to open the EOB details window.

This new tab applies to manually posted insurance payments and applied ERAs. For more info on viewing the EOB Info from a claim or Follow Up, visit our View EOB Info On Claimor View EOB From Follow Up Help Articles.

Enhancements

Web API Enhancements

We added some updates and improvements to the WebAPI so that the following data that was previously only supported either on HL7 or XML is now supported on both.

- **Last Menstrual Period**: Added Support for receiving the Last Menstrual Period field on inbound claim messages (HL7 claims). This was previously supported only on XML.
- **Accident/Illness Date**: Added Support for receiving the Accident/Illness Date field on inbound claim messages (XML claims). This vital information for PT and Worker's Comp providers was previously supported only on HL7.
- **Race, Ethnicity, Language**: Added Support for receiving the Meaningful Use fields for Race, Ethnicity and Language on inbound claim messages (XML claims). This Meaningful Use information was previously supported on HL7 but undocumented on XML.

Please note that customers need to update the data they send to CMD to take advantage of these new available fields.

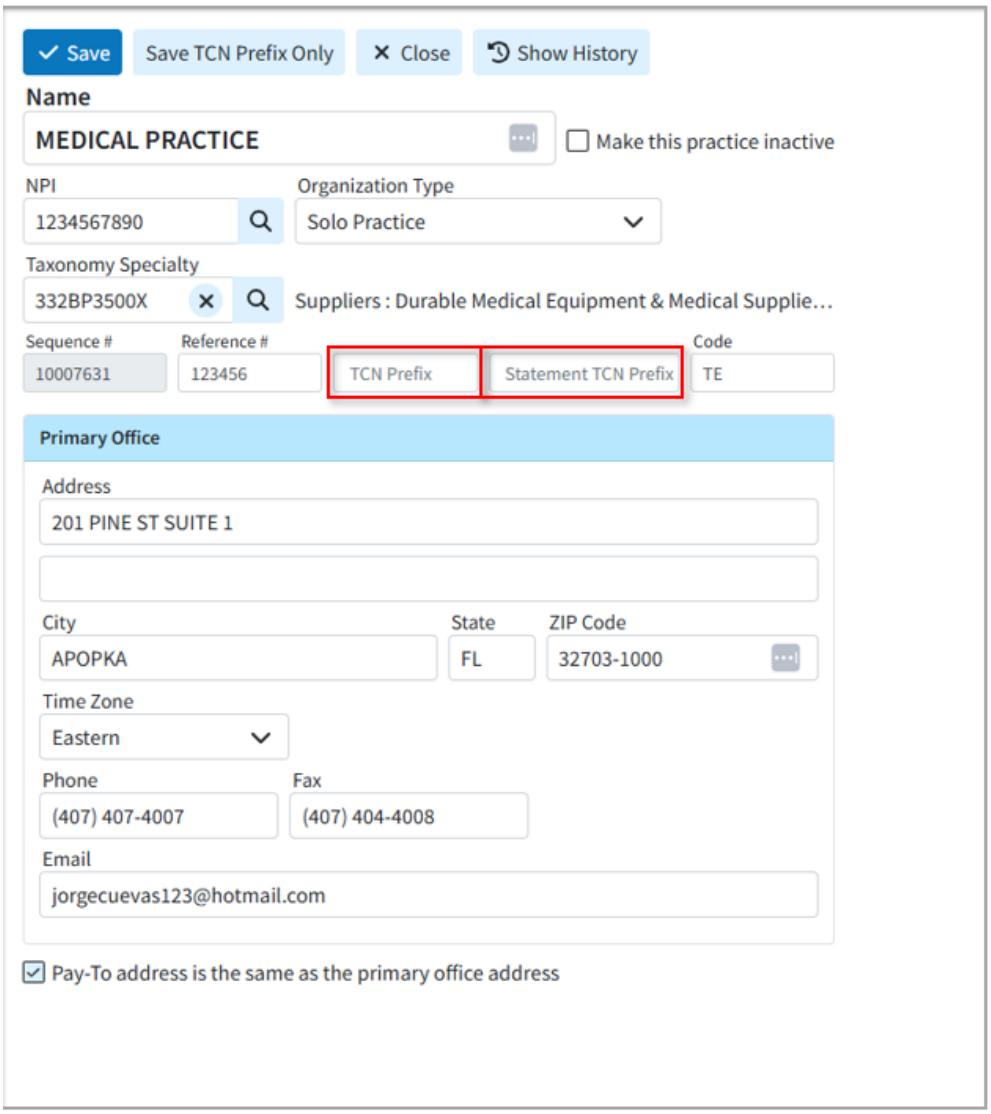
We also added a **Provider Matching Warning**. This means that if a provider name is sent in the interface message and the system selects a provider where the first and last name (or just organization name) is not an exact match, the system will create the claim as usual. However, it will post a Warning message to Interface Tracker stating that the provider was selected based on ID even though the name does not matc

Increased Maximum Length of TCN Prefix

Currently users can enter a TCN Prefix in the Practice section. This is typically done by Support and used b the clearinghouse, but some users may set their own if they do not share an NPI across multiple CMD customers.

Previously, this field was limited to 4 characters. Based on customer requests and considering that our TCNs are 11 characters long and the maximum TCN length in ANSI is 20 characters, we increased the

ength of the TCN Prefix and Statement TCN Prefix fields to 6 characters.



Release 15.12.0 - June 23, 2025

New features | **Enhancements**

Highlights

New Features

Tasks Available in Multiple New Sections

New Enhanced Auditing (Show History) for Contracts

Enhancements

Net Amount now Available in Activity Report

Incremental Data Snapshot Option

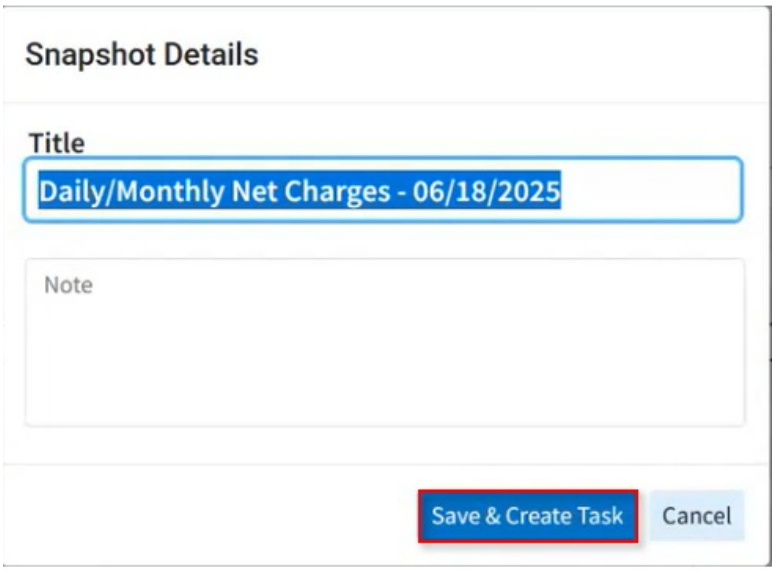
New features

Tasks Added to Multiple Sections

We added the ability to add tasks reminders associated with specific records within more sections of the application in order to keep track of items that need to be completed. Tasks can have due dates, links, descriptions, statuses, and priorities. Please be aware that some of these task management options are available in plan 3 and above. You can now assign the following tasks to yourself or to specific users/group within your business:

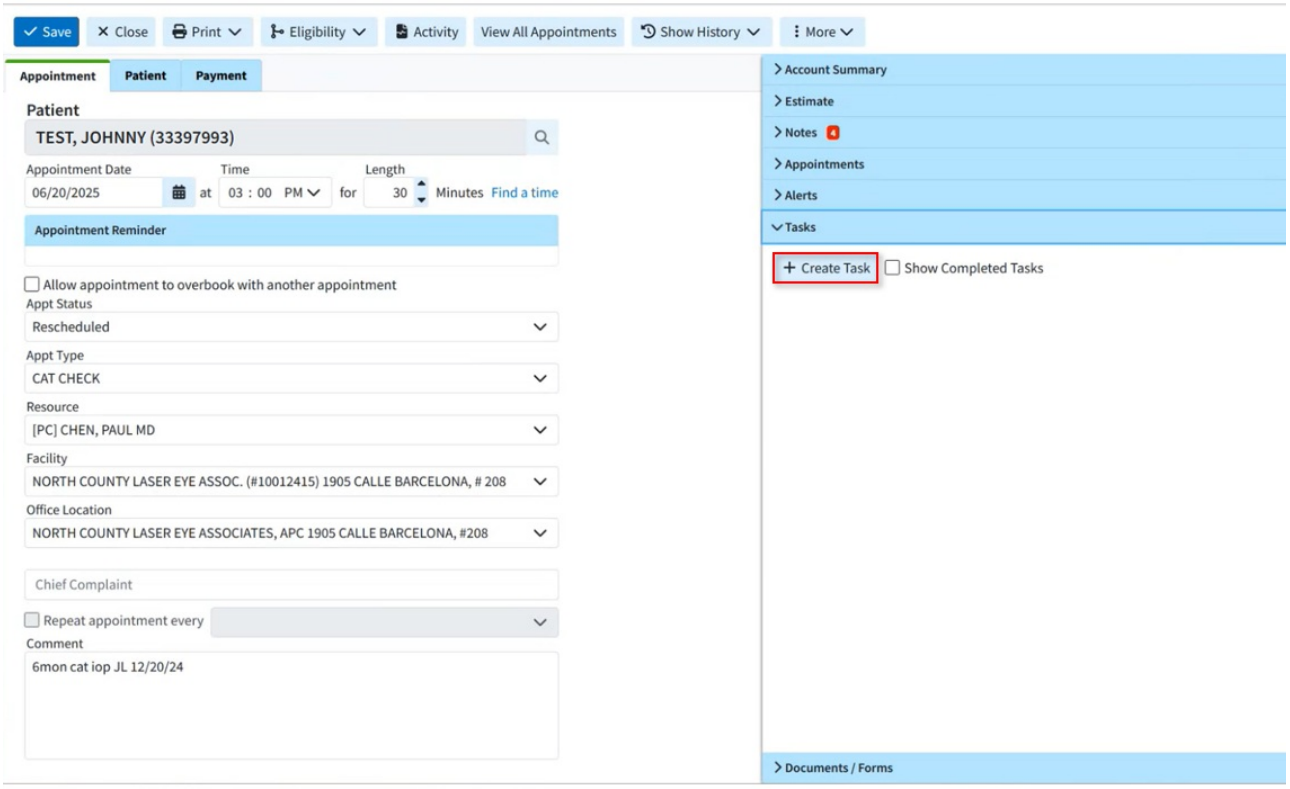
Report Snapshot Tasks

A new option was added to create tasks from a Report Snapshot, allowing you to assign a user or group to review specific report results. Creating a task from a report will have the report snapshot linked to it and will be available for 90 days. For more information on saving and creating a task on a report, visit our Crea a Task for a Report Help Article



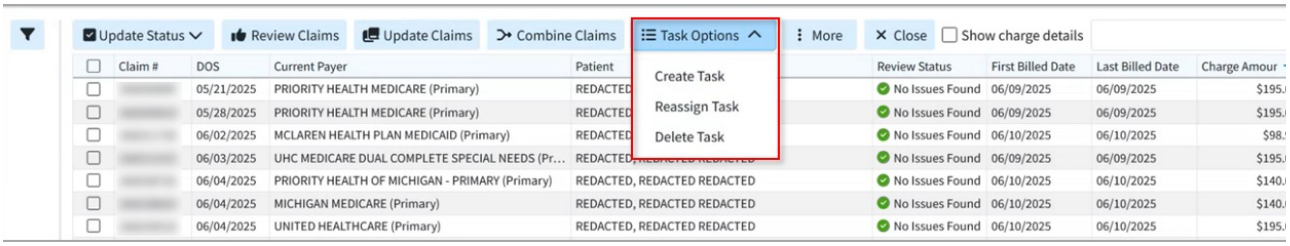
Appointment Tasks

We also added the ability to create and link tasks to specific appointments. Users can access this feature vi the right-click menu within the scheduler or the new tasks side panel option. Visit our Appointment Tasks Help Articles for more information on adding and managing appointment tasks.



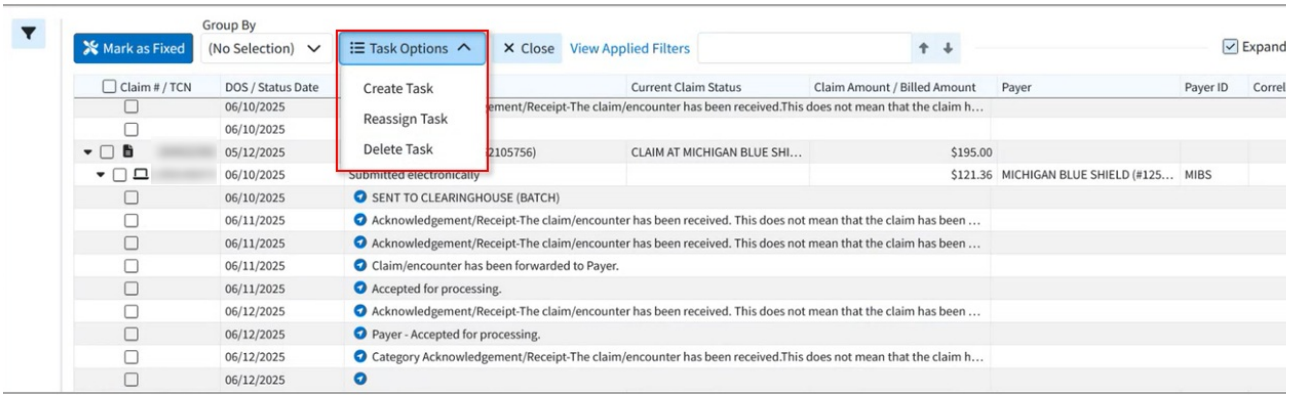
Tasks From Claim Control

We added new Task Options within the Claim Control screen, allowing users to create and manage tasks associated with specific claims. This new option allows users to create and link tasks to multiple claims at once, as well as reassign and delete them simply by checking them off. For more info on creating tasks from Claim Control, visit our Claim Control Task Options Help Article.



Tasks From Claim Tracker

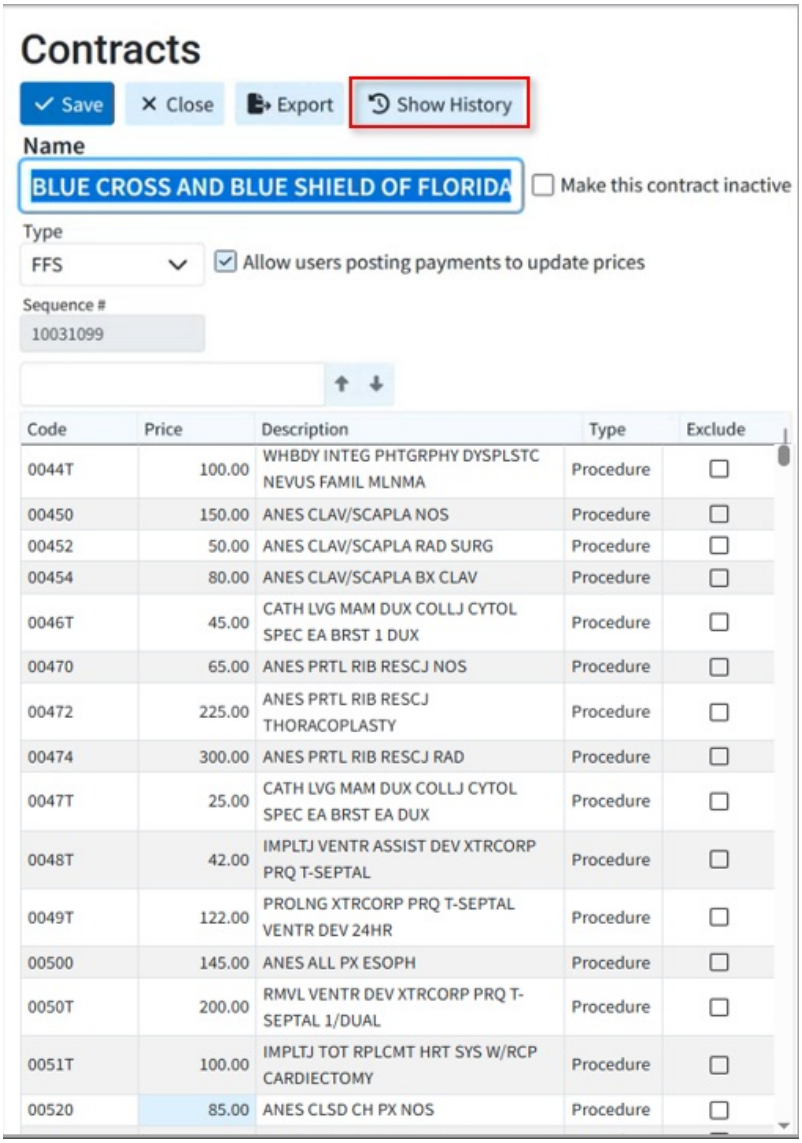
We also added new Task Options within the Claim Tracker screen, allowing users to create, manage, reassign, and delete tasks associated with specific claims simply by checking them off. Tasks can also be linked to multiple claims simultaneously. Visit our Claim Tracker Task Options Help Article for more information.



New Enhanced Auditing (Show History) for Contracts

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

n this release, we are expanding our Enhanced Auditing functionality to **Contracts**, enabling users to track modifications, changes, and updates made to contracts for better auditing and accountability. With the ne "**Show History**" feature, you can now determine which user changed/updated a specific contract 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.



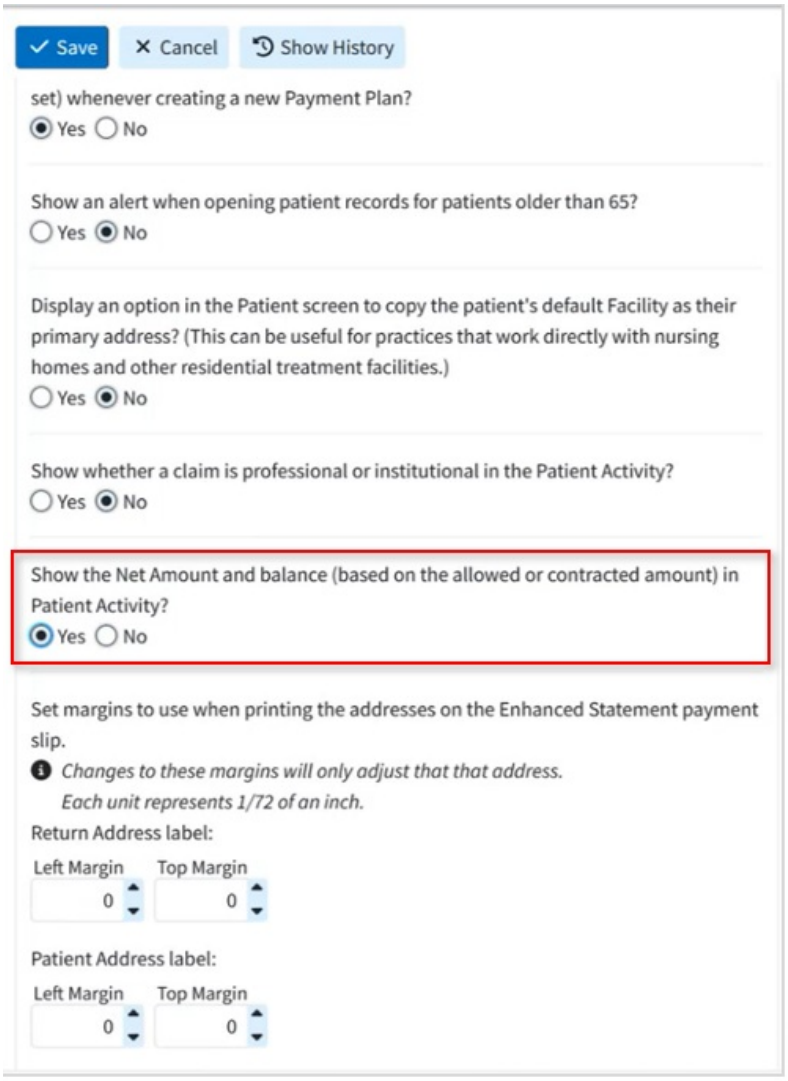
Code	Price	Description	Type	Exclude
0044T	100.00	WHBDY INTEG PHTGRPHY DYSPLSTC NEVUS FAMIL MLNMA	Procedure	
00450	150.00	ANES CLAV/SCAPLA NOS	Procedure	
00452	50.00	ANES CLAV/SCAPLA RAD SURG	Procedure	
00454	80.00	ANES CLAV/SCAPLA BX CLAV	Procedure	
0046T	45.00	CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST 1 DUX	Procedure	
00470	65.00	ANES PRTL RIB RESCJ NOS	Procedure	
00472	225.00	ANES PRTL RIB RESCJ THORACOPLASTY	Procedure	
00474	300.00	ANES PRTL RIB RESCJ RAD	Procedure	
0047T	25.00	CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST EA DUX	Procedure	
0048T	42.00	IMPLTJ VENTR ASSIST DEV XTRCORP PRQ T-SEPTAL	Procedure	
0049T	122.00	PROLNG XTRCORP PRQ T-SEPTAL VENTR DEV 24HR	Procedure	
00500	145.00	ANES ALL PX ESOPH	Procedure	
0050T	200.00	RMVL VENTR DEV XTRCORP PRQ T-SEPTAL 1/DUAL	Procedure	
0051T	100.00	IMPLTJ TOT RPLCMT HRT SYS W/RCP CARDIECTOMY	Procedure	
00520	85.00	ANES CLSD CH PX NOS	Procedure	

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 will be systematically added to other sections of the application. For more information visit our Enhanced Auditing (Show History) Help Article.

Enhancements

Net Amount now Available in Activity Report

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



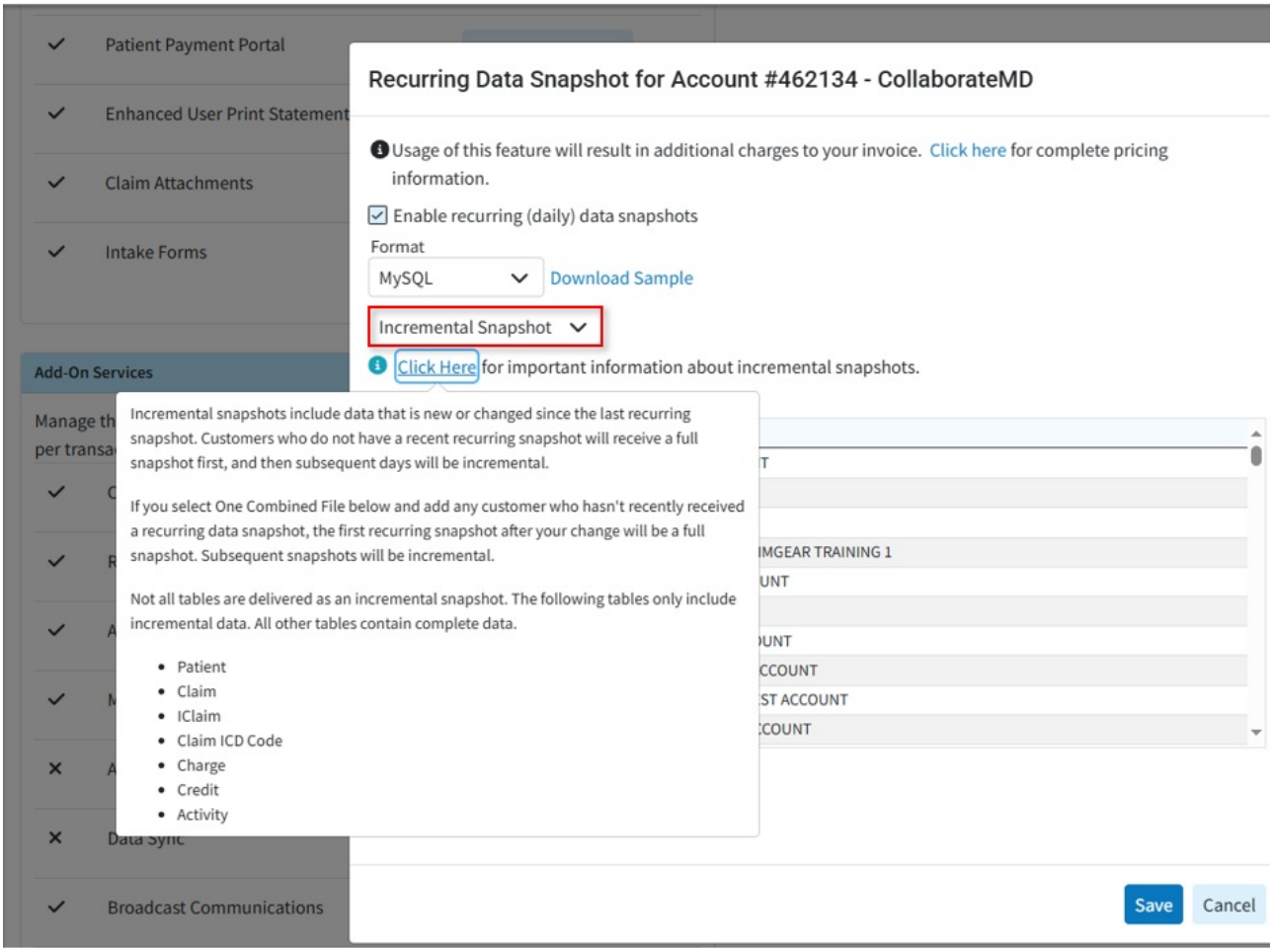
This option was added to allow users to view claims on a net basis. When this option is selected, the Balanc column will no longer be displayed. Instead, users can utilize the Net Amount and Net Balance columns to see the expected revenue, regardless of whether a contractual adjustment has been entered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

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

For more info on enabling this setting, visit ourConfigure Patient Settings Help Article.

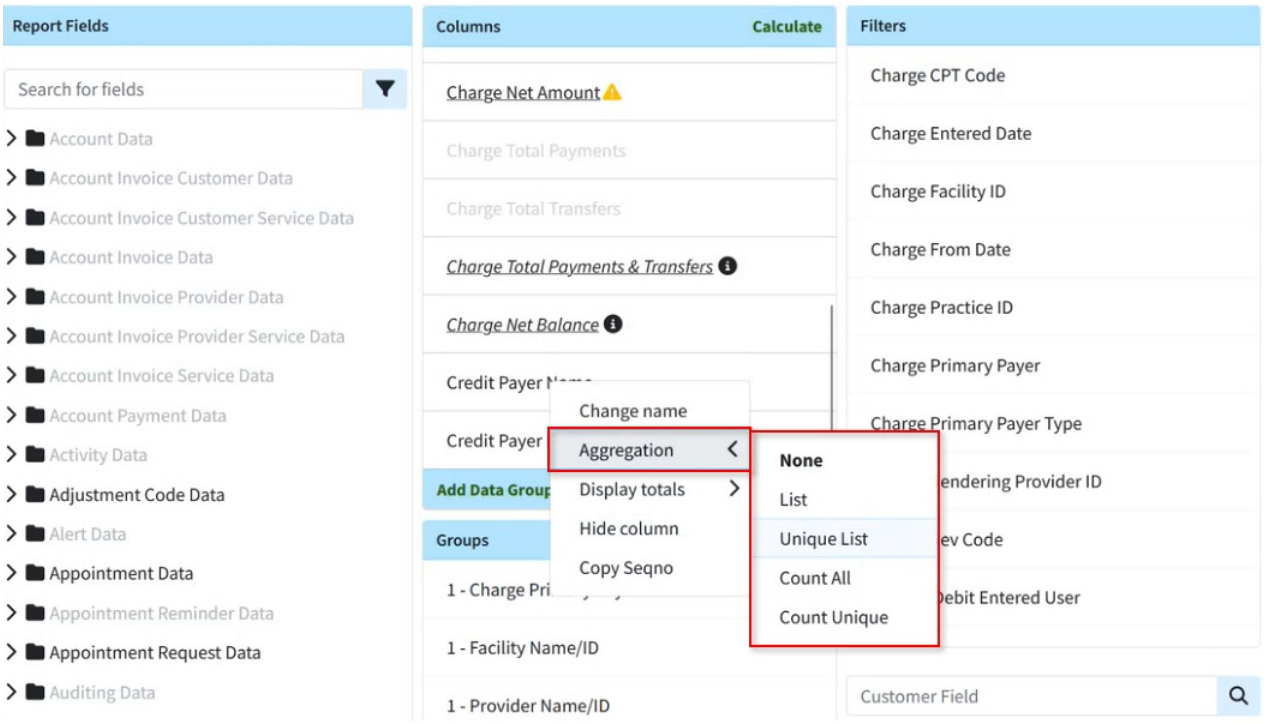
New Incremental Data Snapshots

In this release, we added a new option for Recurring Data Snapshots to minimize processing time. This option captures only changed items in larger tables, rather than a complete daily database snapshot. When configuring this new "Incremental Snapshot" option, the initial snapshot (or the first snapshot after adding a new customer to a combined snapshot) will be a full snapshot. Subsequent snapshots will export smaller files containing only changed data for **Patient**, **Claim**, **Charge**, **Credit**, and **Activity tables**; all other datasets will receive full data. This ensures your snapshot is prioritized and available sooner than full snapshots. Visit our Recurring Data Snapshot Help Article for more info on setting up an Incremental recurring snapshot.



New Aggregation of Text Columns on Reports

We updated the Report Builder to allow aggregations of text columns (in addition to numeric and date) int List, Unique List, Count, and Count Unique. This allows users to create reports detailing payment nformation, such as a list of payers for a specific claim, a report of all remittance codes, or a summary of distinct check numbers, in order to prevent duplicate lines.



Release 15.11.0 - June 10, 2025

New features | **Enhancements**

Highlights

New Features

Claim Workflow Enhancements: New Combining Claims Feature

Claim Workflow Enhancements: New Institutional Defaults

New Task Automation for AutoPay

Custom Claim Scrubbing Edits

Enhancements

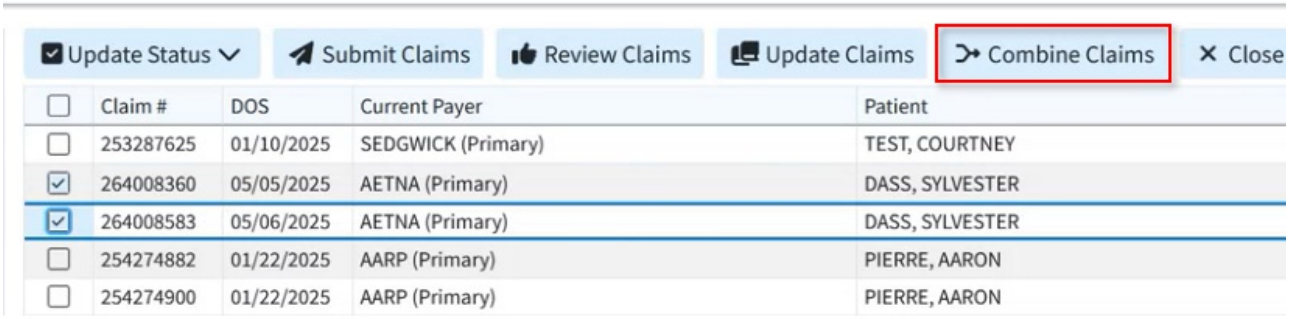
Claim Workflow Enhancements: New Situational Modifier Options

New features

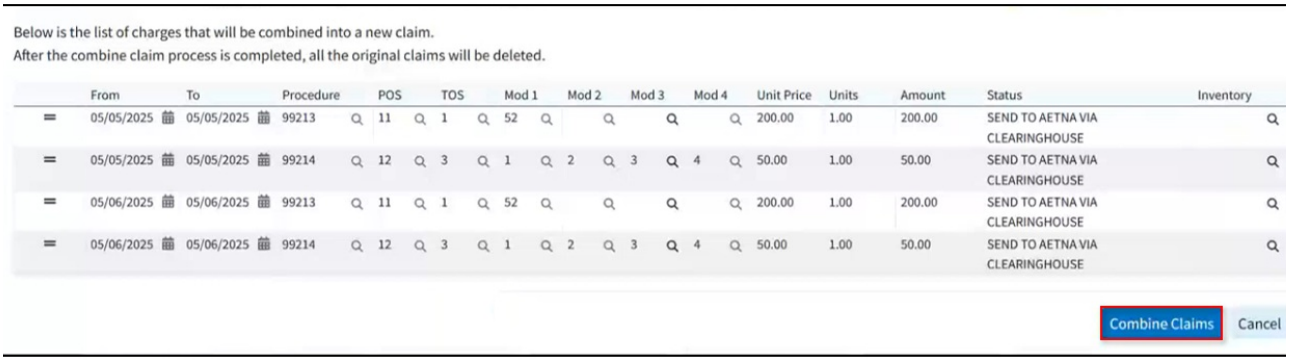
New Claim Workflow Enhancements: Combining Claims

We added a new feature within Claim Control section that allows users to find and combine claims (as long as the claims are for the same patient/payer/provider). CollaborateMD's new **Combine Claims** feature allows users to merge two or more separate claims into one, consolidating all charges and removing the

duplicate claims automatically. This is useful for customers who need to combine encounters into a single claim due to the EHR separating the encounter into multiple claims, payer bundling requirements, or any other reason. Simply select your claims and click the *Combine Claims* button to start the process.



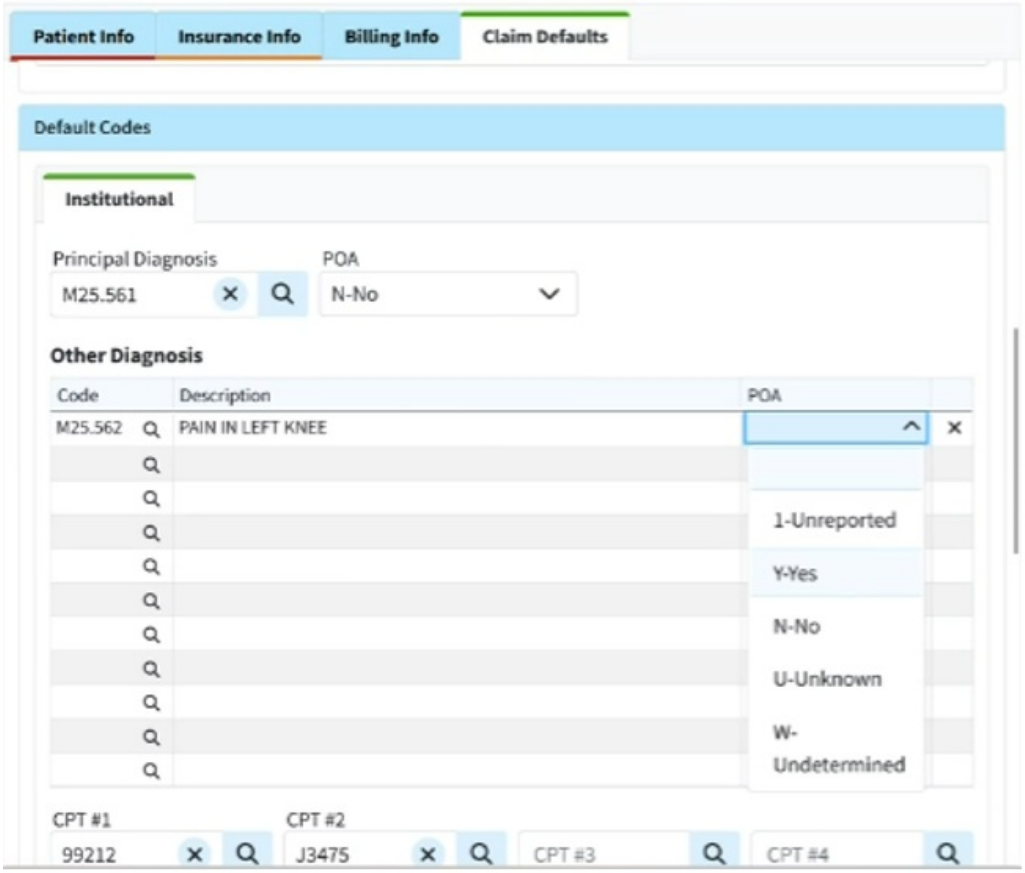
You will be presented with a list of charges that will be combined into the new claim where you can reorder the charges before combining them into a new claim.



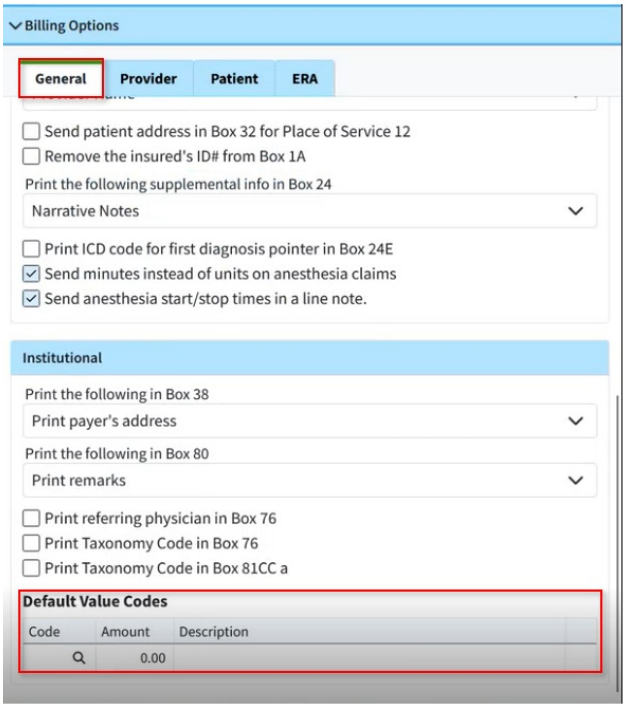
Once combined, you can save the new claim, and only the new combined claim will exist, while the individual ones will be deleted. For more information on combining claims, visit our Combine Claims Help Article.

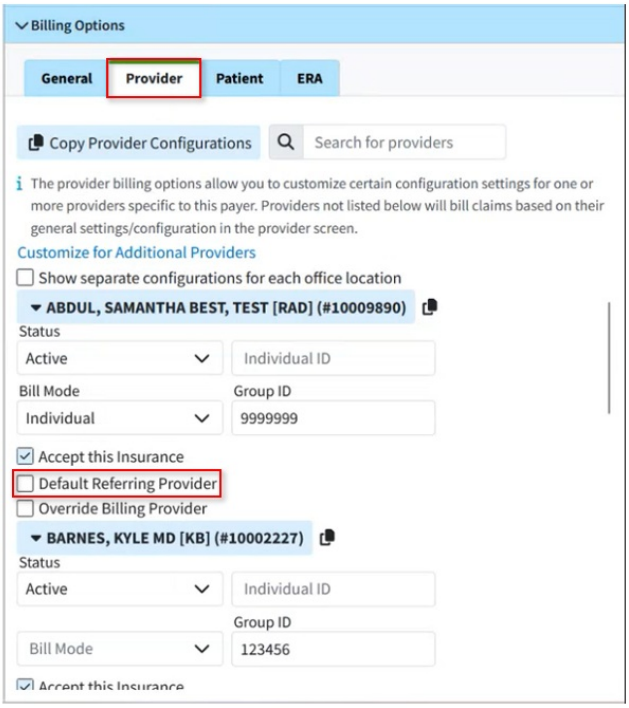
New Claim Workflow Enhancements: New Institutional Defaults

In this release, we have added updates to the patient and payer claim defaults for institutional claims. First we separated the Patient Claim defaults into Professional and Institutional categories. The availability of Professional or Institutional claim default options depends on whether the default provider for the patient sends professional claims, institutional claims, or both. The claim default options for Professional Claims include **ICD** and **CPT Codes**. For Institutional Claims, the options are**Principal Diagnosis**, **POA**, **Other Diagnosis**, **CPT Codes**, and **Value Codes** to provide more flexibility when setting your defaults.For more information on setting up institutional patient claim defaults, visit our Patient Claim Defaults Help Article.



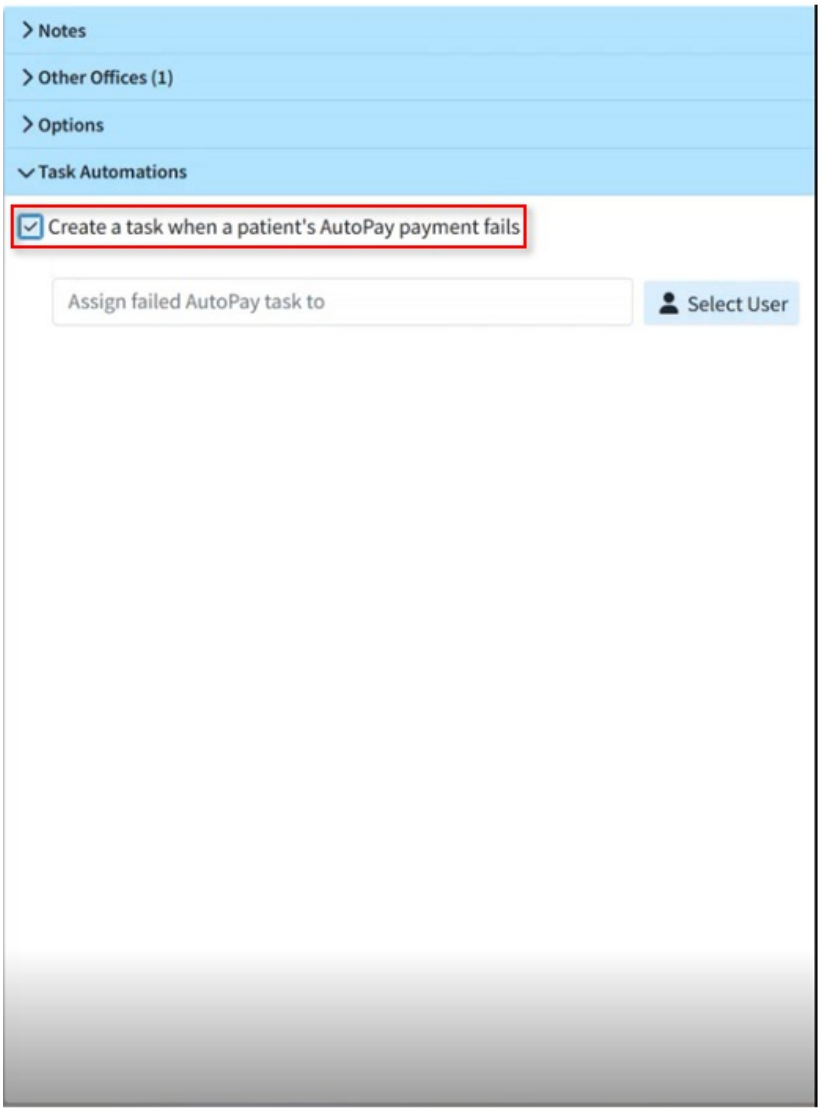
We also added 2 payer billing options for claims. Within the General Billing Options tab, we introduced a new option to select a **Default Value Code** to be included on institutional claims for this payer. Additionall under the Provider Billing Options, we added an option to select a Default Referring Provider for every claim under this provider. Visit our General Billing Options and Provider Billing Options Help Articles for more information.





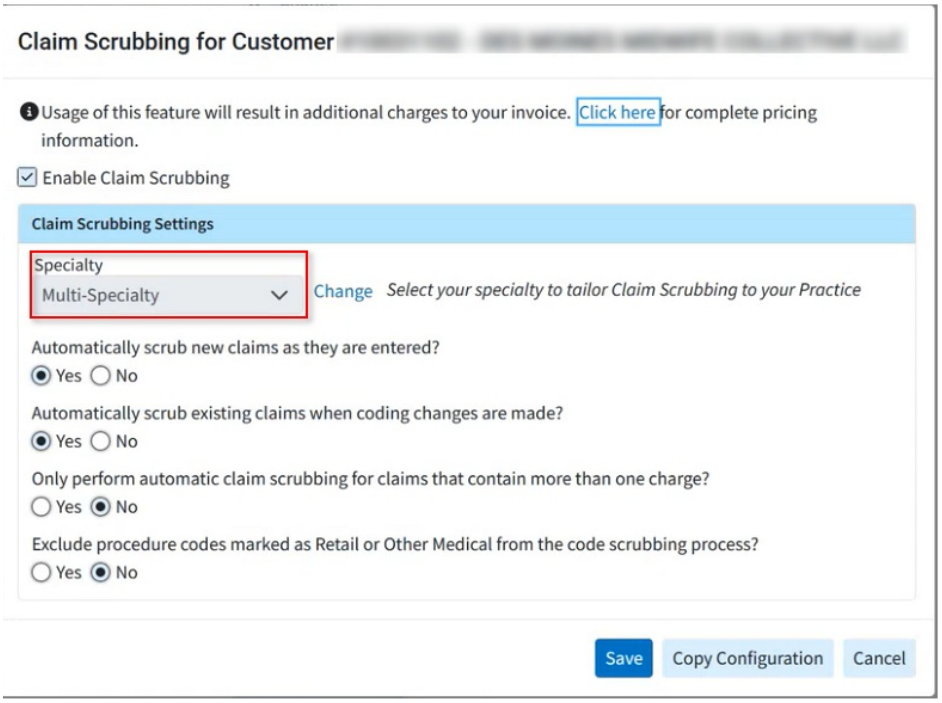
New Task Automation for AutoPay

We added a new Task Automation feature allowing customers to configure their practice to automatically create a new task for any payment failures during the daily AutoPay process. This task will be linked to the patient and assigned to a pre-selected user or group. Customers that use the AutoPay feature can now set up the "*Create a task when a patient's AutoPay payment fails*" task automation from the practices right-hand side panel. Visit our Task Automations Help Article for more info on setting up this automation.

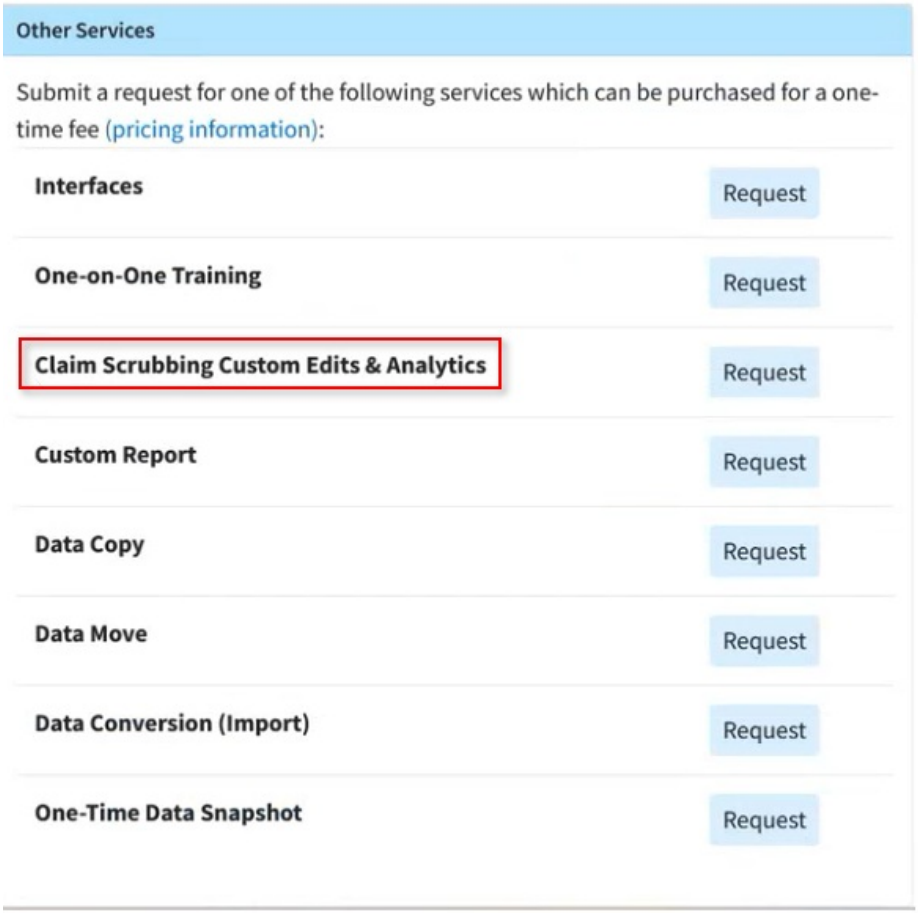


Custom Claim Scrubbing Edits & Claim Scrubbing Specialty

In this release, we added two significant enhancements to our Claim Scrubbing. First, we introduced an option within the Claim Scrubbing configuration screen that allows customers to set up (or change) their specialty to receive more tailored edits for their specific claims. Visit our Manage Claim Scrubbing Help Article for more information on setting your Specialty.



Secondly, we introduced a new **Claim Scrubbing Custom Edits & Analytics**service that provides customer access to the ClaimStaker® application, allowing them to review existing claim scrubbing edits, create new ones, and review detailed analytics. This is a paid service that can be requested from **Services** > **Other Services** and includes one initial training session on how to use ClaimStaker® to create custom edits and review analytics.



For more information on requesting this service, visit ourRequest Claim Scrubbing Custom Edits &

Analytics Help Article.

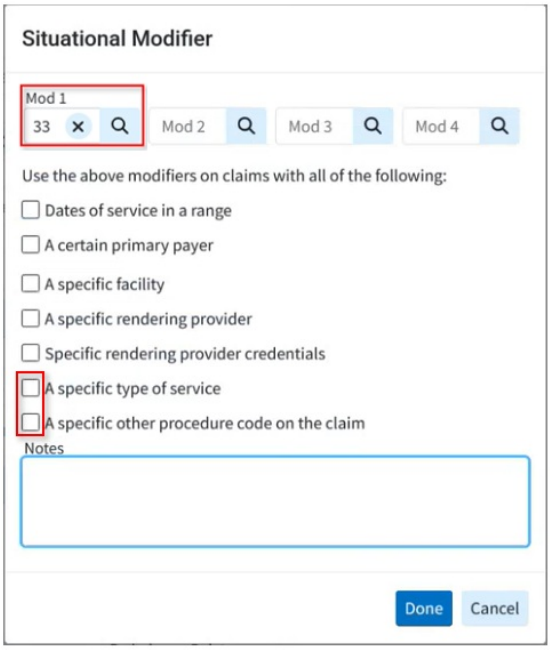
Enhancements

New Claim Workflow Enhancements: New Situational Modifier Options

In this release, we have added a couple of updates to the situational modifiers for procedure codes. First, we introduced two new options within the Procedure Codes to set Situational Modifiers.

1. A new option to create a situational modifier based on **"A specific type of service"** to set a specific TOS code that the modifier should apply to.

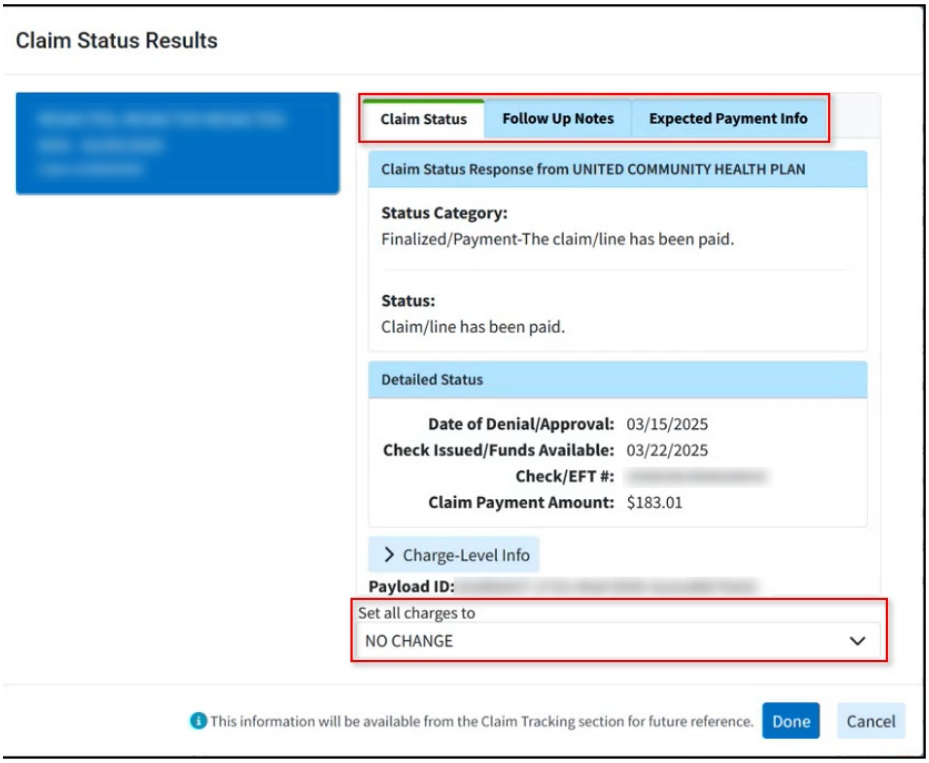
2. A new option to create a situational modifier based on **"A specific other procedure code on the claim** to select a procedure code that will trigger the modifier only when this other procedure is present on claim.



We also updated the **Dates of Service**, **Primary Payer**, **Facility**, **Rendering Provider**, **Rendering Provider Credentials**, and **TOS** situational modifier options to be multi-select, making it easier for practices with a large number of records to manage these modifiers. For more information on adding these modifiers, visit our Add Situational Modifiers Help Article.

New Claim Workflow Enhancements: Claim Status Updates

We updated our Real-Time Claim Status results window to allow users to update the claim charge status directly from the results screen. Users can now also enter any follow-up notes pertaining to the claim, as well as any expected payment information from the status result (paid amount, check date, and check number). This update will automatically override any existing data in Expected Payment Info with information from the Claim Status if the payer made a payment. For more information visit ourClaim Statu Help Article.



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

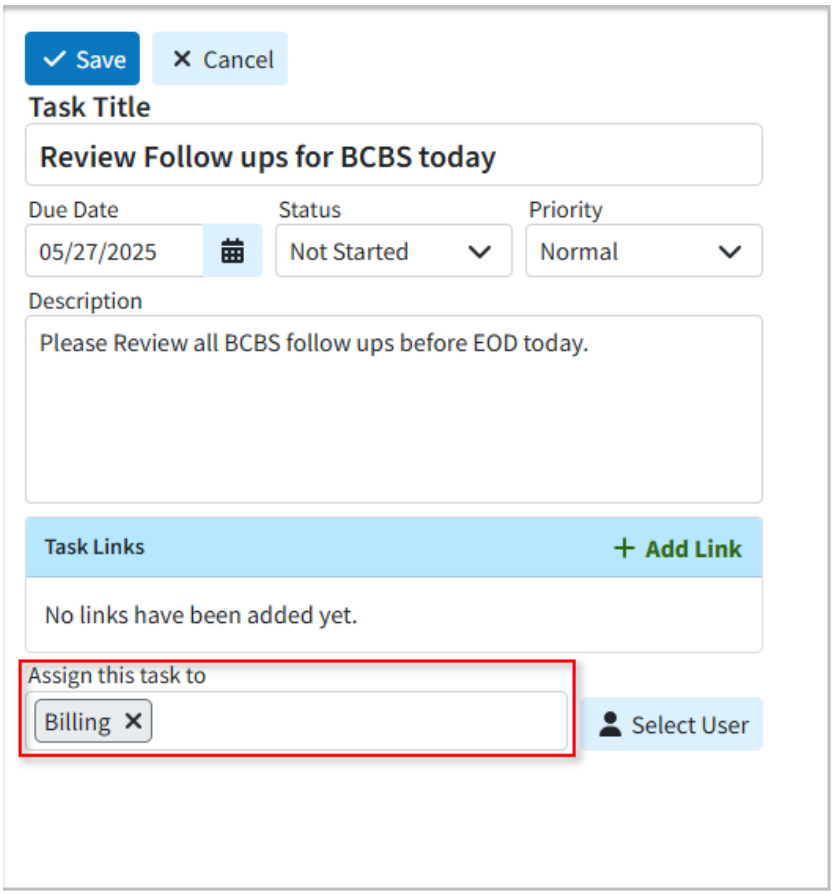
New Taxonomy Specialty Report Fields

New features

New Task Assignment to Contact Groups

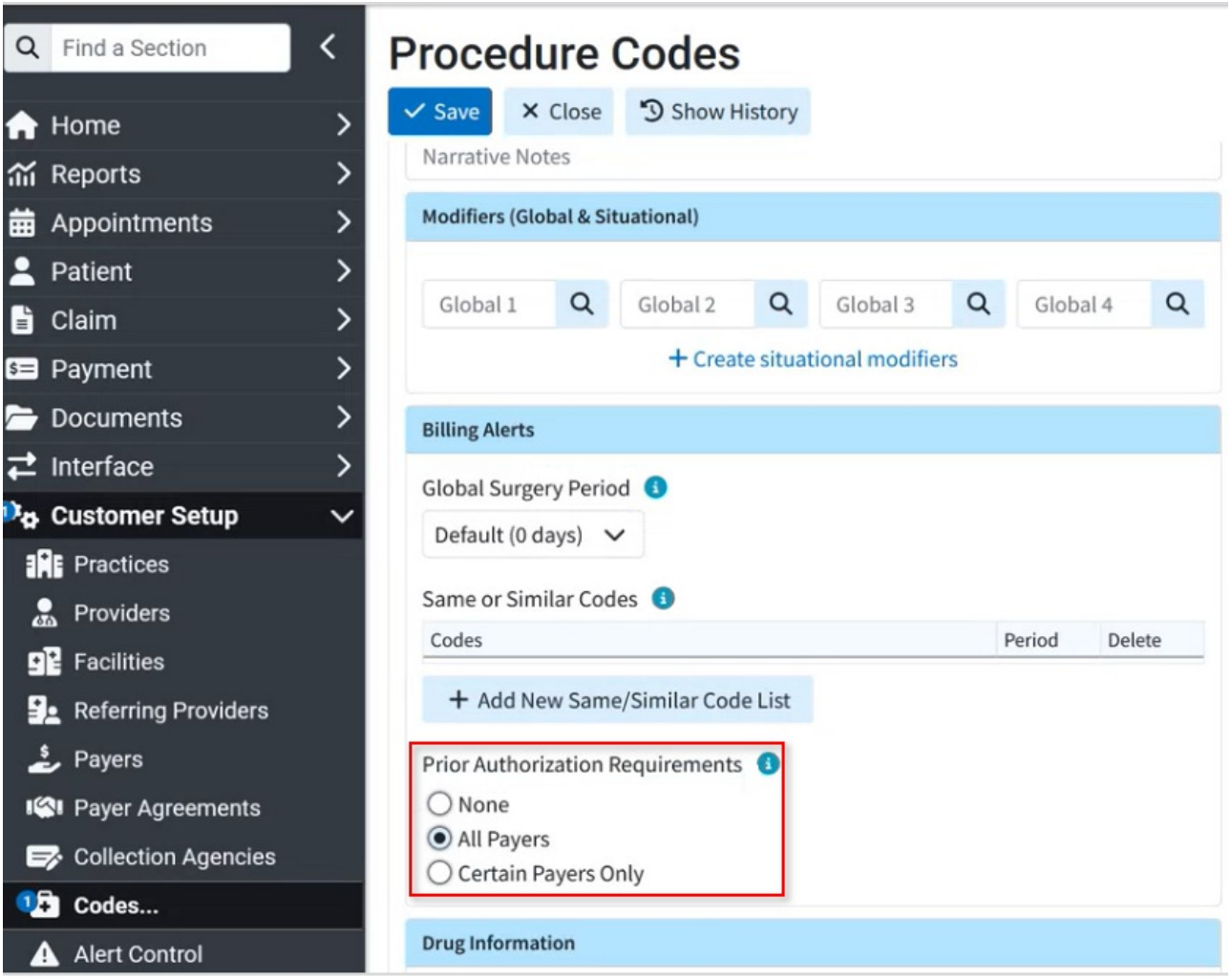
Capitalizing on our recently released Shared Contact Groups feature, users can now assign tasks to individuals within a Contact Group. You can create Contact Groups for teams (denials, billing, specific offices, payments, etc.) and assign tasks to those groups to ensure work is completed. All users in the group will see the tasks assigned to the group, and once completed, the system will track which user completed

:he task via the User Productivity by Tasks Completed Report, allowing you to monitor user productivity. For more information creating Shared contact groups, visit our Create a Shared Contact GroupHelp Article. For info on assigning tasks to a contact group, visit our Assign a Task to a Contact GroupHelp Article.

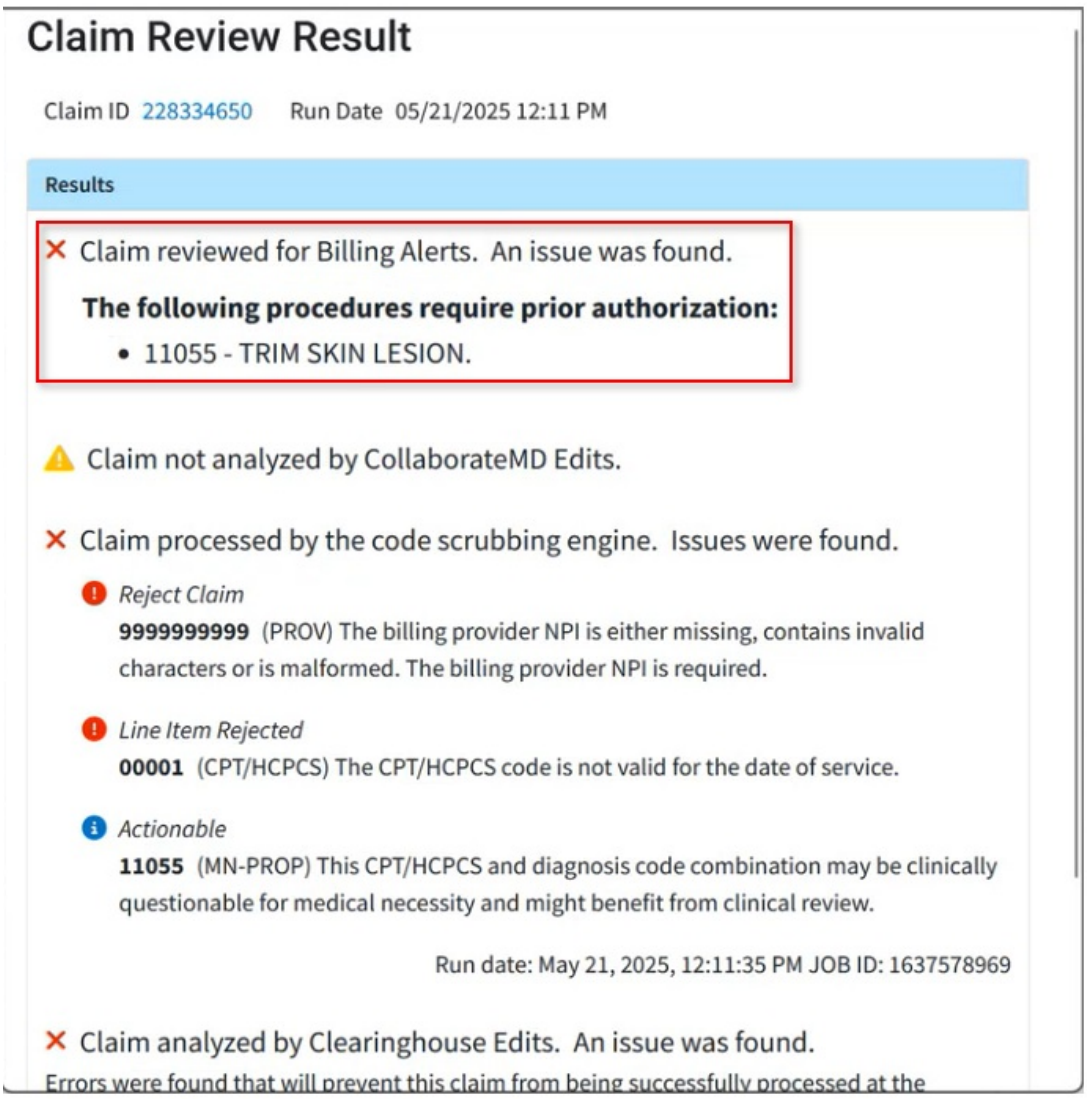


New Prior Authorization Requirements & Billing Alerts Update

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



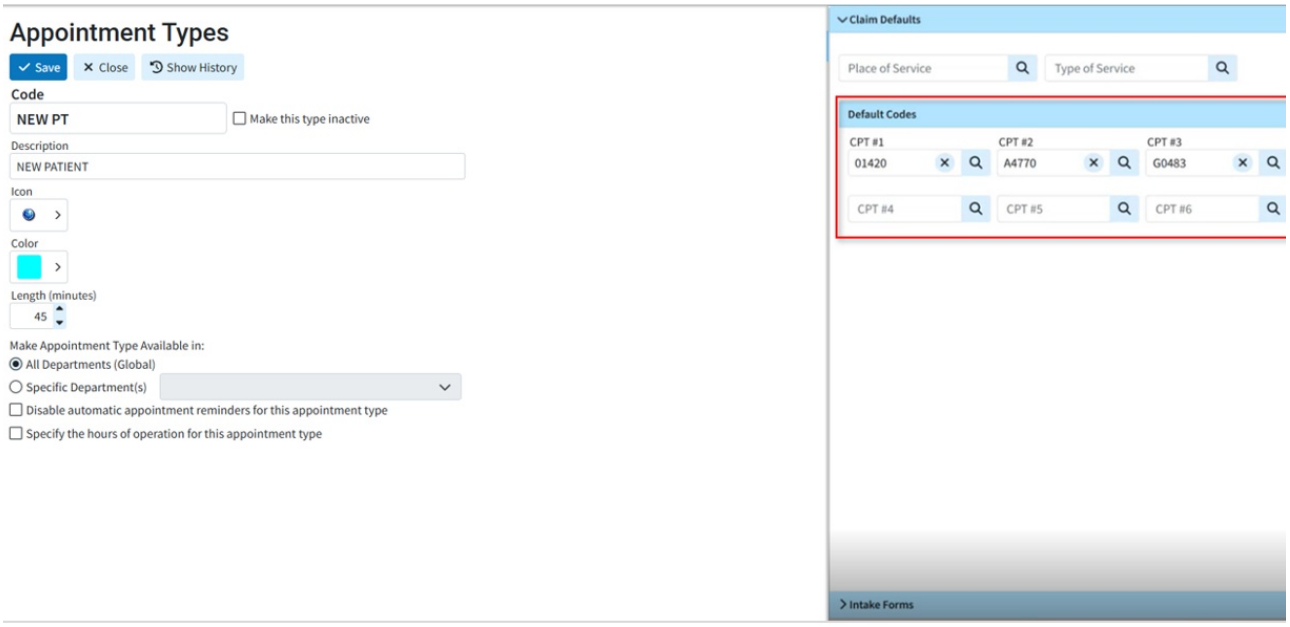
We also updated the placement of billing alert warnings within the application. Billing alerts will now be displayed not only in the claim section, but also in the claim control area when running the claim review process. This change is intended to help our interface customers more easily access these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



New Appointment Type Default Codes

We previously added claim defaults for POS and TOS within the Appointment Types configuration. In this release, we introduced Appointment Type Default Codes, allowing users to set default procedure codes 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.

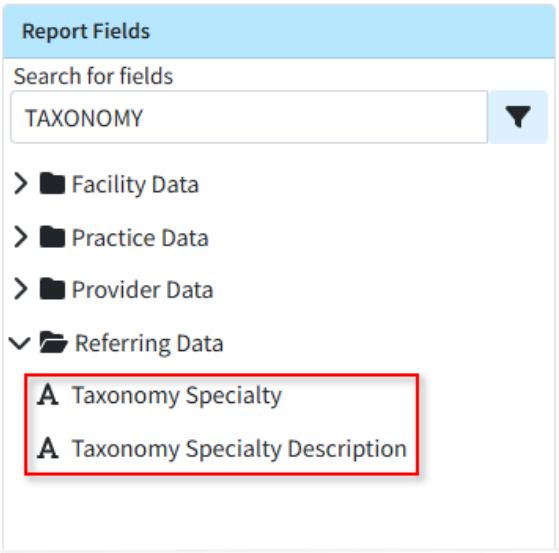


Enhancements

New Report Fields

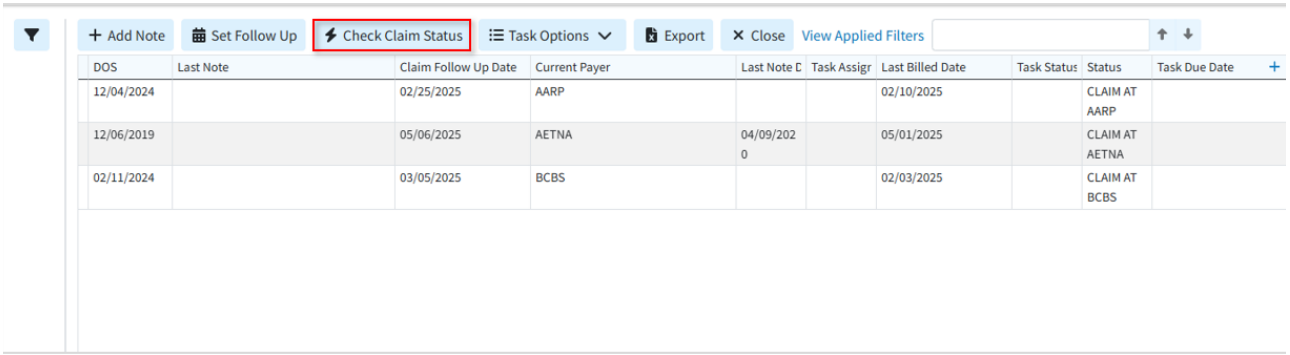
Previously, users could add fields related to the taxonomy specialty and the taxonomy specialty descriptio for Providers and Practice, but not for Referring Providers. In this release, we added fields to report on taxonomy codes (specialties) and its description for Referring Providers.

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



View Prior Claim Status Checks

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



Web API Updates

n 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 -T1.5 segment. However, on institutional claims, there is no location on the claim form for the "To Date of Service" for any particular charge, so we do not support it. Since some payers require sending one charge with multiple units to cover multiple days, and individual charges are the only way to send dates, and nstitutional 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 nternally 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 nstead of as a credit. Users can now use the Activity or Charge History APIs to get charge details and use that information to choose where to apply new payments (only new payments, not existing credits).

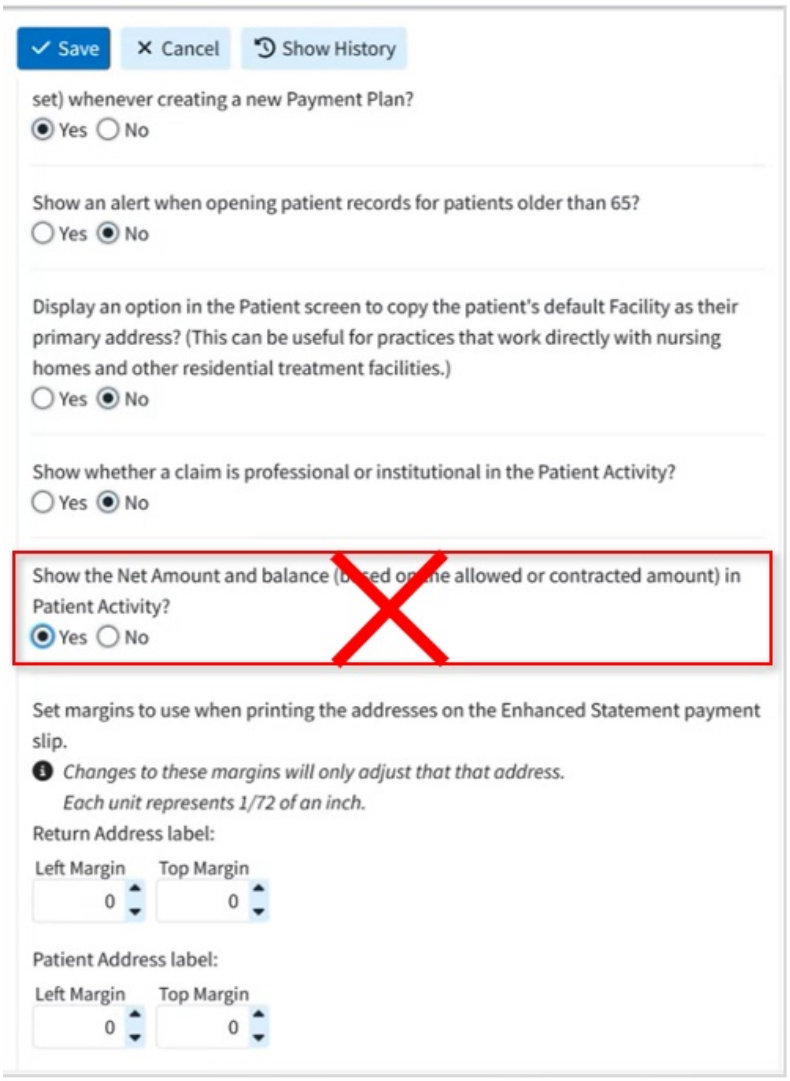
Resolutions

ERA Secondary OA-23 Adjustments Update

The process of applying a secondary adjustment on an ERA has been updated to no longer allow the OA-23 adjustment. This adjustment, related to prior payers' payments and adjustments, should never be applied a t can incorrectly affect the balance and cause an incorrect account credit.

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

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



Release 15.9.0 - May 12, 2025

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

Highlights

New Features

New Split Claim Feature

Enhanced Auditing for Fee Schedules & Customer-level Settings

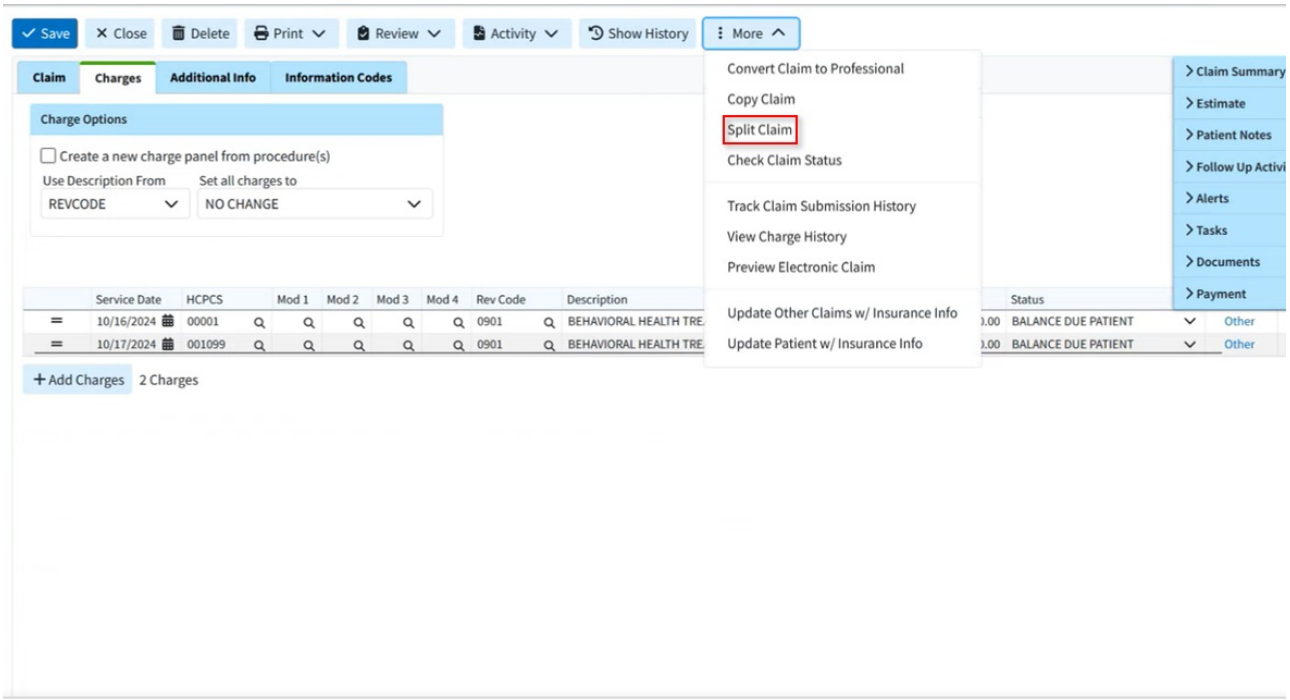
Enhancements

A/R Control Payer Filter Renamed

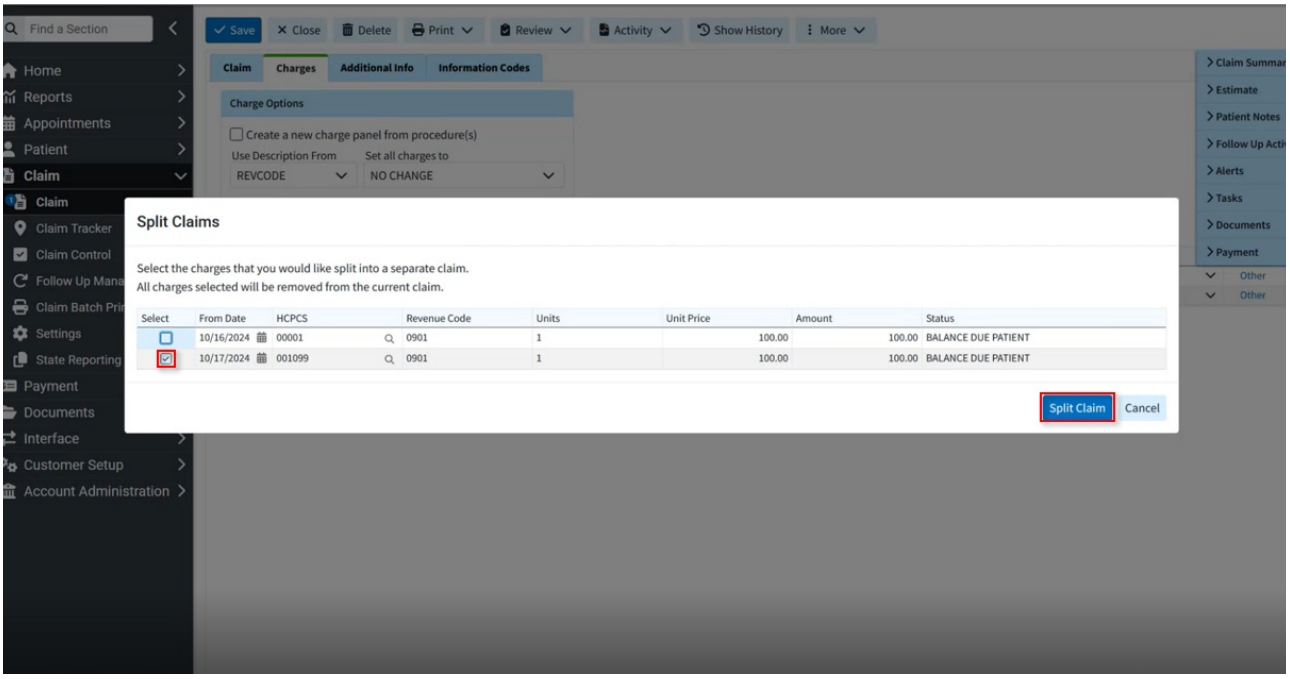
New features

New Split Claim Feature

There are certain scenarios where claims need to be split. This could occur when an interface sends a singl 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 ne **Split Claim feature** that allows users to take a single claim and quickly split it into multiple claims. This option within the **More** menu in a claim enables users to move selected charges, including any existing payments, to a new claim, saving a significant amount of time.



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



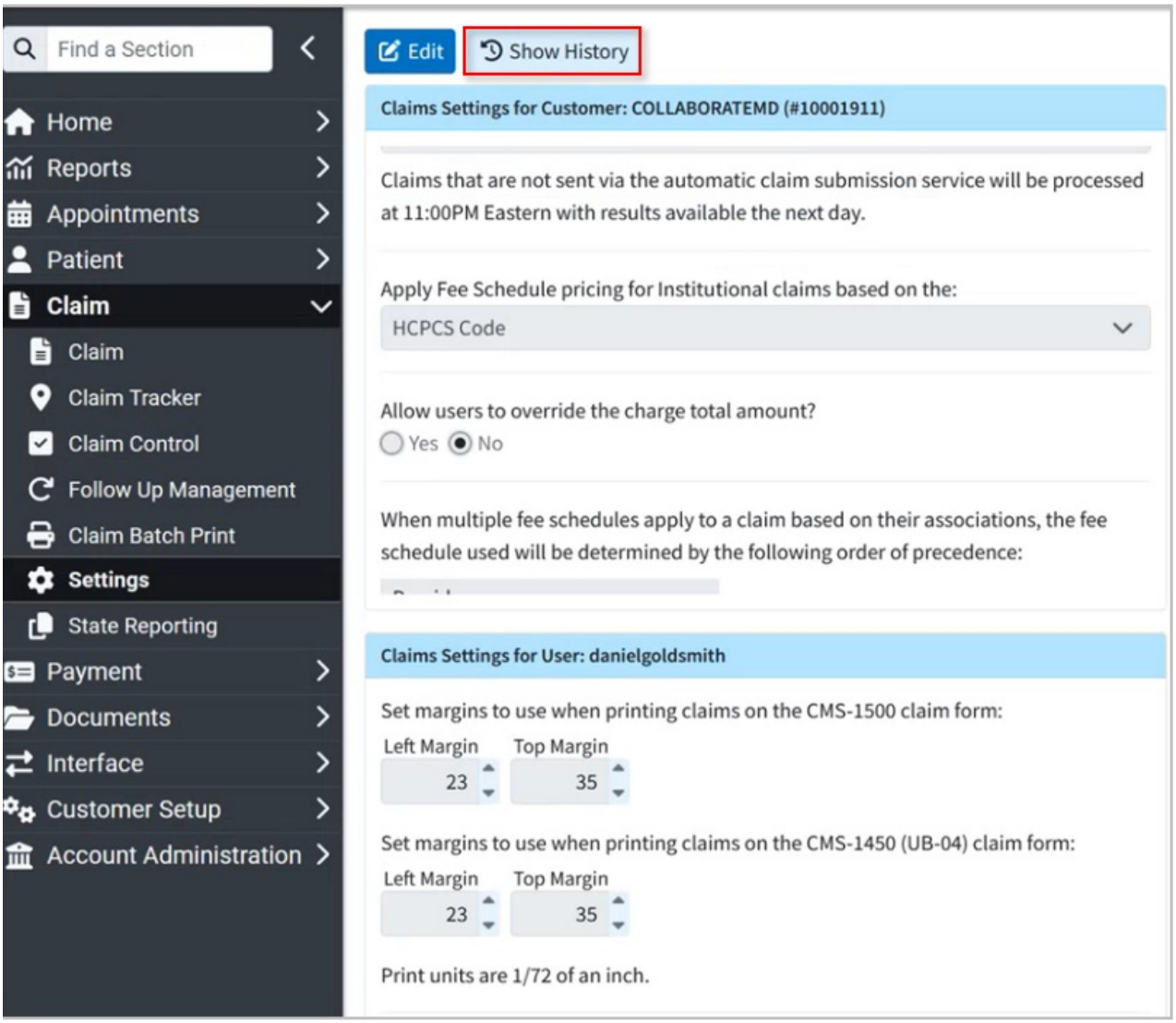
Knowledge base articles

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

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

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

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



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

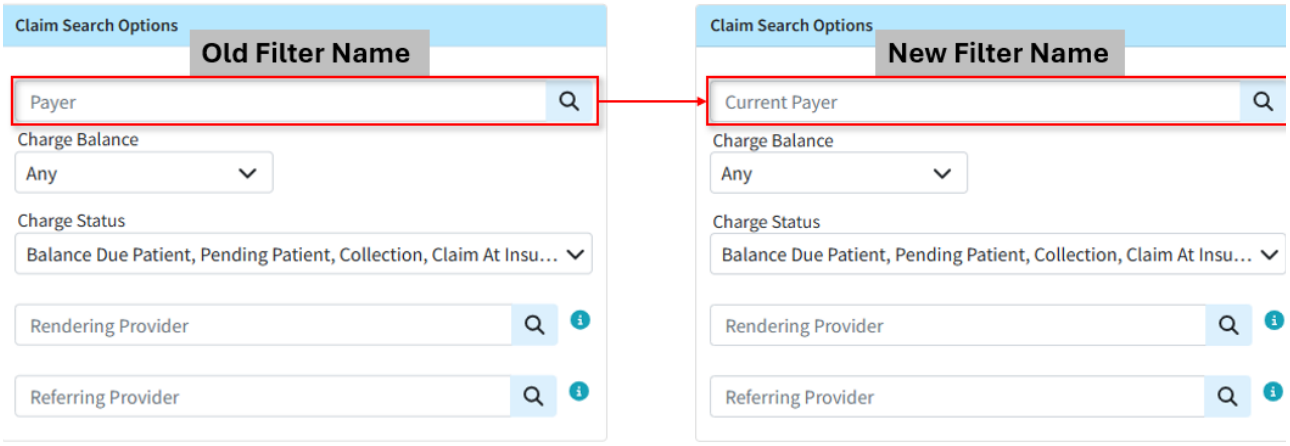
Knowledge base articles

- Enhanced Auditing (Show History)

Enhancements

A/R Control Payer Filter Renamed

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



Knowledge base articles

- Search for Patient Balances

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 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

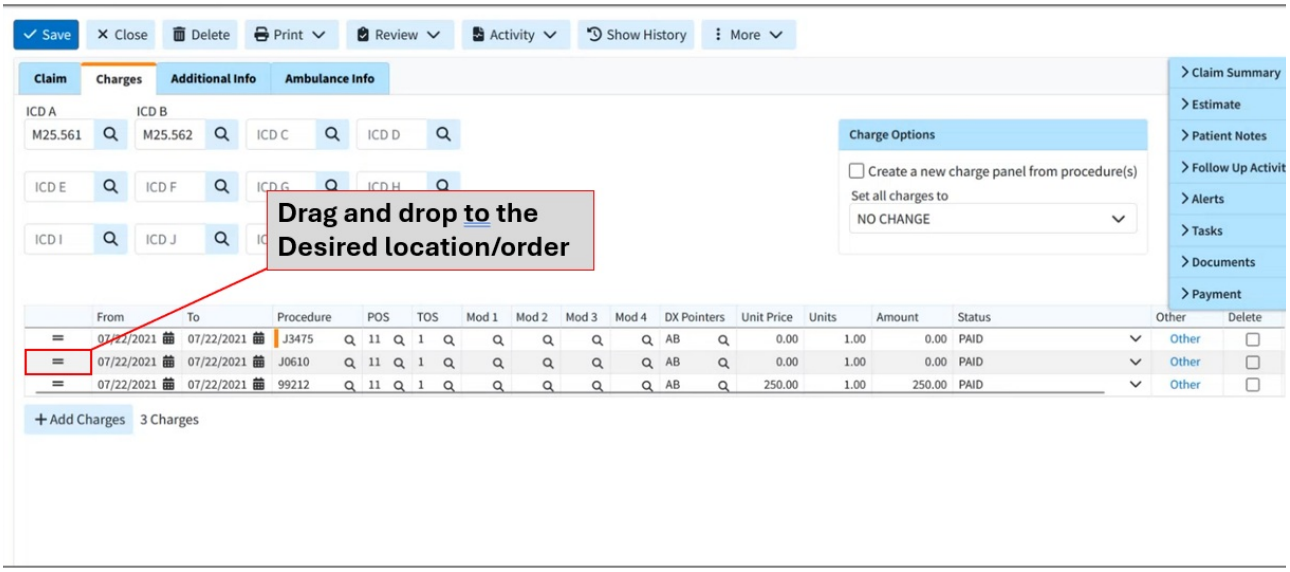
Enhancements

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 fo payers with specific requirements, even between primary and secondary payers. With this new drag-and-drop option, it's never been easier to change the order of charges on claims.



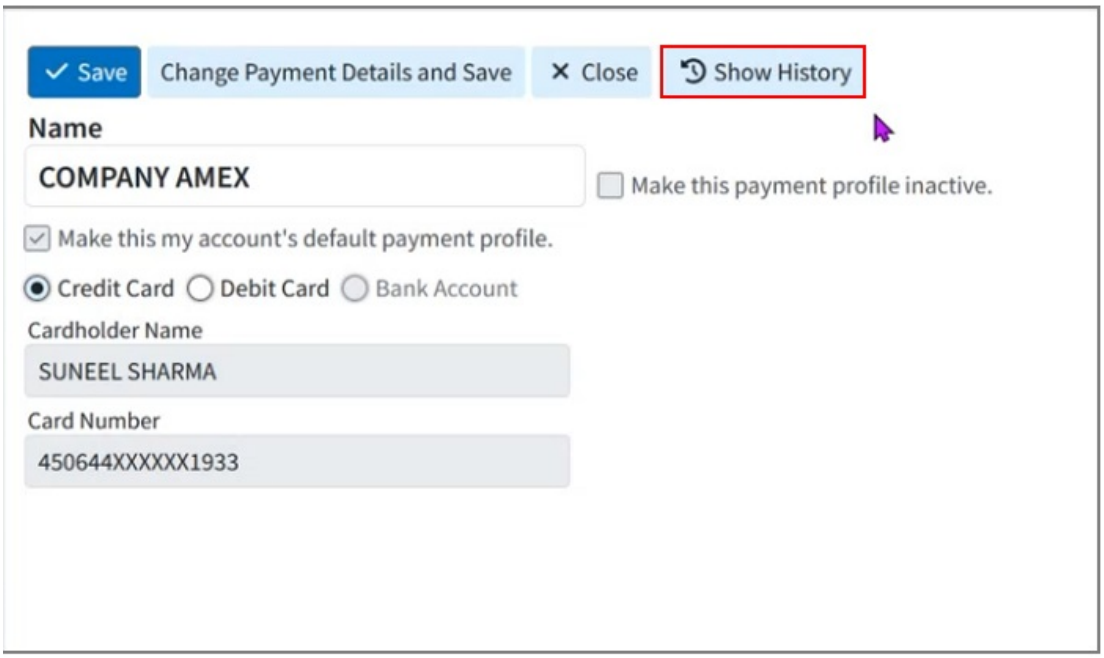
Knowledge base articles

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

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

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

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



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

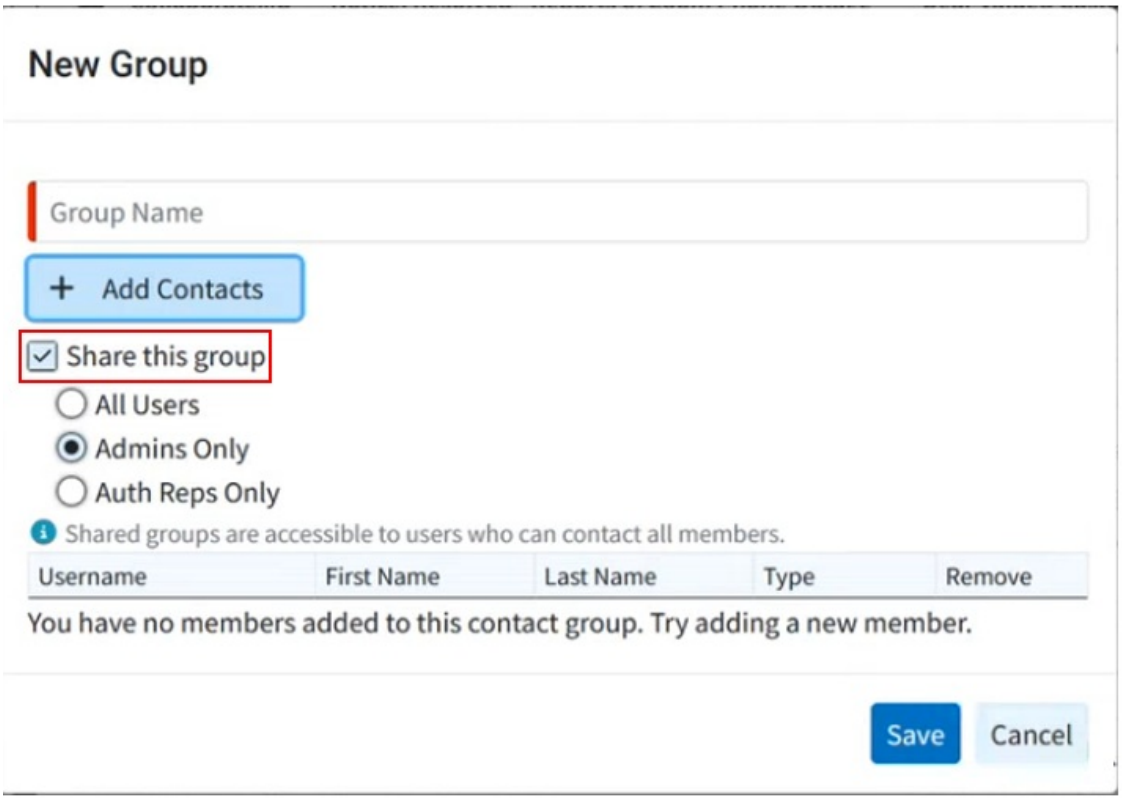
Knowledge base articles

- Enhanced Auditing (Show History)

Enhancements

New Shared Contact Groups

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



Knowledge base articles

- Create a Shared Contact Group

Resolutions

Text not highlighted within tables when a field was selected

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

Release 15.7.0 - April 14, 2025

New features | Enhancements | Resolutions

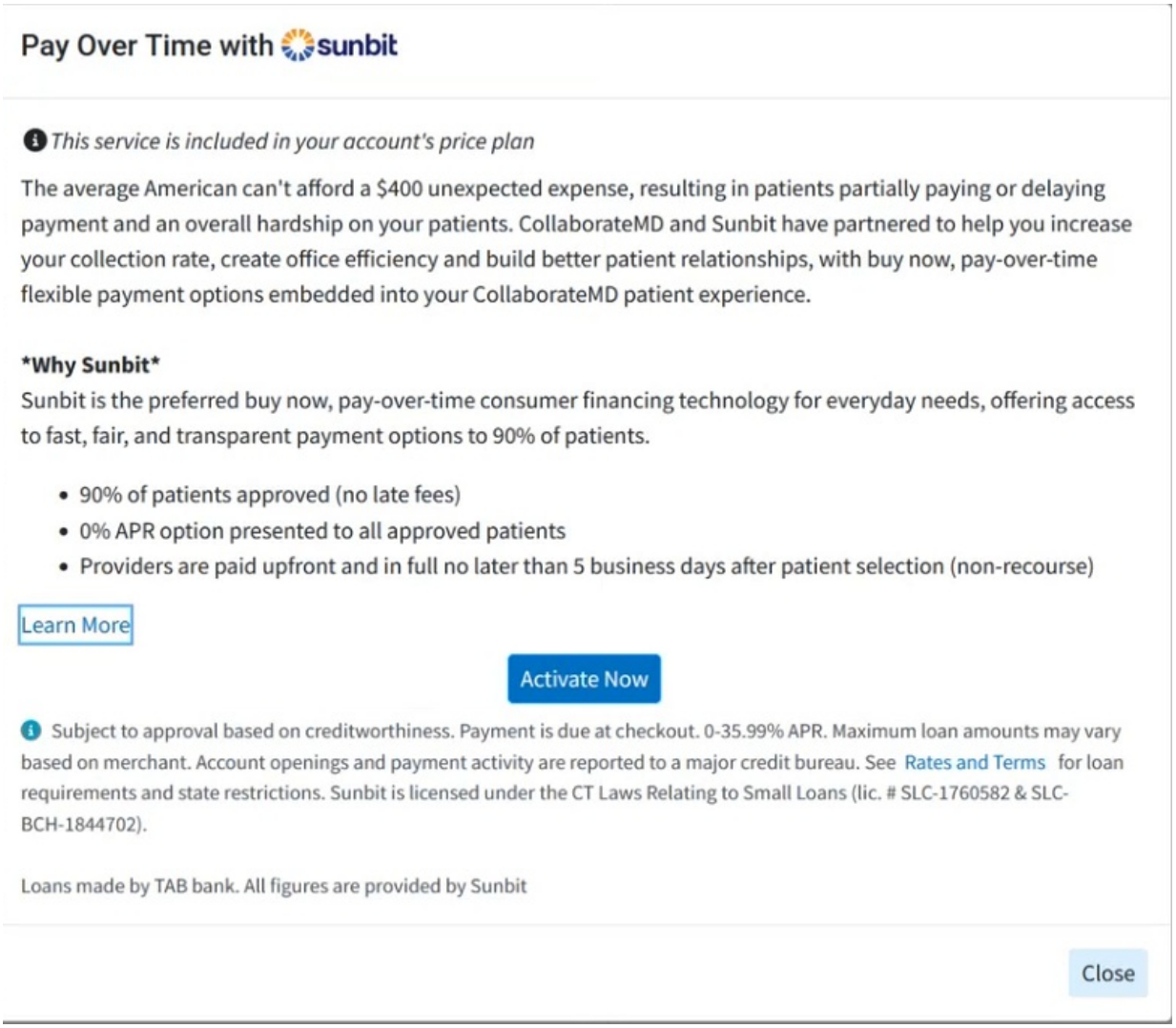
New features

New Pay Over Time with Sunbit feature integration

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

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

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



Knowledge base articles

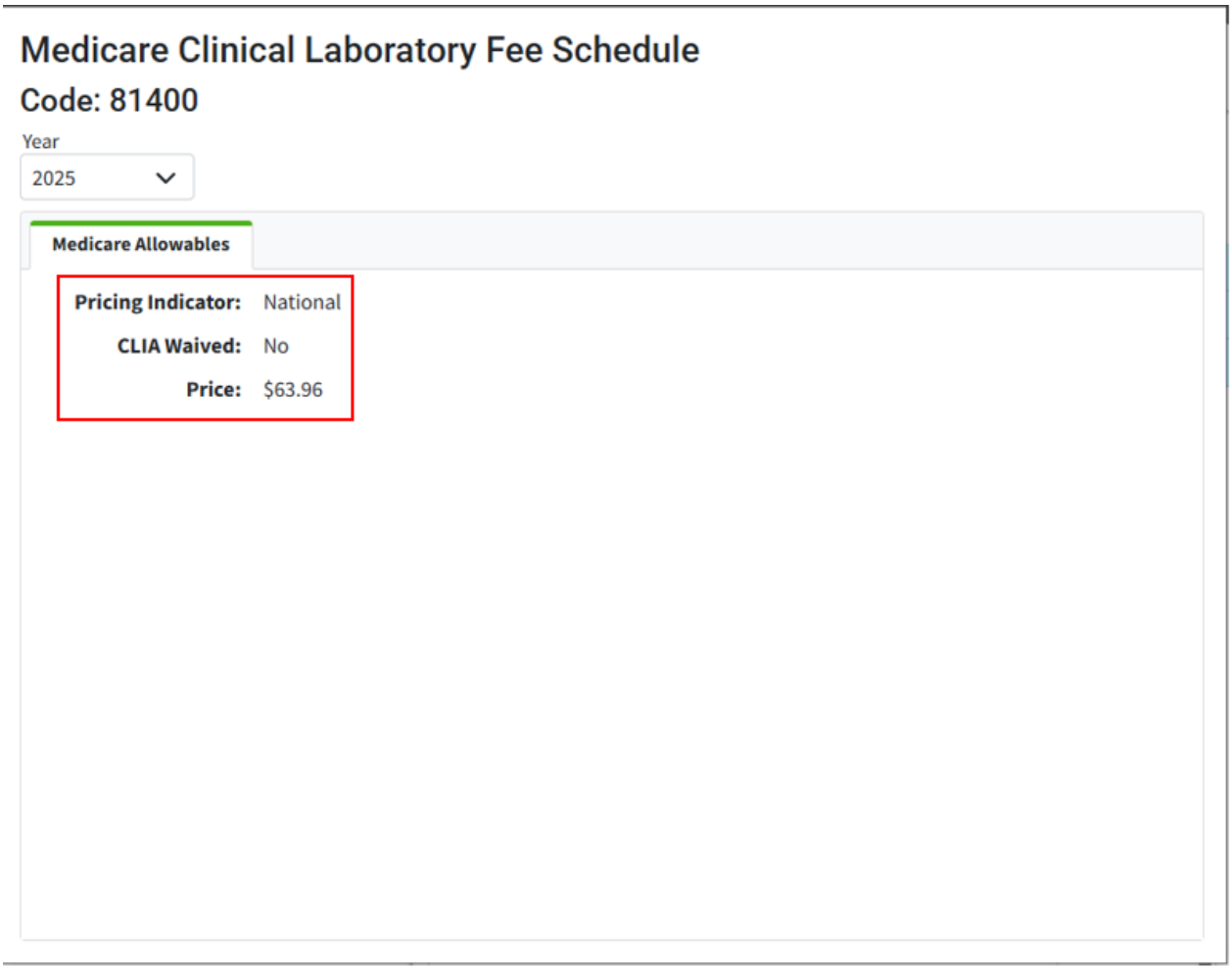
- Pay Over Time with Sunbit
- Manage Pay Over Time with Sunbit
- Create a Payment Plan with Sunbit
- Refund a Sunbit (Pay Over Time) Patient Payment

- Merchant Payments Report
- Manage your Patient Payment Portal

New Clinical Laboratory Fee Schedule

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

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

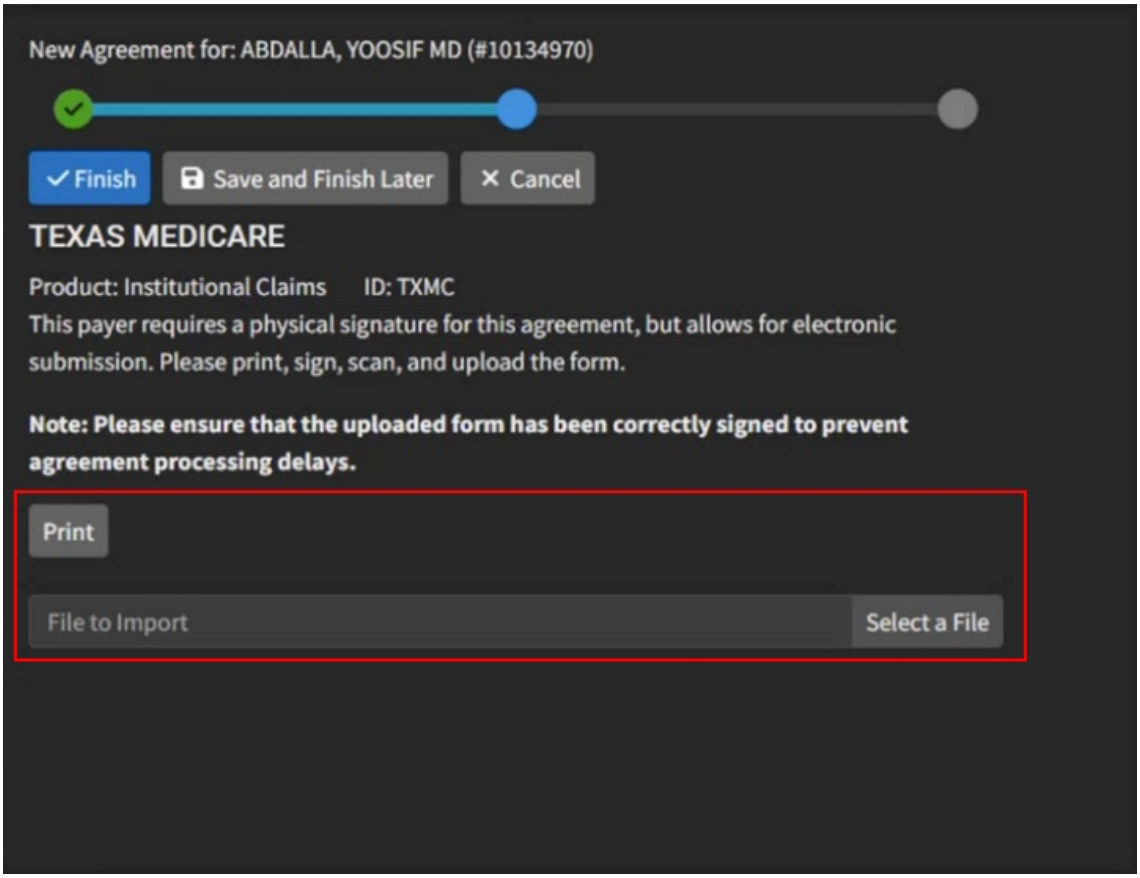


Knowledge base articles

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

New Payer Agreement Signature option

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



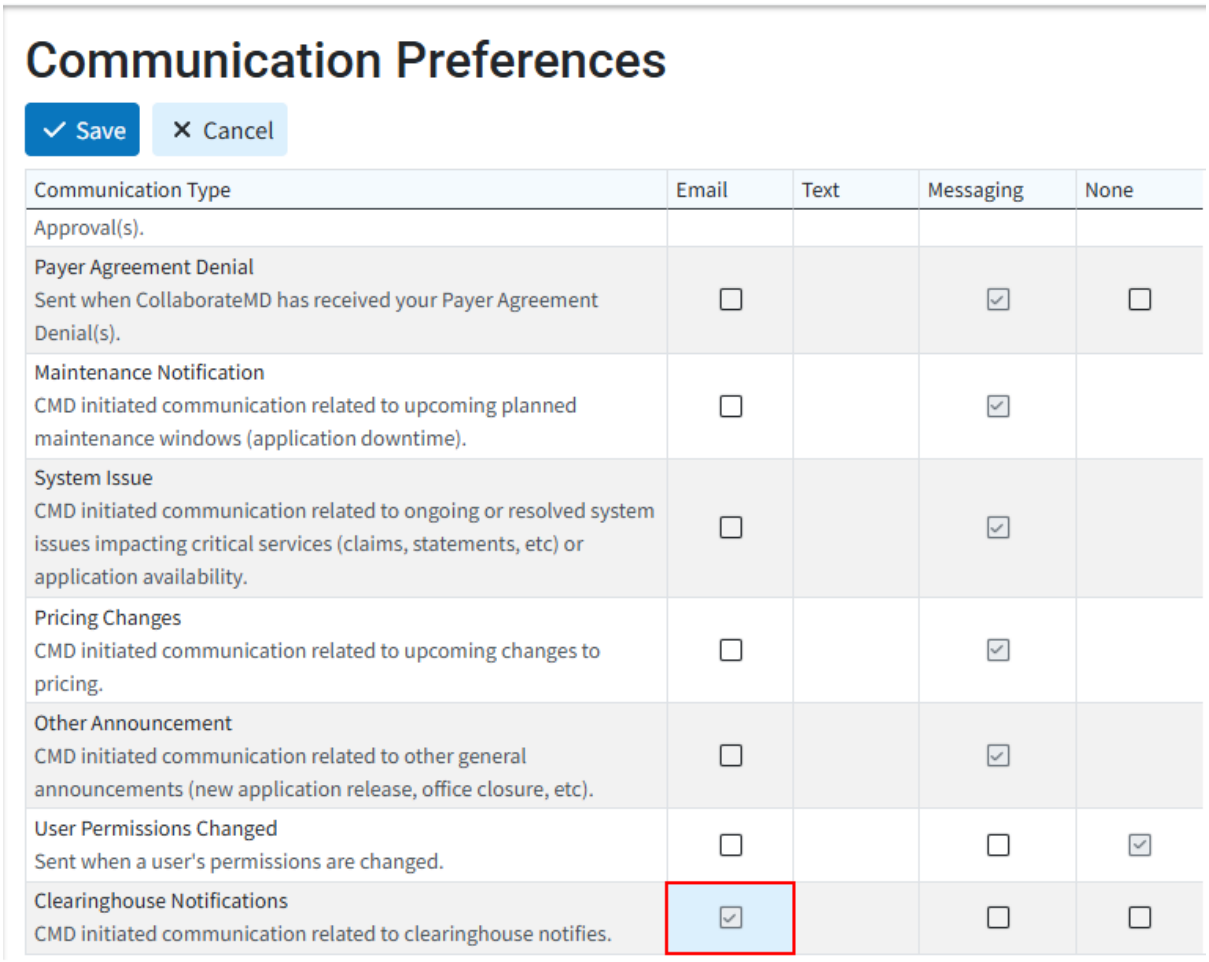
Knowledge base articles

- New ePS Payer Agreement

Enhancements

New Option to allow sending Clearinghouse Notifications via email

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

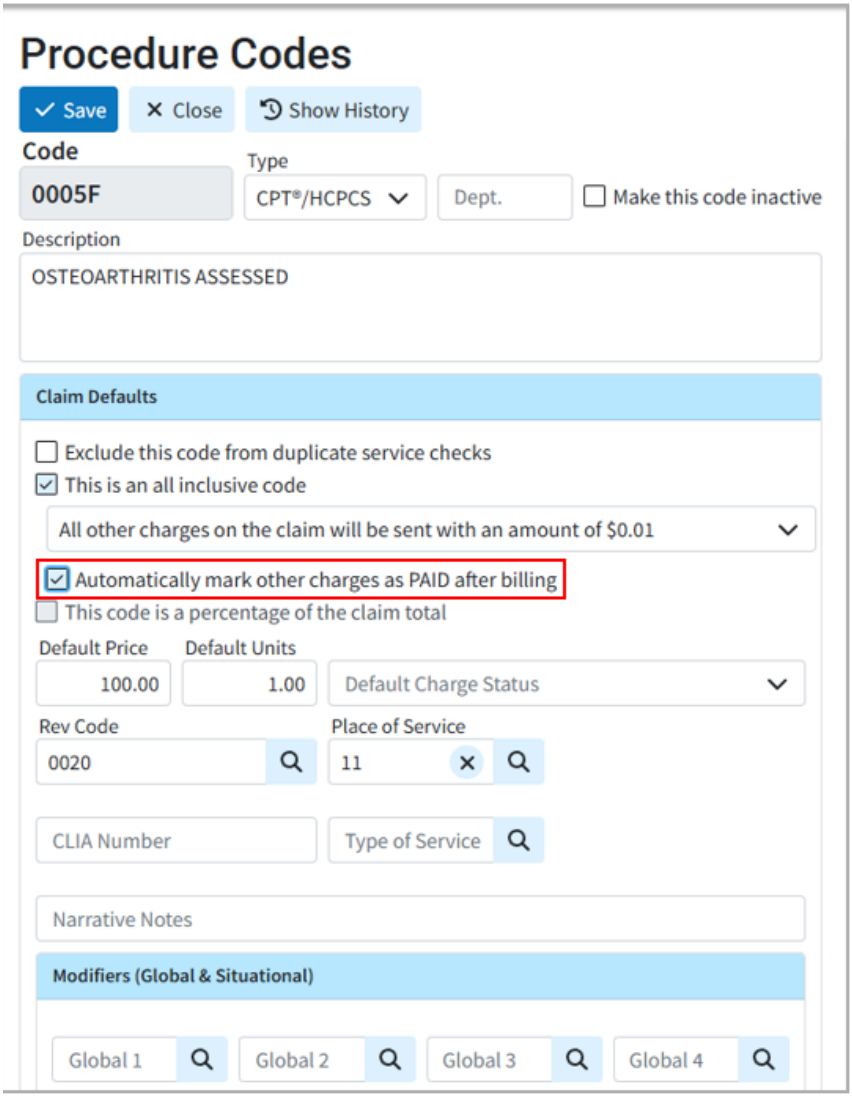


Knowledge base articles

- 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, delet or mark these charges as paid, which created extra work. In this release, we introduced a new option on th 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 automaticall mark the other charges as paid after billing, which will set all other charges to PAID rather than AT NSURANCE when claims are submitted.

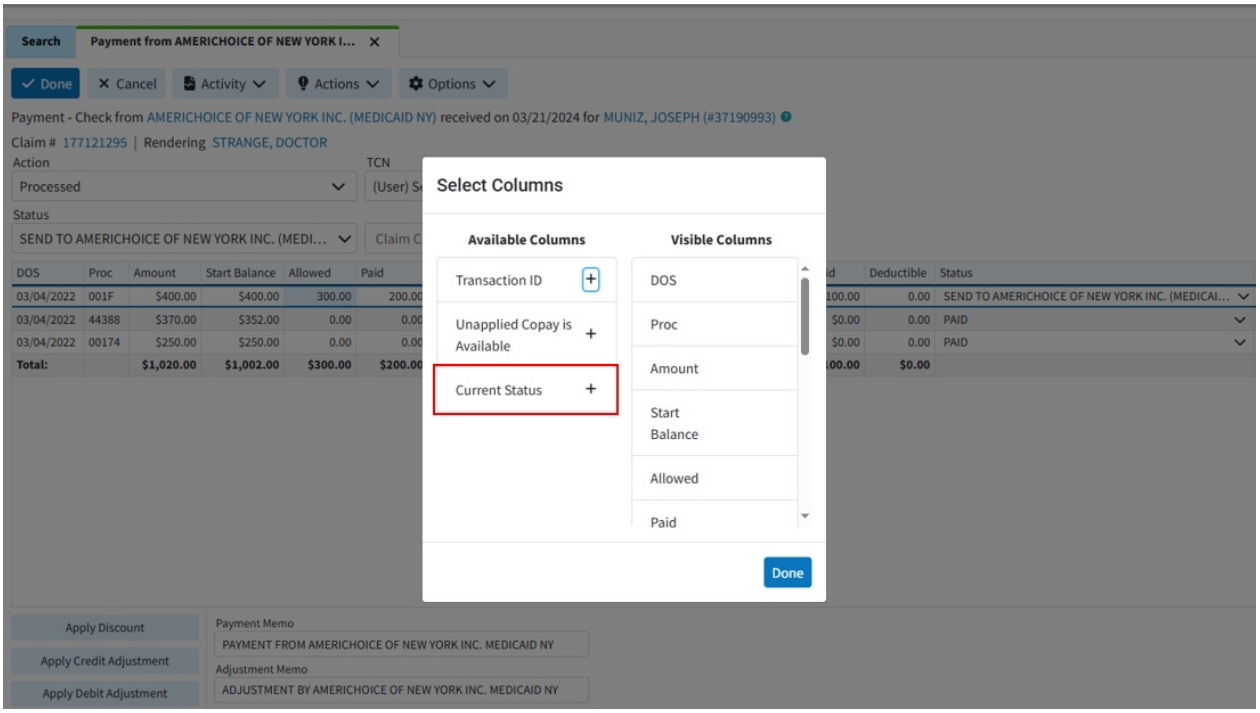


Knowledge base articles

- Add CPT/HCPCS Codes

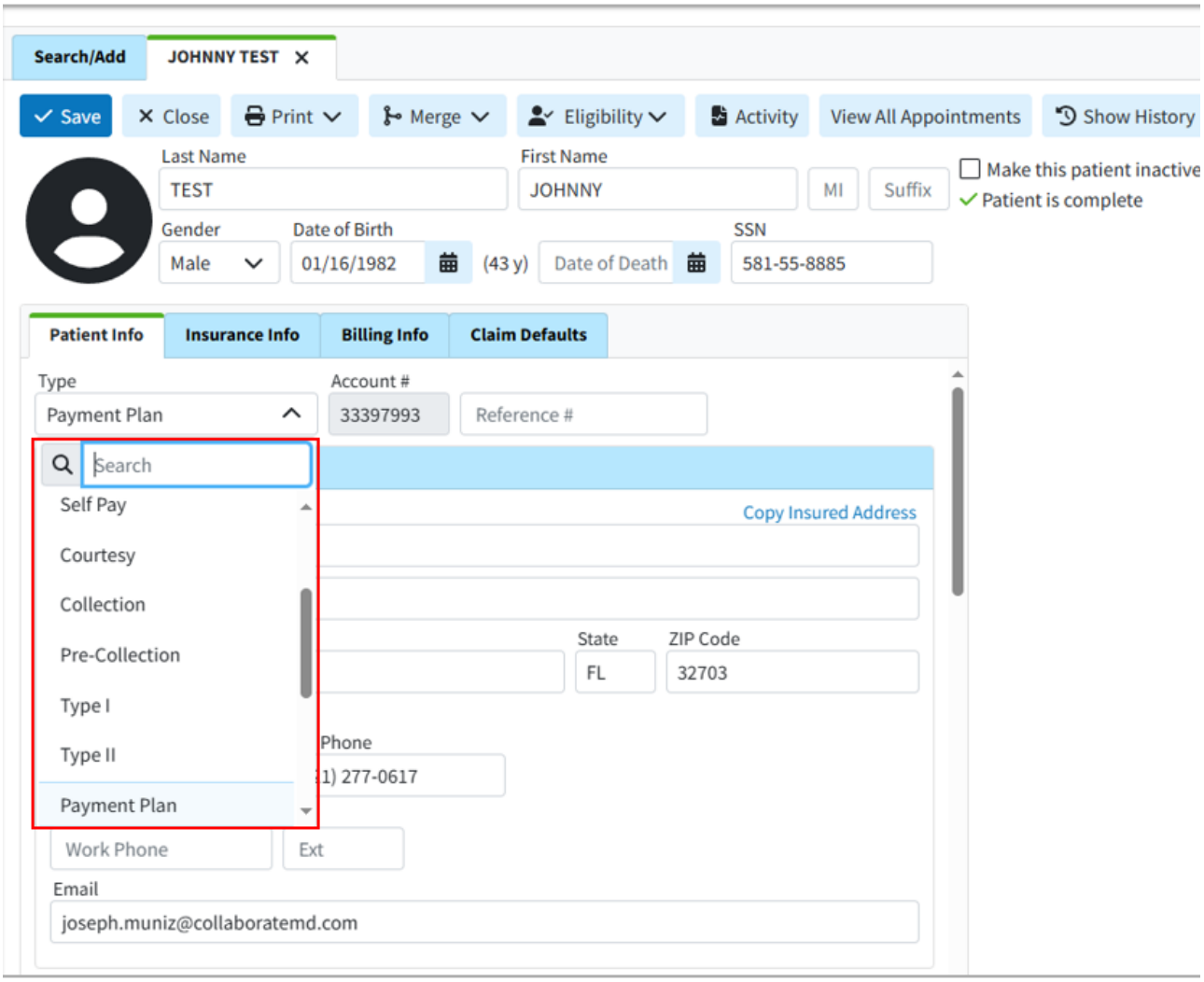
New "Current Status" column on EOB/ERA

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



New Search option when searching in specific dropdown select fields

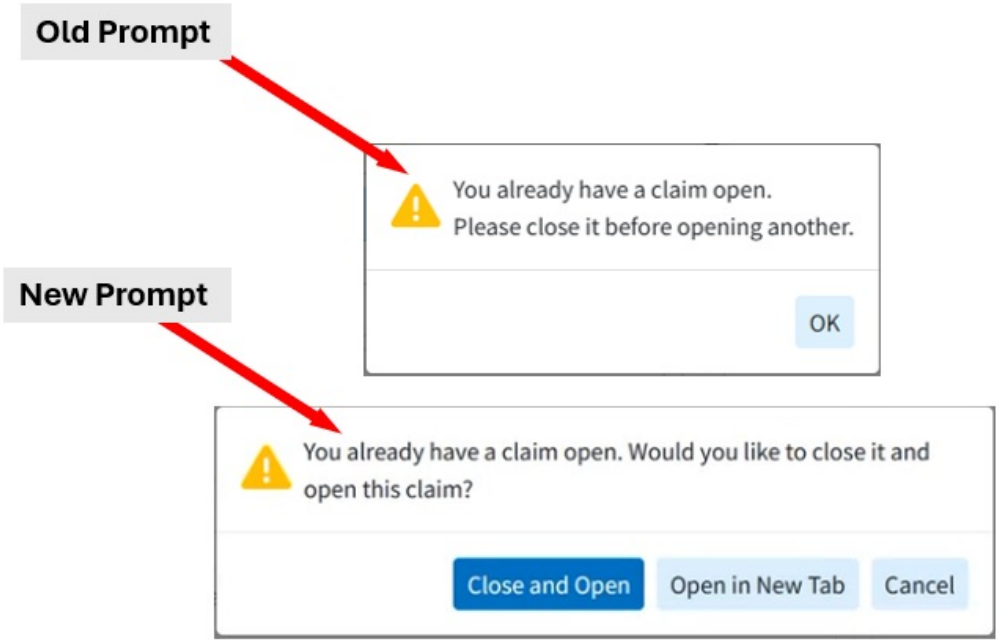
We added the ability to search and filter dropdowns with a visual confirmation when typing or searching in the Charge Status, Account Type, and Eligibility Service Type dropdown fields so users can see when they search for dropdown items.



Resolutions

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

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



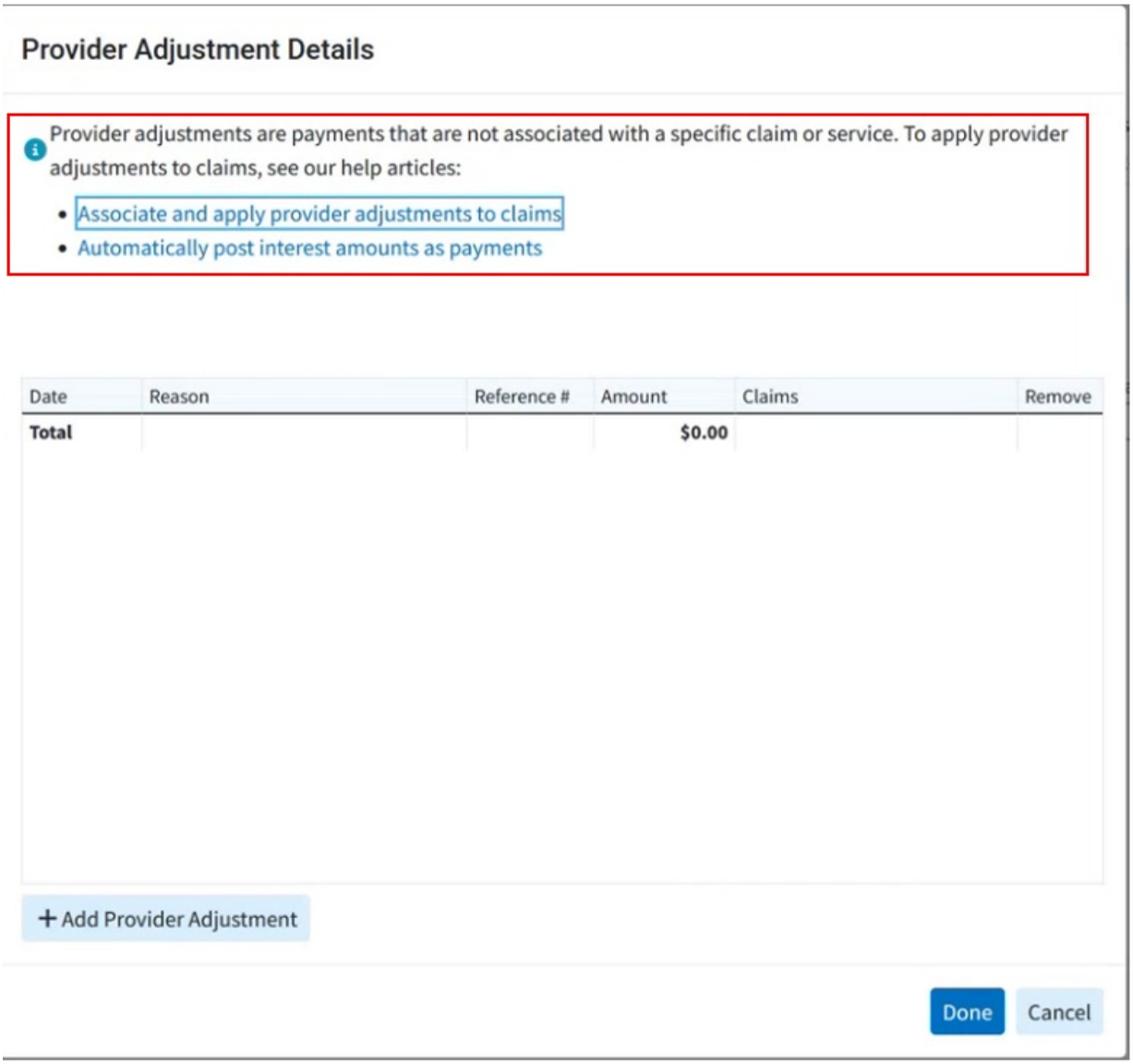
Release 15.6.0 - March 31, 2025

Enhancements

Enhancements

Provider Adjustments Details screen update

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

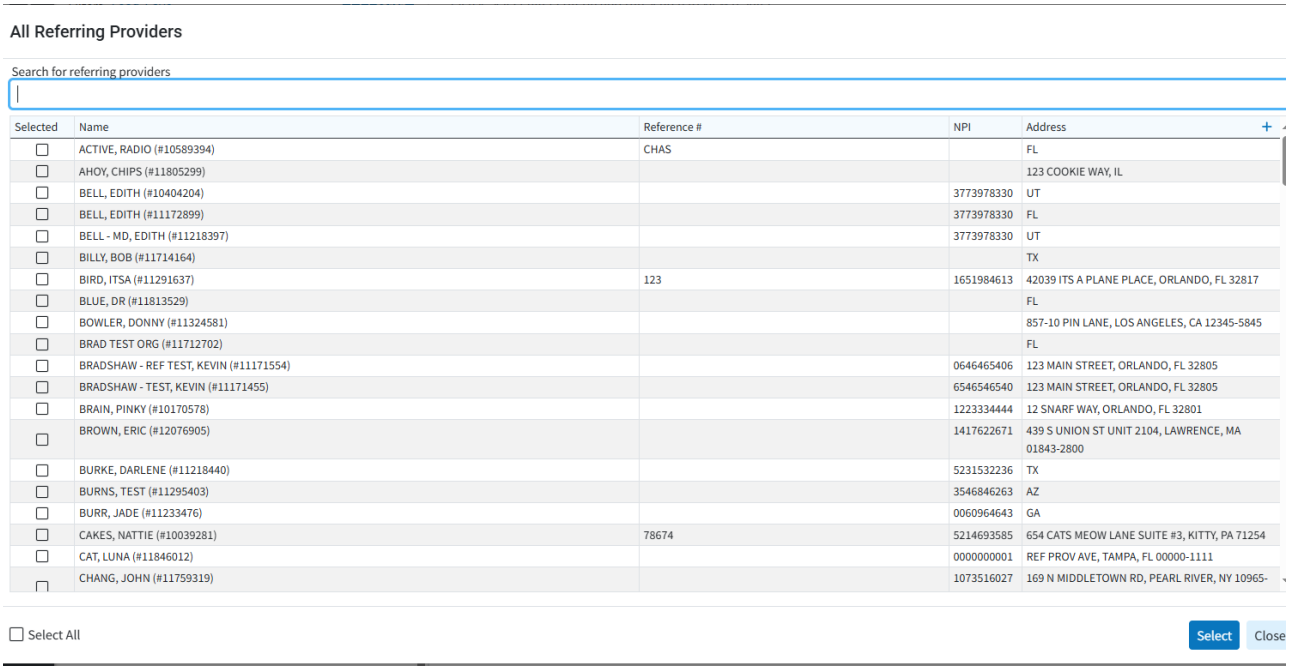


Knowledge base articles

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

Referring Provider filter updated in multiple locations

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



Release 15.5.0 - March 17, 2025

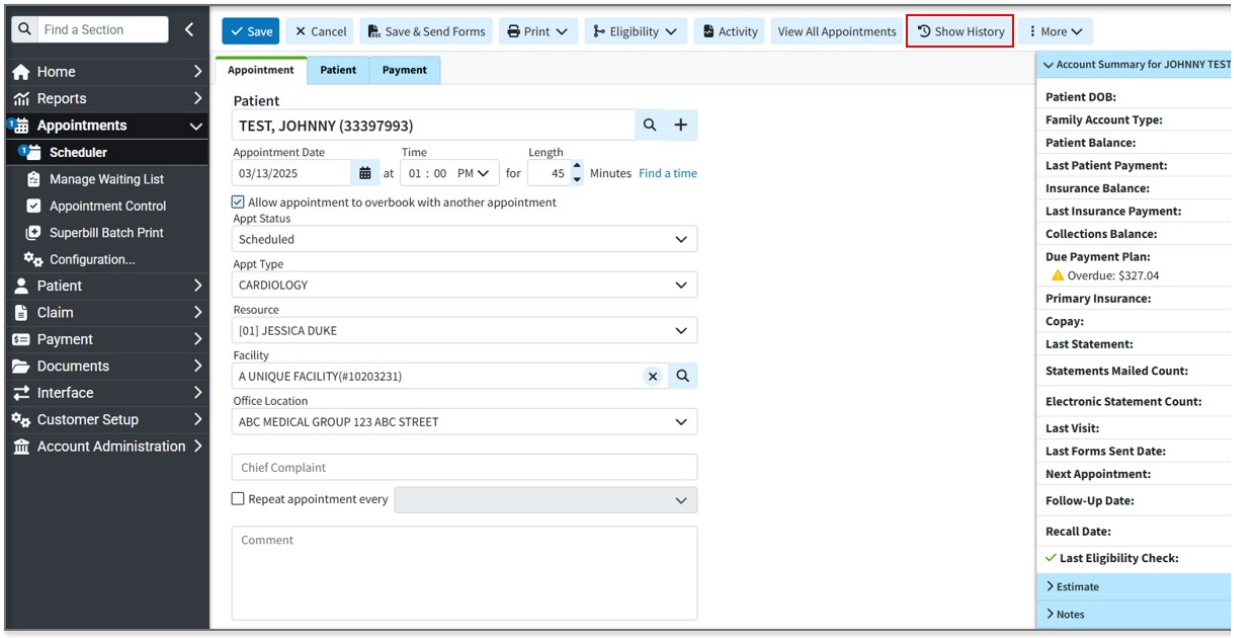
New Features and Updates

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 lis 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 providin an auditing table with all updates or changes made to a record, including the user, date and time, and the record changed.



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

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

Release 15.4.0 - March 3, 2025

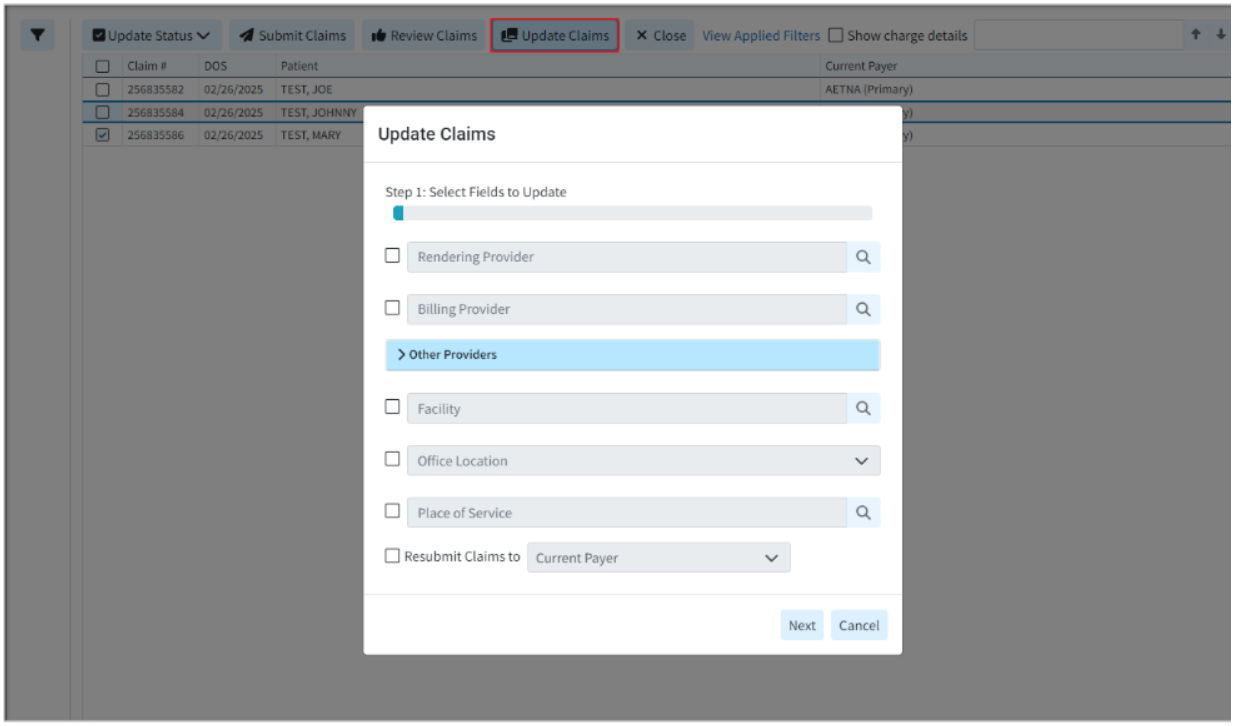
New Features and Updates

General

Claims

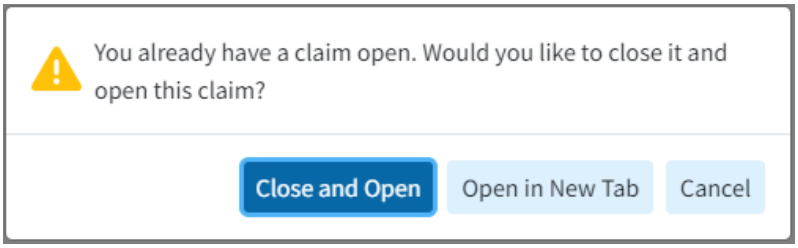
- **New Mass Claim Updates Feature:** CollaborateMD has always provided powerful tools for working with individual claims, but the platform's ability to make changes to multiple claims at once was limited. With this release, users no longer have to open each claim individually when correcting minor mistakes,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

the Office Location, or the Place of Service by simply selecting the claim(s) and choosing the Update Claims option.



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

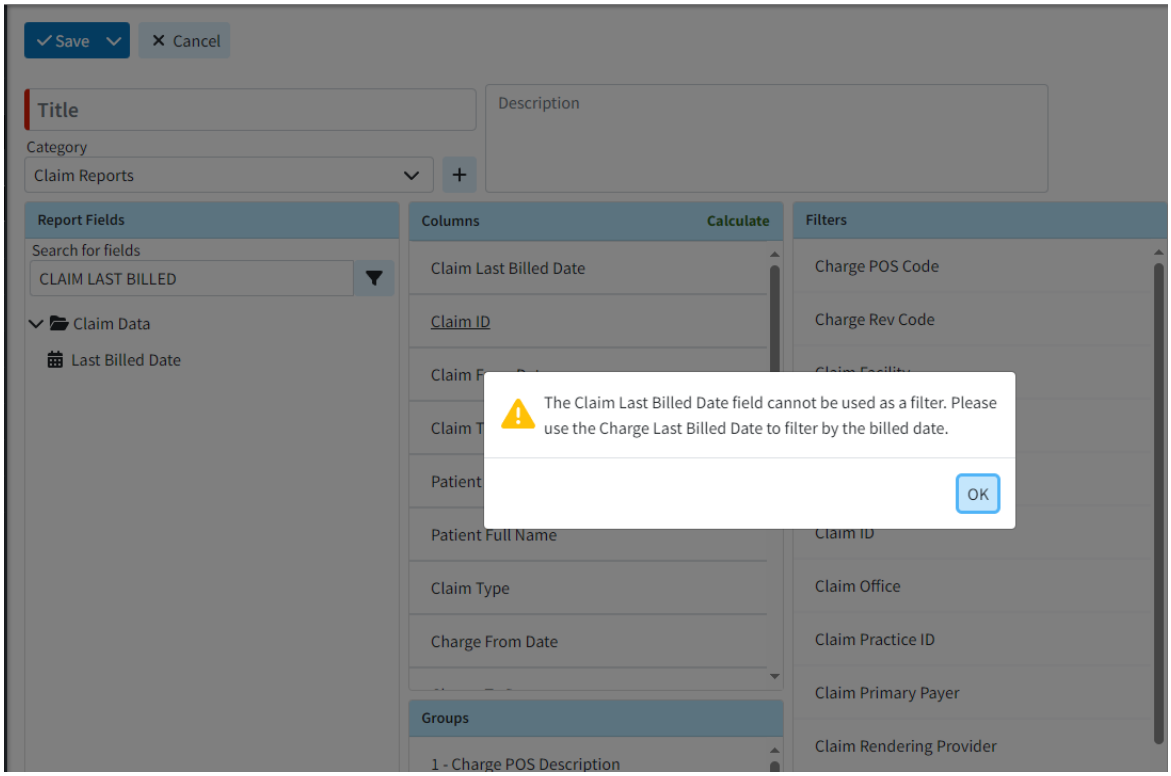
- **Alternate Option To Open A Claim In a Separate Tab When Another Claim Is Already Open**:We have introduced a new dialog box option that appears when a user attempts to open a claim from any section within the CMD while a claim is already open. This feature will now provide the user with the following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

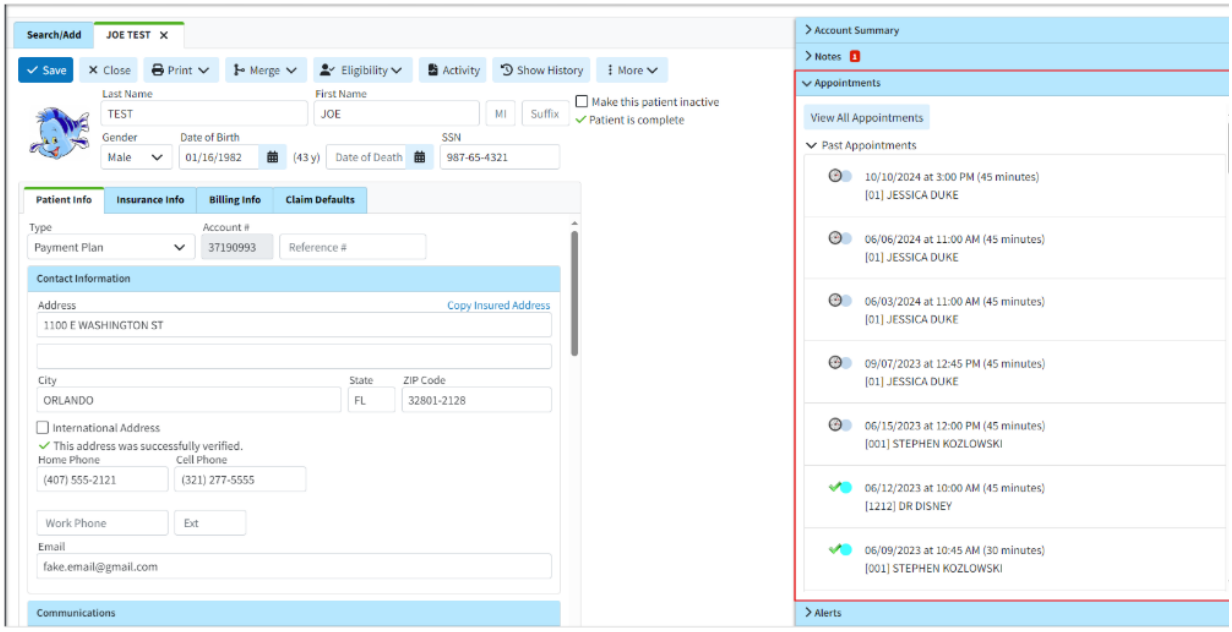
- **Update to the Report Builder to Prevent the "Claim Last Billed Date" Field from Being Added as a Filter:** Updated the Report Builder to prevent adding the "Claim Last Billed Date" report field as a

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 results is much faster, and can potentially be improved further via an index.



Patient

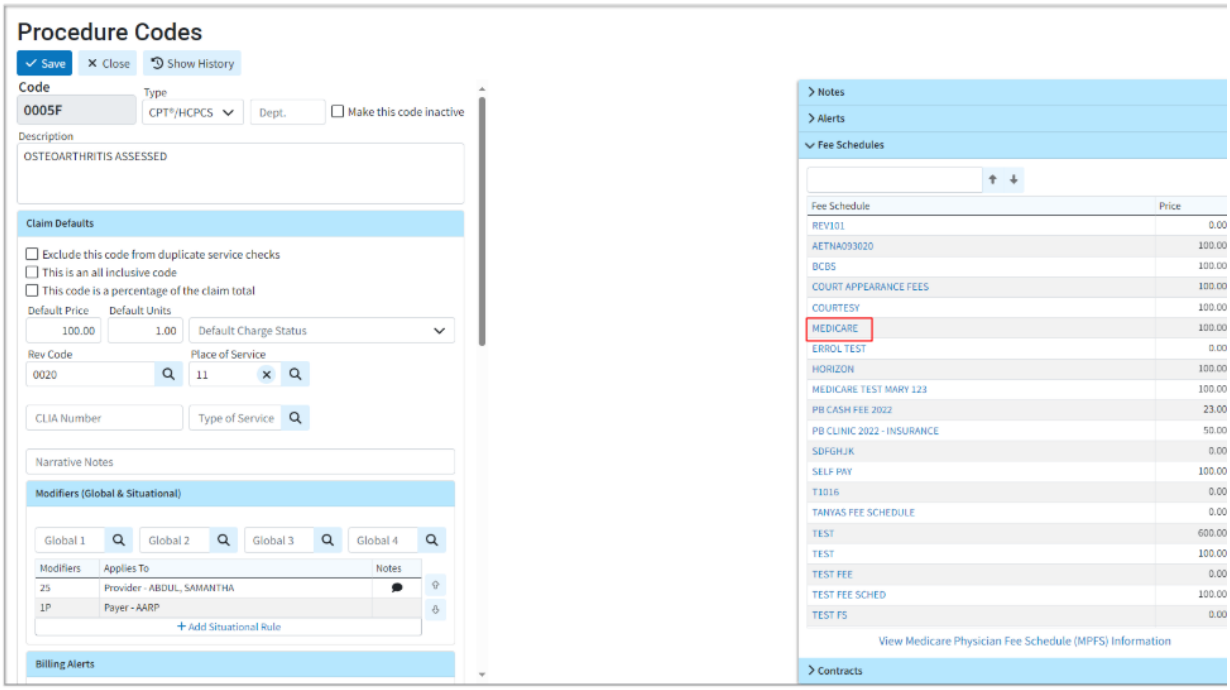
- **New Appointment View Option From The Patient Section:**Previously, the "View All Appointments" button directed users to the Appointment section to view a patient's appointment details, requiring them to leave the current section even if they only needed the dates of past appointments. In this release, 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.



For more information on our new Appointments dropdown, please visit our[View Appointments From Patient Section Help Articles](#).

Customer Setup

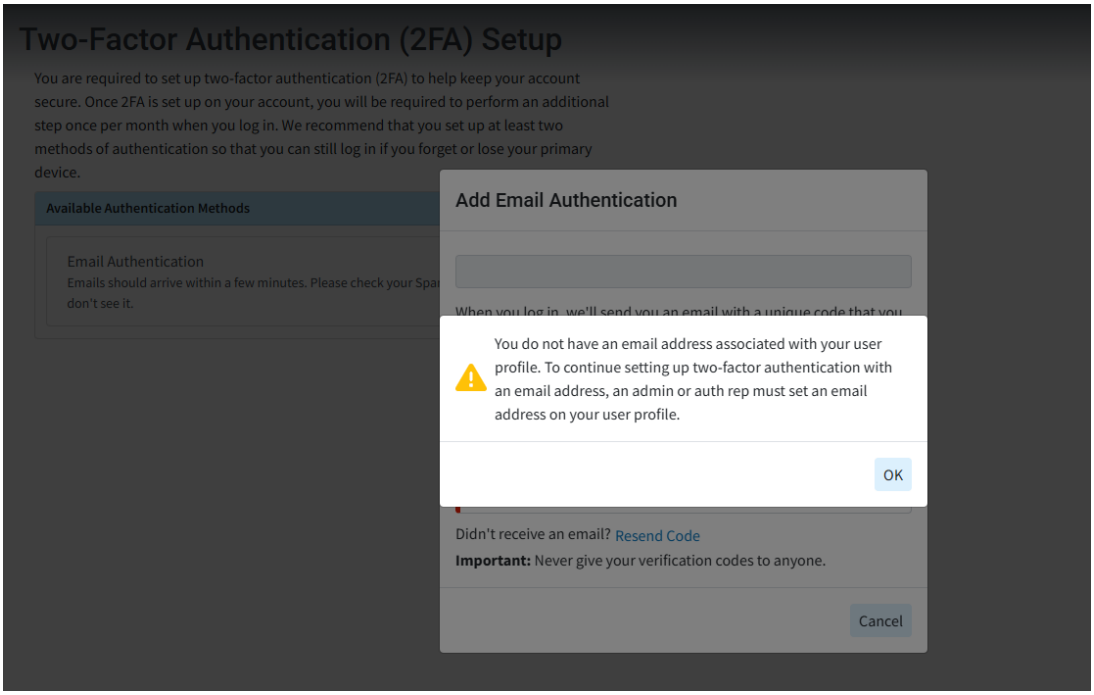
- **New Option to Open Contracts and Fee Schedules From Procedure & Revenue Codes Section:** We added the ability for users to open contracts and fee schedules directly from the Procedure and Revenue Codes sections. This new functionality enables users to click on the Fee Schedule/Contract Name (which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



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

Jser Profile

- **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 profil you will receive a warning.



Release 15.3.0 - February 18, 2025

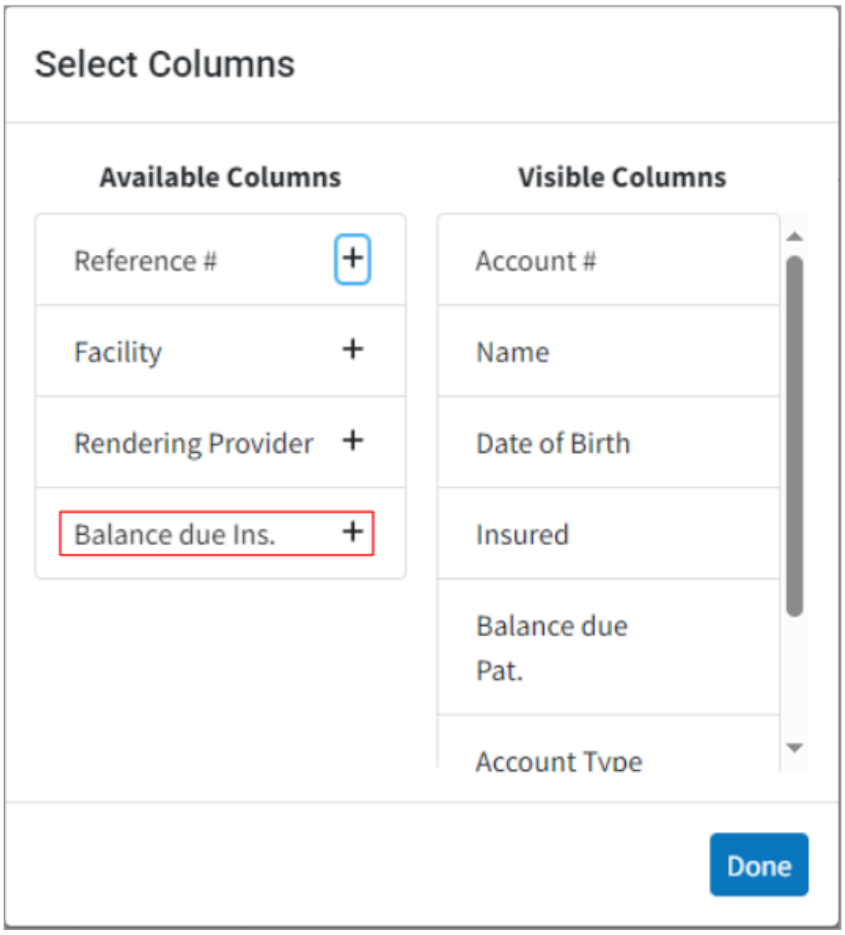
New Features and Updates

General

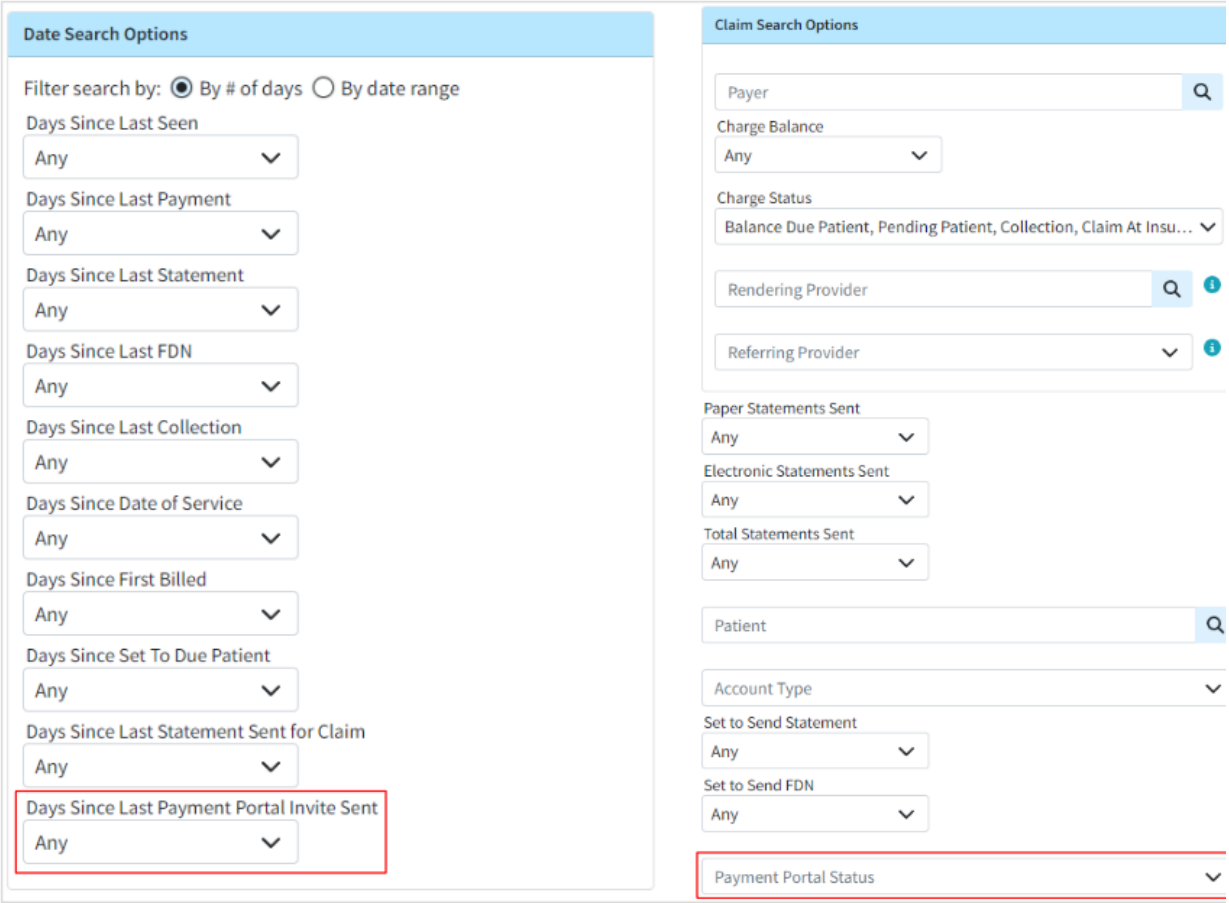
Patient

- **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.



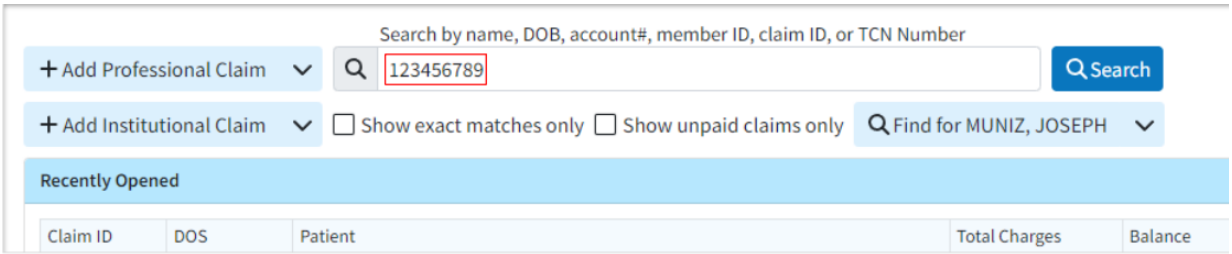
- **New A/R Control Filters Related To Payment Portal Invites:** We recently added an option to Send Payment Portal Invites as a batch action from Patient A/R Control. In this release, we added new filters within A/R Control to determine whether or not a patient has enrolled with the payment porta Customers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

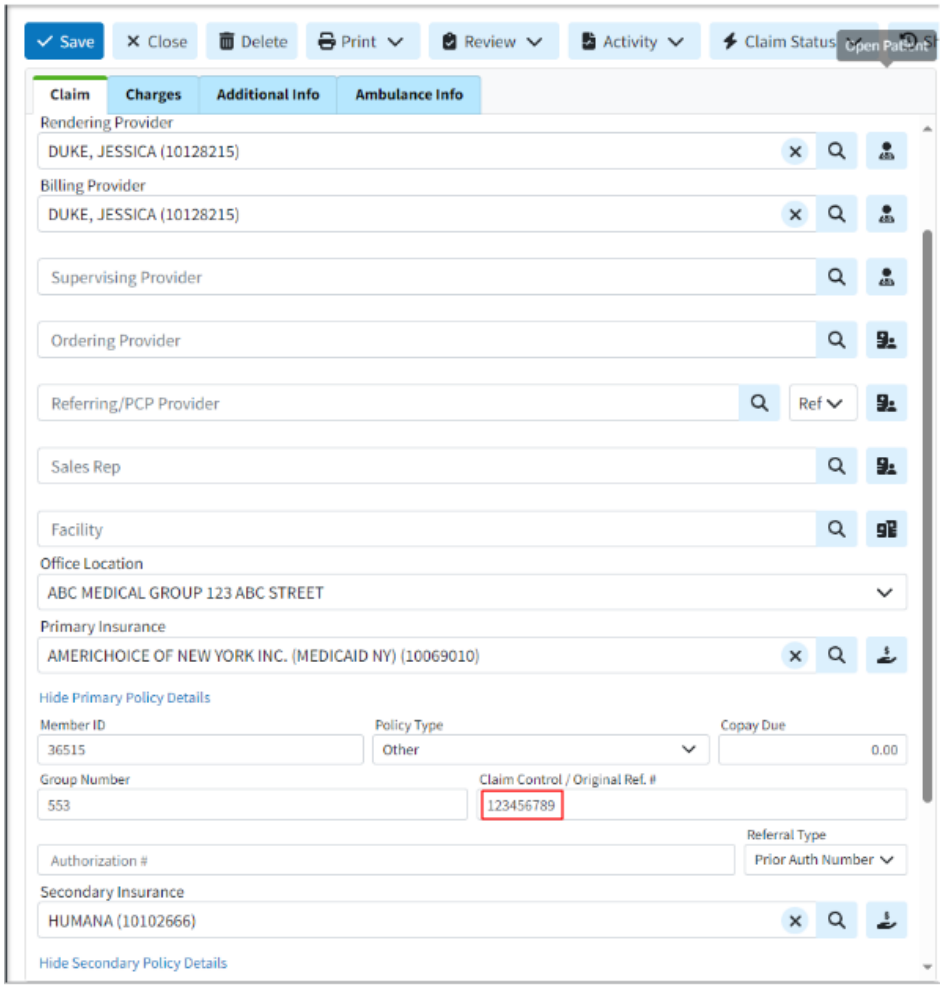


For more information on determining if patients have enrolled in the payment portal, please visit our Search For Patient Balances Help Article.

Claim

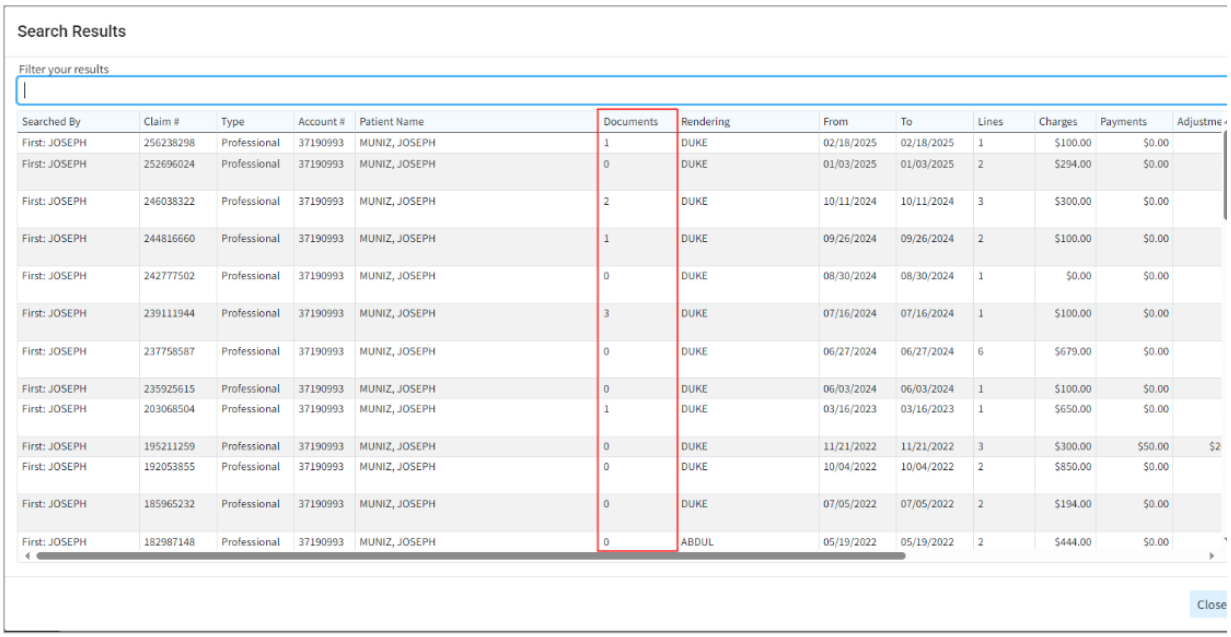
- **Updated the Claim Search Capability:** When users receive communication from the payer about a claim, it often includes the payer's claim number: the ICN (Internal Control Number), Claim Control Number, or Original Reference #. These numbers are automatically populated on the claim after the ERA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





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

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



Payment

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

Receipt

Receipt # 10002247

CMD FAMILY PRACTICE - WEST

PO BOX 555, ORLANDO, FL 32488-1111

https://www.bestdoctorever.com • (321) 251-7915

Payment Refund

-$12.50

Patient: MCCLOUD, FOX

Account: 25017512

Check received on 02/12/2025

Thank you for your payment.

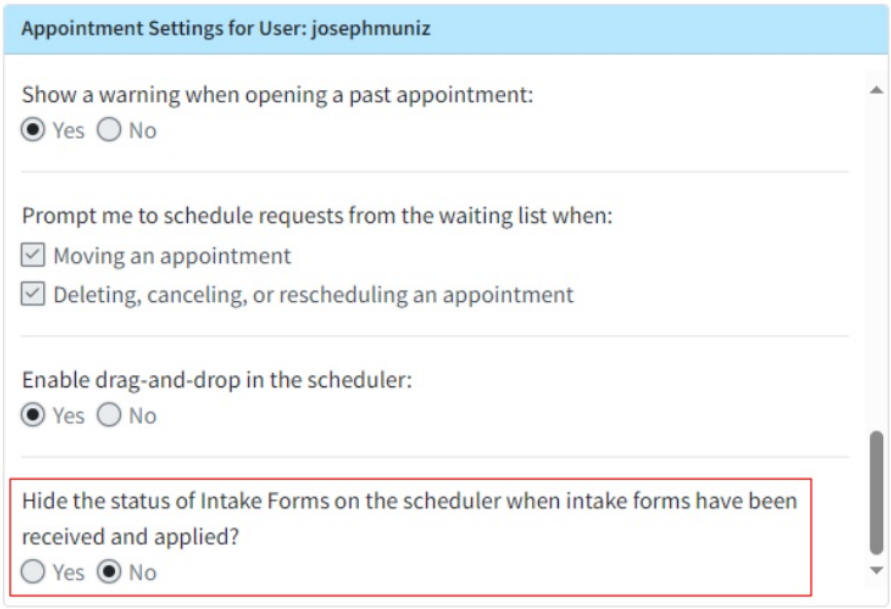
Release 15.2.0 - February 4, 2025

New Features and Updates

General

Appointments

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

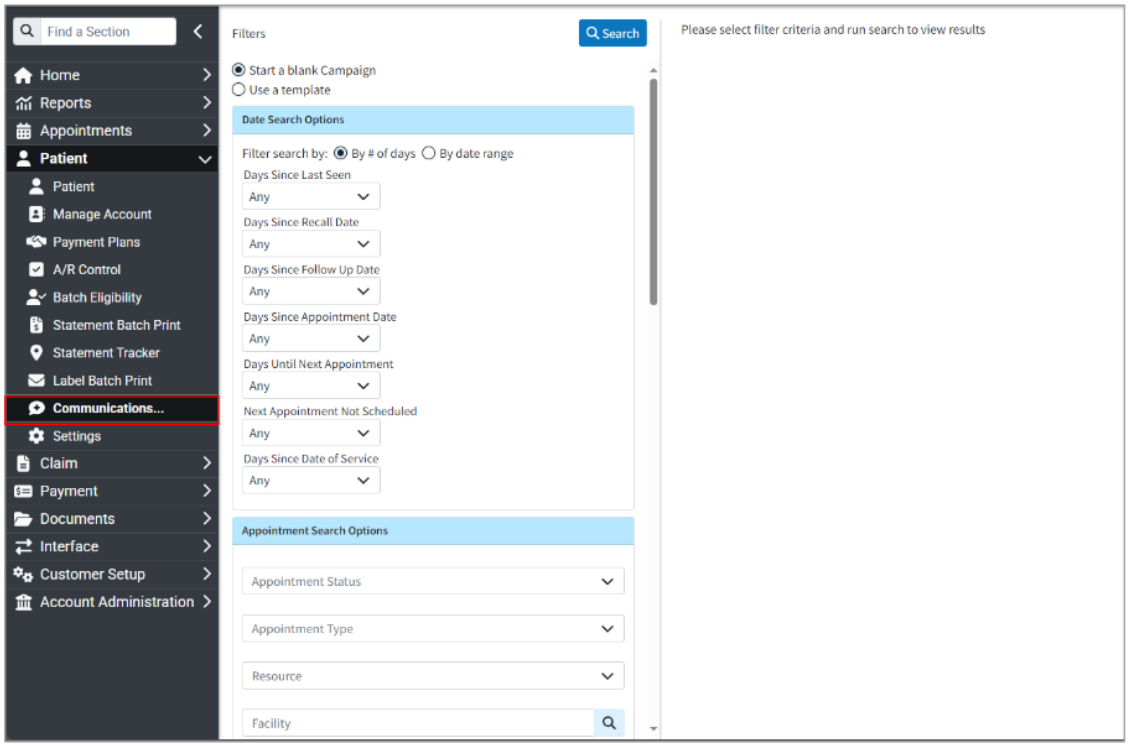


Visit our Configure User Appointment Settings Help Articles for more information on how to turn on this setting.

Patient

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

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



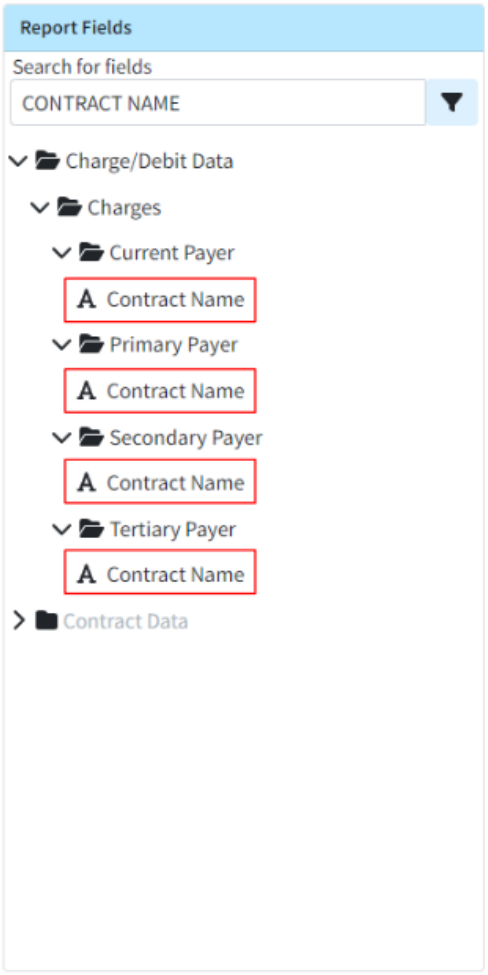
For more information on using our new Patient Broadcast Communications feature, please visit our Broadcast Communications Help Articles. For instructions on how to enable and configure the feature, visit our Manage Broadcast Communications Help Article.

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

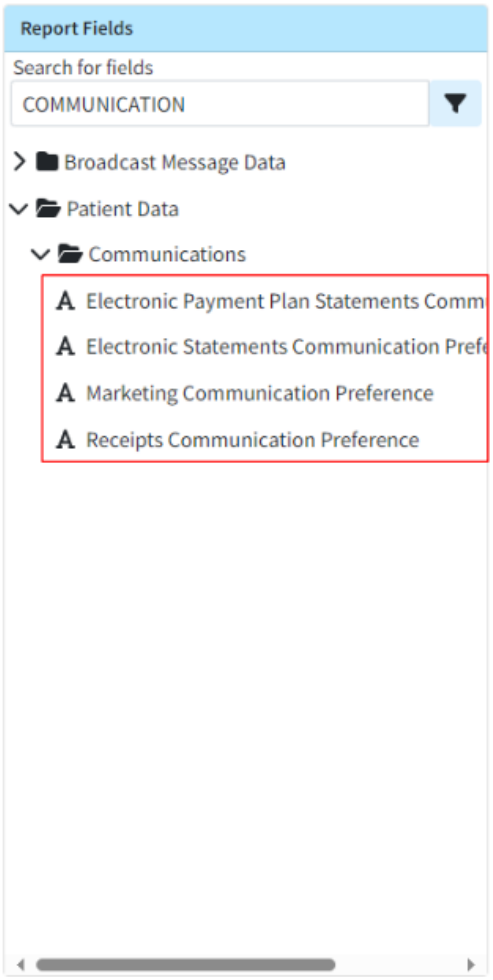
  For more information on these new filters, please visit ourSearch For Patient Balances Help Article.

Reports

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



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



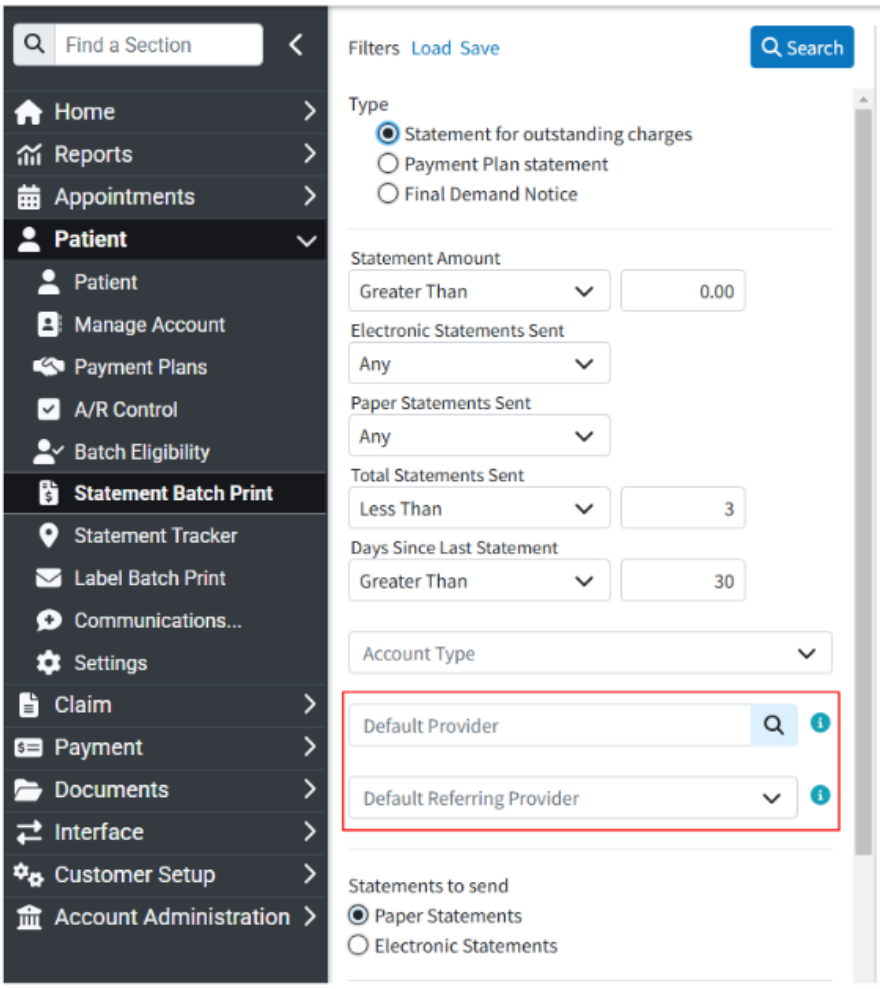
Release 15.1.0 - January 21, 2025

New Features and Updates

General

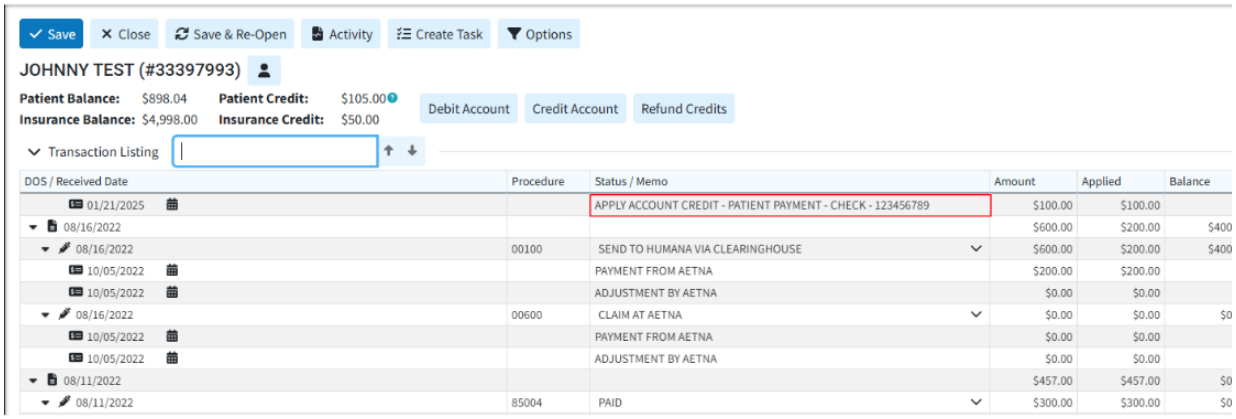
Patient

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

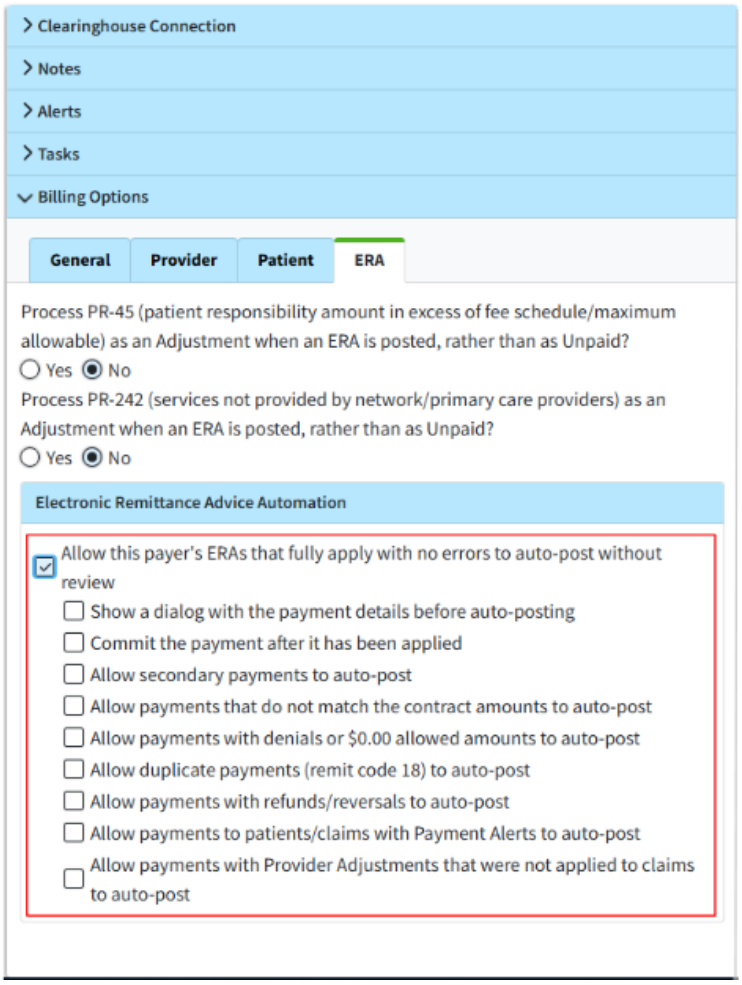


Payment

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



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



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

Release 15.0.0 - January 6, 2025

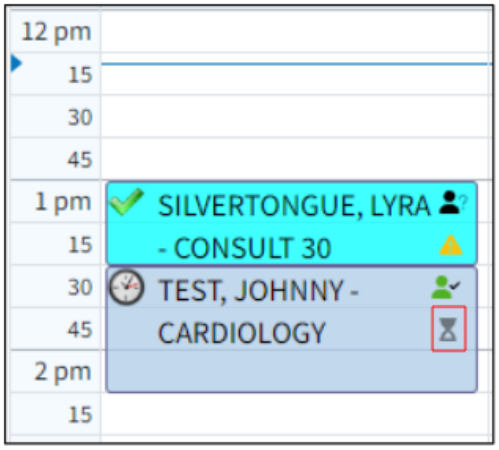
New Features and Updates

General

Appointments

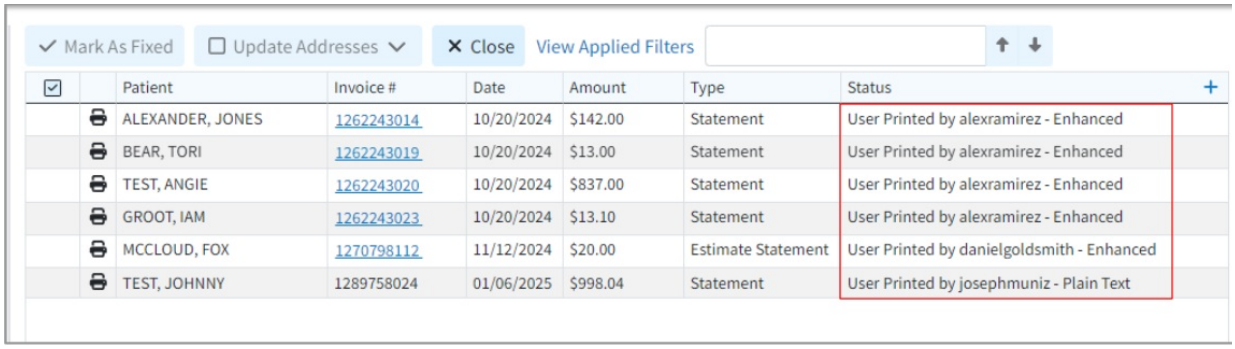
- **Added UI Improvements To The Scheduler's Eligibility & Forms Icons:** We reduced the size of the

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



Patient

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



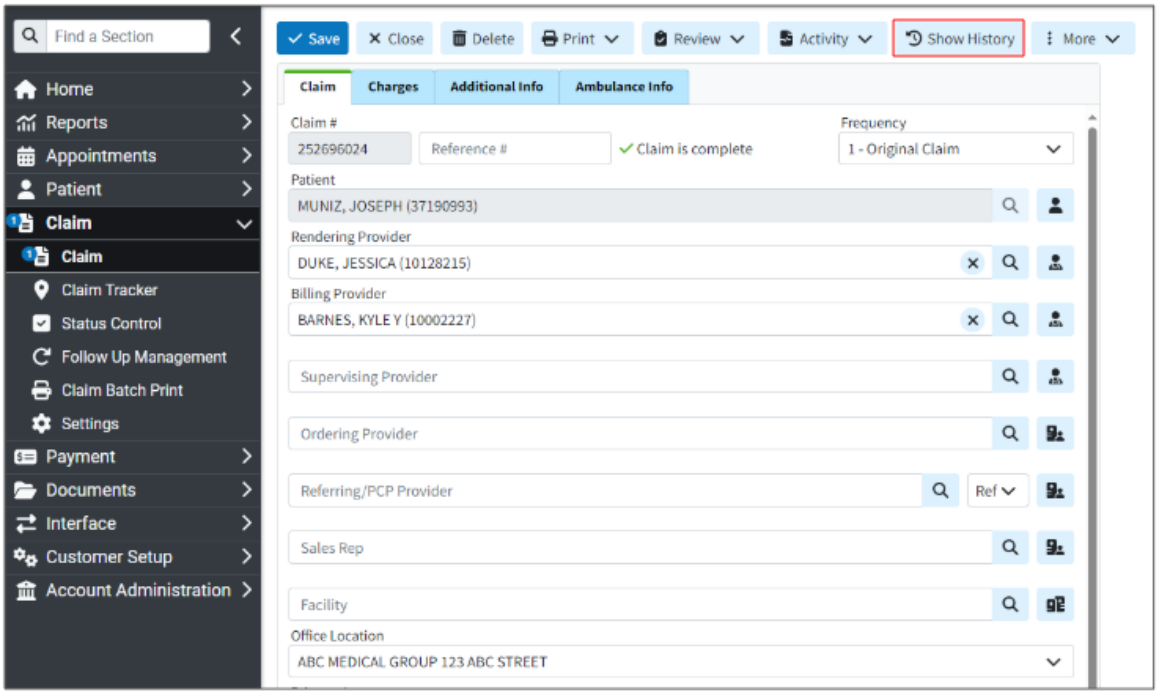
Patient	Invoice #	Date	Amount	Type	Status
ALEXANDER, JONES	1262243014	10/20/2024	$142.00	Statement	User Printed by alexramirez - Enhanced
BEAR, TORI	1262243019	10/20/2024	$13.00	Statement	User Printed by alexramirez - Enhanced
TEST, ANGIE	1262243020	10/20/2024	$837.00	Statement	User Printed by alexramirez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

Claim

- **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 change made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup and Patient sections of the application, allowing users to see a detailed list of change made to specific records throughout the application.

  In this release, we are expanding our Enhanced Auditing functionality to the Claim section enabling users to track modifications, changes, and updates made to claims within CMD for better auditing an

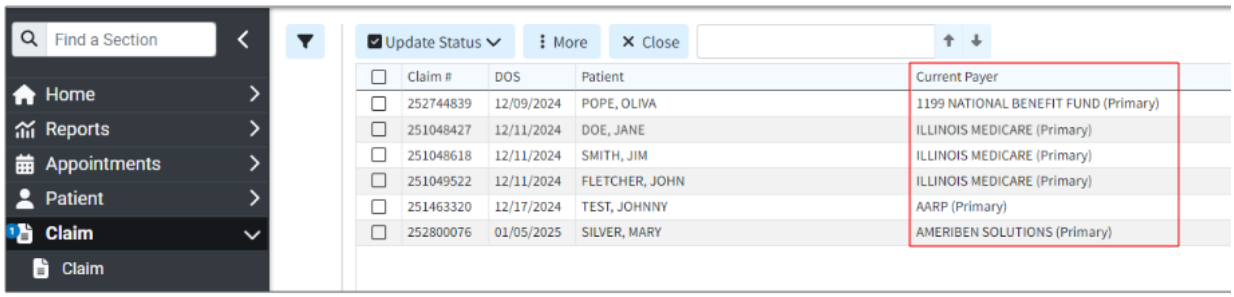
accountability. With the new "Show History" feature, you can now determine which user changed specific Claim information in the software and when, by providing an auditing table with all updates c changes made to a record, including the user, date and time, and the item changed.



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

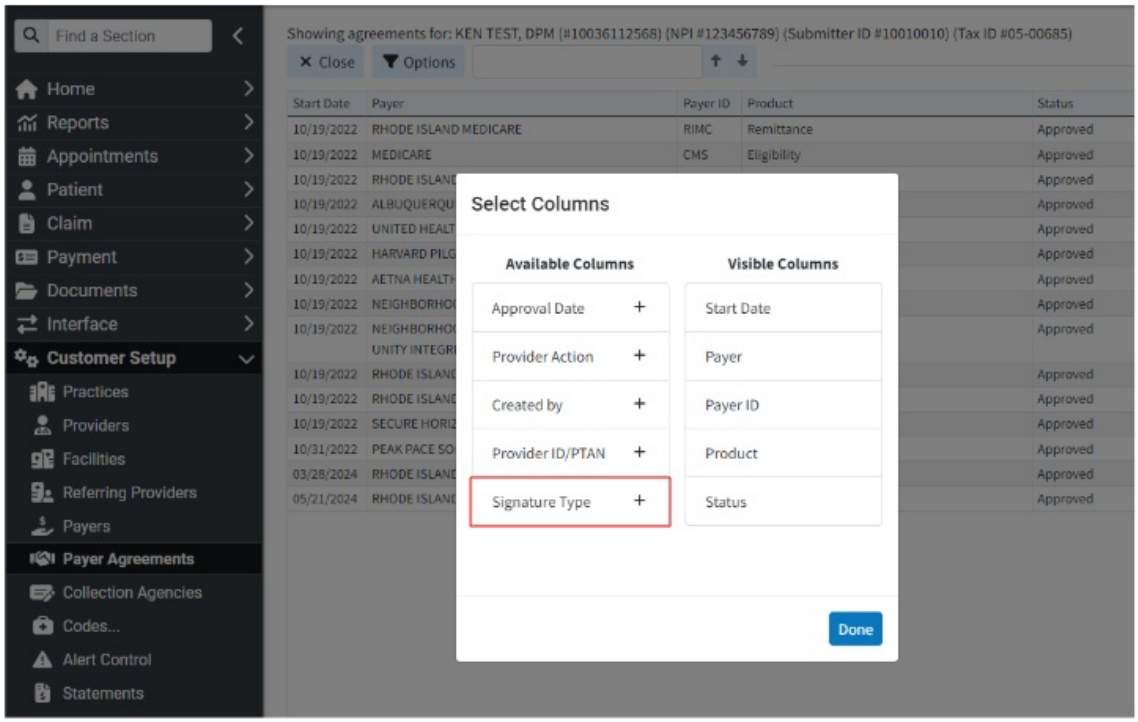
For more information on using our new Add New Same/Similar Code List feature, please visit our Enhanced Auditing Help Articles.

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



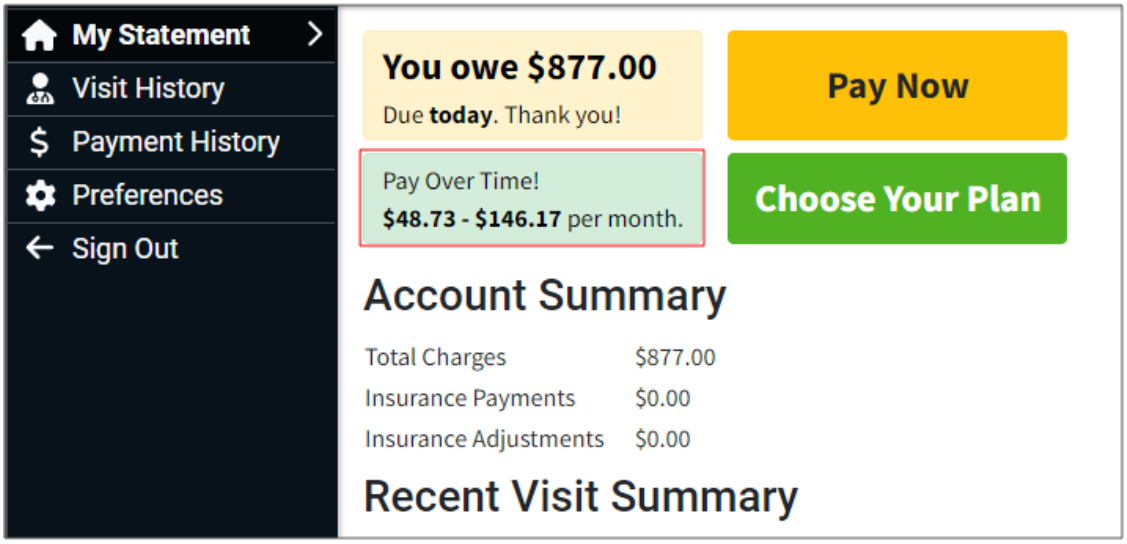
Customer Support

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



Payment Portal

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


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