Release 15.20.0 - October 13, 2025

t Modified on 10/14/2025 10:07 am EDT

New features | **Enhancements**

Highlights

New Features	Enhancements
New Payment Automations	Remove All Option for Claim/Patient Not Found ERA Errors
New Statement Automation Option to Send Based on Days Since Last Seen	Refund Reversals Removed from Statements
New Admitting Diagnosis Default	New Automatic TCN Prefix (For ERA Splits)

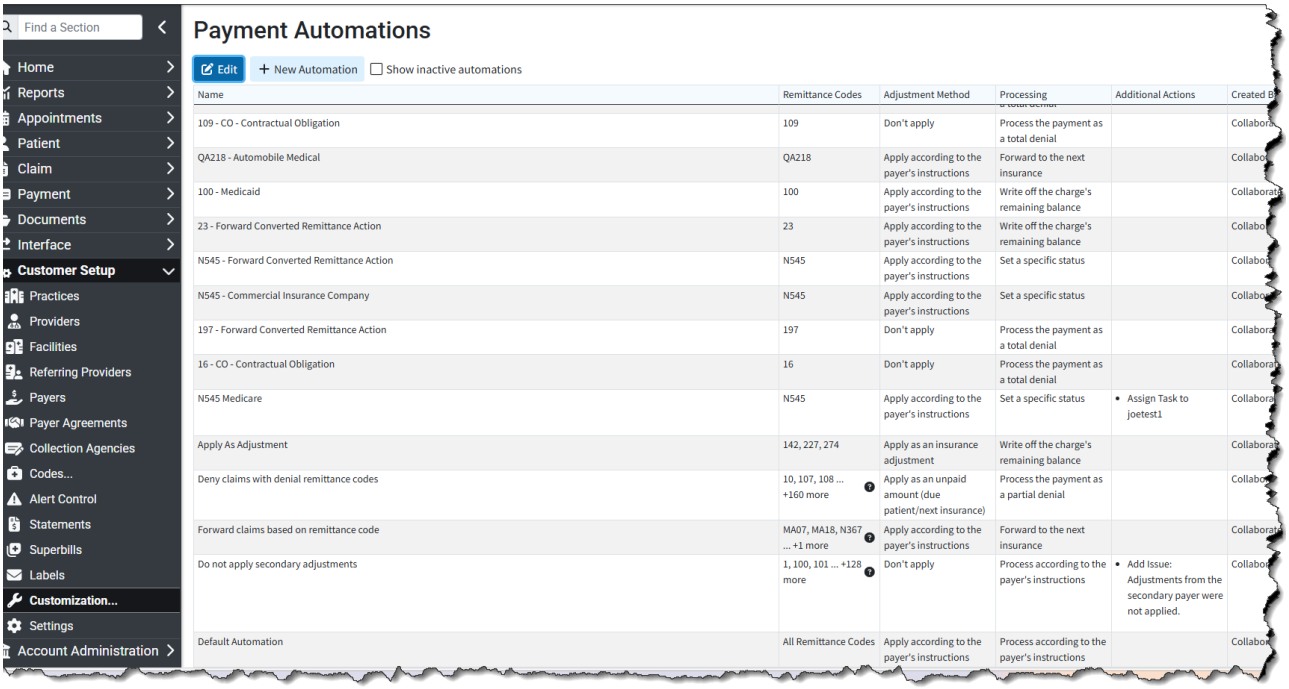
New features

New Payment Automations Feature

n this release, we added an exciting feature that allows users to build powerful custom automations to revent manual work for ERAs. They can be configured to perform actions automatically based on the emittance codes received from the payer. These automations replace our existing "*Remittance Actions*" and ignificantly enhance the feature by expanding the criteria that payment automations can detect and nproving the actions that automation rules can perform.

Our new Payment automations allow you to automatically mark payments as denials and move adjustment o they do not affect the balance. You can also create your own rules and criteria for moving adjustments, ontrol how adjustments are applied, set specific status buckets where claims need to go, or even create ar ssign automatic tasks based on a remittance code.

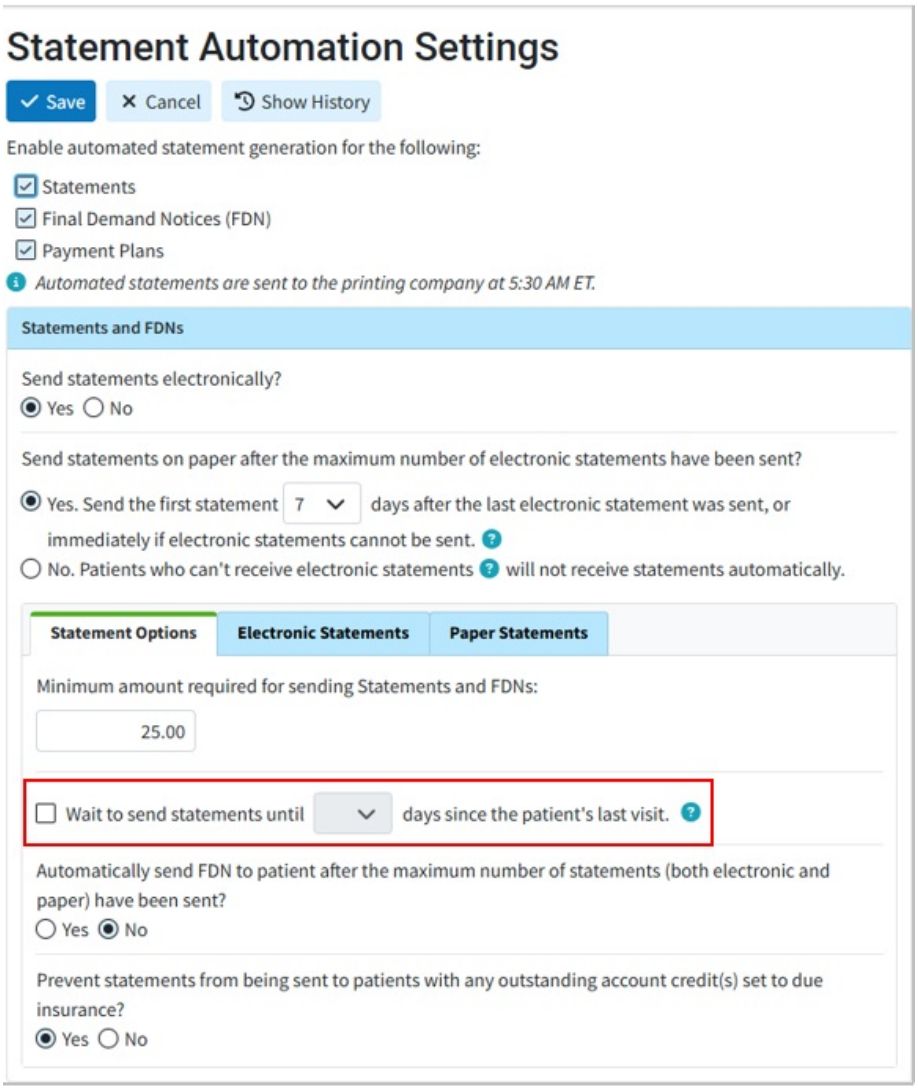
lease note that this feature is available to all customers that use our ERA feature. Visit our Payment utomations Demo for an interactive, step-by-step demonstration on its use, or refer to our Payment utomations Help Articles for more information.



New Statement Automation Option to Send Based on Days Since Last Seen

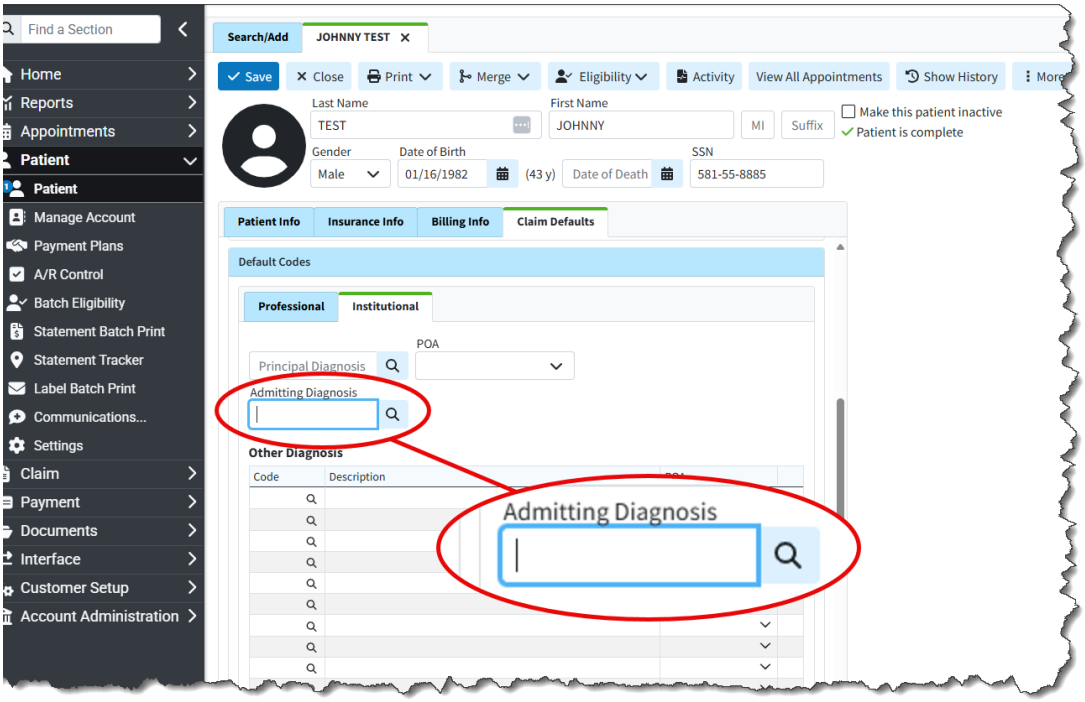
For some institutional claim workflows, a patient may be admitted to the hospital for a period during which the provider sends multiple "interim" claims while the patient is still admitted. These claims may be paid and set to "Balance Due Patient" even before discharge. Many practices and hospitals prefer not to send statements until after a patient has been discharged.

In this release, we added a new option to Statement Automation to restrict patient statements until a specified number of days have passed since the patient's last visit. This setting, located under "Statement Options," allows users to set a hold on statements for 1 to 99 days based on the patient's last visit date. This new option is turned off by default and is included with our Statement Automation feature. For more info on enabling this feature visit our Statement Options Help Article.



New Admitting Diagnosis Default

We previously added a new "Institutional" Default Codes tab within the patient's Claim Defaults section, allowing users to set default Principal Diagnosis, POA, Other Diagnosis, CPT Codes, or Value Codes to be added to any new institutional claim for the patient. We then added the admitting diagnosis default in release 15.18 but immediately reverted it to fix a bug. In this release, we re-launching the "Admitting Diagnosis" as a patient claim default for institutional claims. When the default admitting diagnosis is set and the user has enabled the claim setting to "automatically apply the patient's default diagnosis codes on new claims," the admitting diagnosis will automatically be set on new claims created for that patient. For more information on default codes, visit our Configure Patient Claim Defaults Help Article.

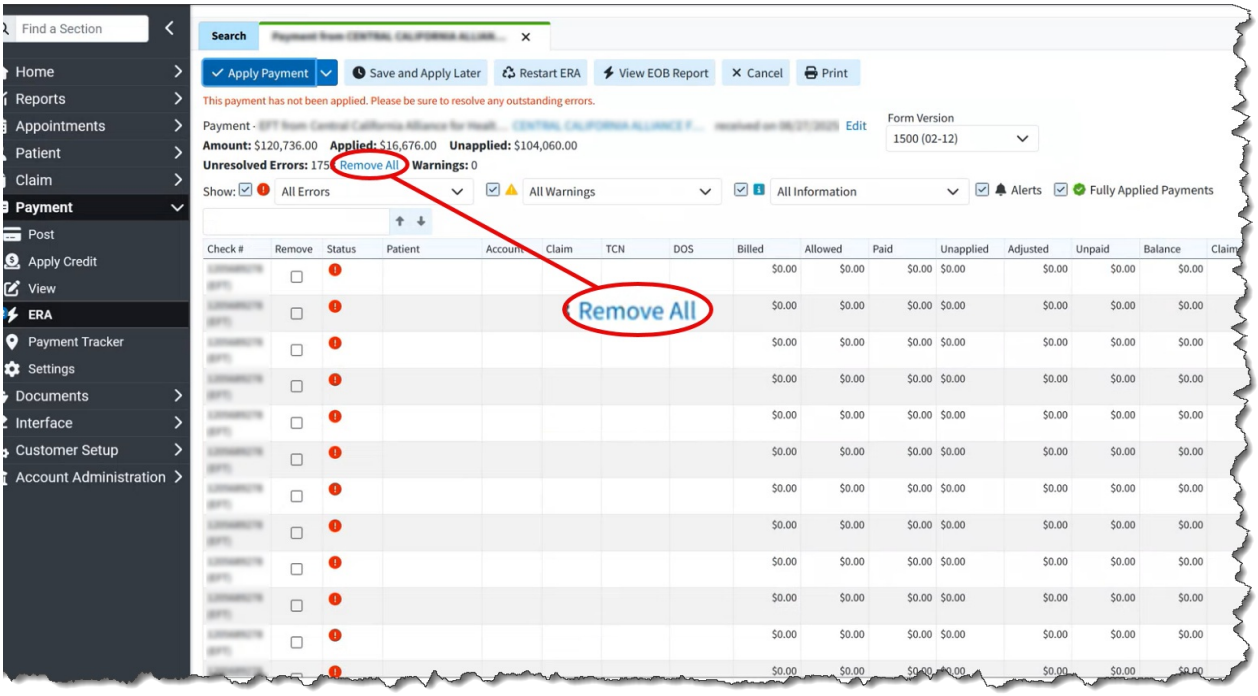


Enhancements

Remove All Option for Claim/Patient Not Found ERA Errors

When posting ERAs, particularly for new customers, the ERA may have a large number of “Claim Not Found” issues if the ERA has claims that were sent from different systems. Some of these ERAs are huge, meaning that it can take an hour just to mark all of these payments as removed.

In this release, we added a "**Remove All**" option next to the "Unresolved Errors" displayed at the top of the ERA screen. When unresolved errors of the type "the claim or patient for this payment was not found" are present, the system will display the "Remove All" button. Clicking this button will remove all such errors simultaneously instead of having to remove them one by one. Please note that this option will only be visible if two or more of these errors ("*the claim or patient for this payment was not found*") exist. All other error types must be resolved individually. Visit our ERA Errors, Warnings, Informational Messages & Alerts Help Article for more information on errors and warnings.



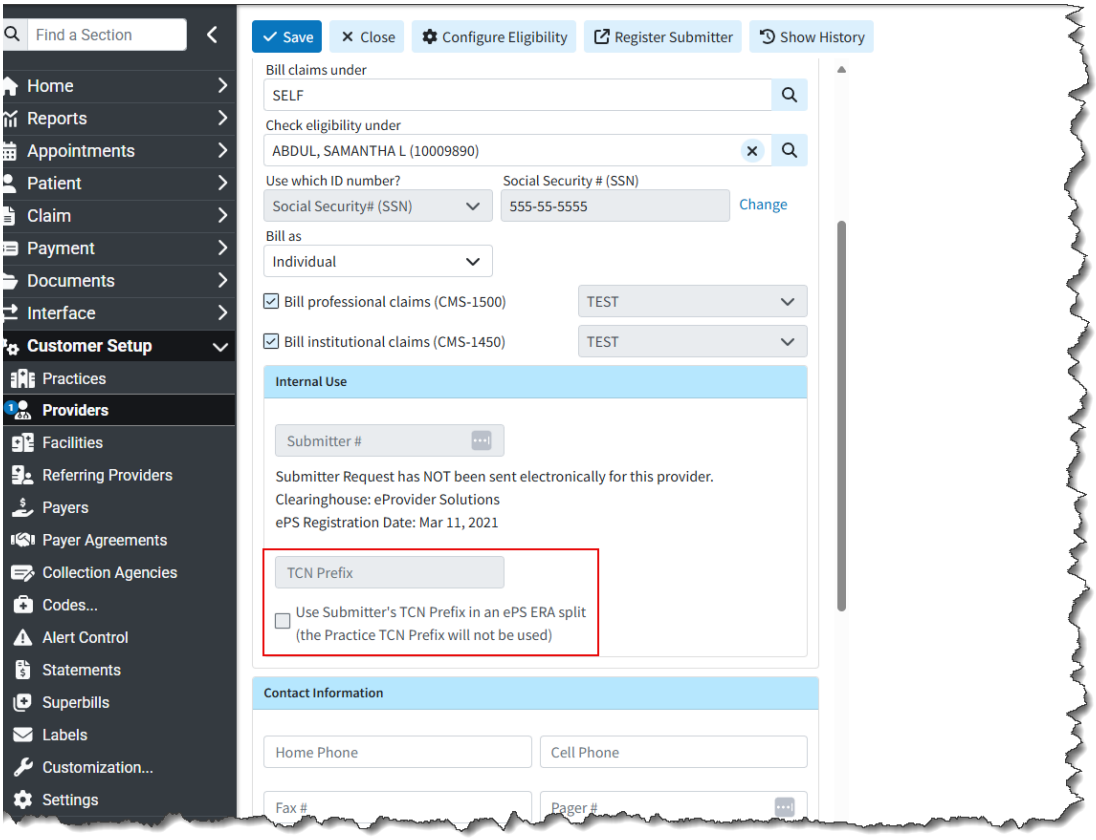
efund Reversals Removed from Statements

Vhenever an insurance adjudicates a claim multiple times (e.g., paying, adjusting, and then issuing a efund/reversal), it creates a longer, confusing statement for patients. To enhance the patient experience nd reduce clutter, we are removing all refunds/reversals from enhanced, automated, and electronic tatements (payment portal). The system will now automatically detect reversed payments and adjustmen Vhen this occurs, the original payment and adjustment, along with any associated information lines, will be xcluded from the statement.

lew Automatic TCN Prefix (For ERA Splits)

reviously, the TCN Prefix field in the Practice section was used by ePS when an ERA Split was necessary. his was not ideal because a Practice can be associated with multiple Providers (and therefore multiple ubmitters), which required significant extra work (e.g., creating multiple practices) and could lead to error

n this release, we added a new "TCN Prefix" field within the "Internal Use" area of the "Provider" section. his field will show the Practice TCN Prefix (if one exists), otherwise, a system-generated prefix will be reated. We will automatically send this submitter-specific TCN prefix for submitters who lack a Practice-evel TCN Prefix when an ERA split is required. This means that when entering an ERA split, ePS will look u hat submitter in CMD and copy the TCN Prefix. The system-generated prefix will be consistent for all roviders sharing the same Submitter ID.



)isplay Follow Up Note Count on Claim Side-Tab Header

Ve added a "Follow-Up Note Count" indicator to the side-tab header within the claim's "Follow-Up ctivity" side panel. This indicator mirrors the existing functionality on the top-level side-tab header for Patient Notes," "Tasks," and "Alerts" when viewing a claim.

