

Release 15.23.0 - November 24, 2025

Updated Modified on 11/24/2025 9:23 am EST

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Highlights

New Features

New "Claims Not Acknowledged by the Clearinghouse" Timeline Item

Enhancements

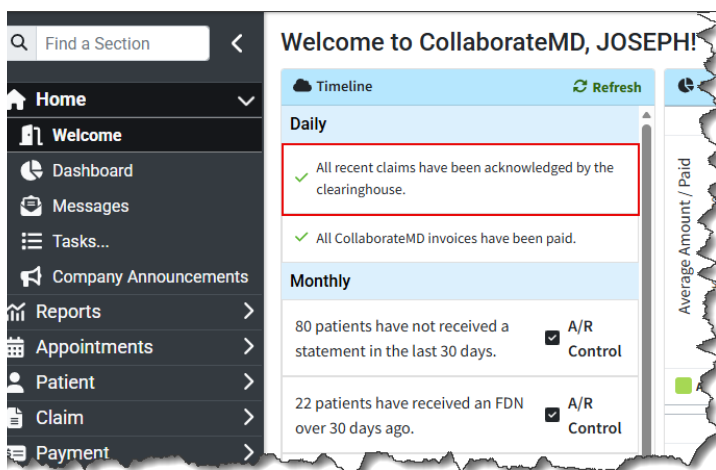
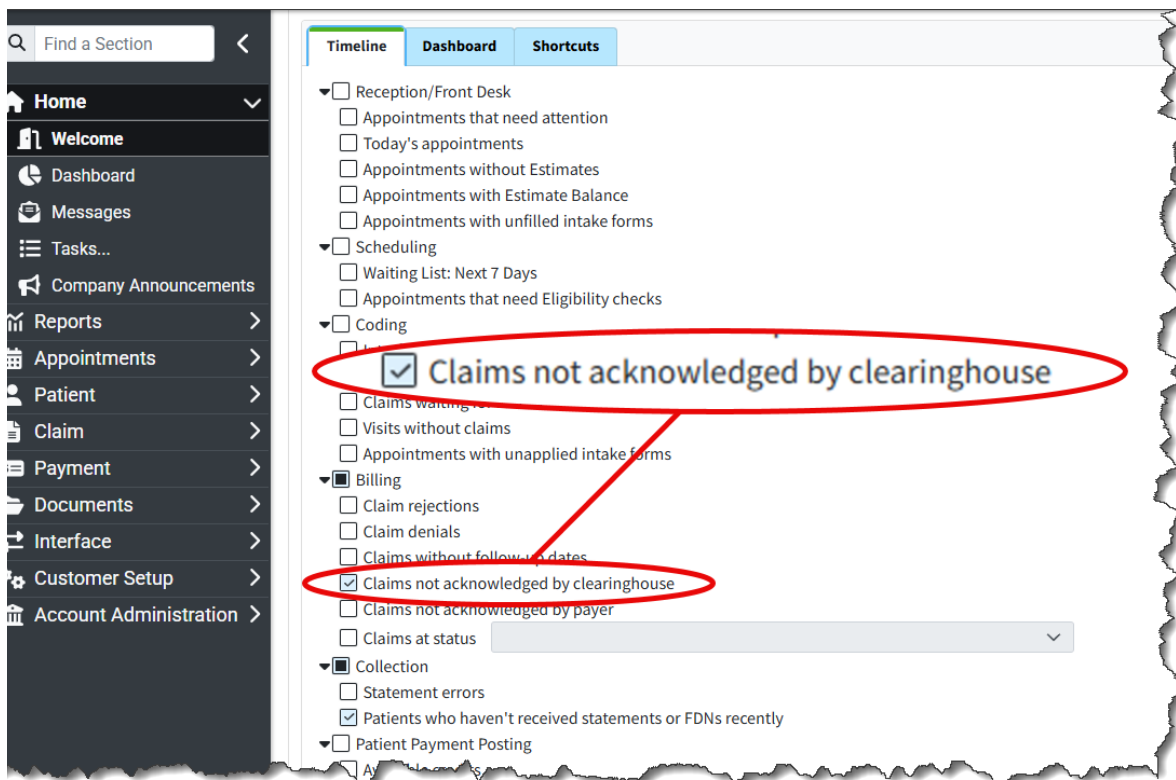
New Option to Calculate With Fixed Values on Reports
New Follow Up Management Payment Columns
Payment Automations: Customize Denial Status
Incremental Snapshots Now Include Claim Status

New features

New "Claims Not Acknowledged by the Clearinghouse" Timeline Item

This release introduces a new timeline item that checks for electronic claim submissions with an "Unprocessed" status, submitted between 2 and 30 days prior. This new timeline item alerts users by identifying any claims not received by the clearinghouse. This enables users to quickly identify these claims and contact support to work with the clearinghouse to determine why they were not received. This new **Claims Not Acknowledged by the Clearinghouse** timeline item will be displayed by default under the Billing role. It will also link to a "Claims Not Acknowledged by the Clearinghouse" report when clicked.

For more information on enabling this timeline item, visit our [Customize Your Timeline](#) Help Article.



Enhancements

New Option to Calculate With Fixed Values on Reports

Previously, calculated columns on reports allowed users to select two numeric or date columns for calculations. However, certain reporting use cases require calculations based on a fixed number rather than another column. For instance, for some services, the number of units is a fraction of the time spent (e.g., each unit represents 15 minutes), so it can be useful to report on this.

In this release, we added a new option to both Column 1 and Column 2 for any calculated column with a "Number" calculation type. When "Fixed Value" is selected, a new option appears to enter the fixed value and choose the calculation method (Plus, Minus, Multiplied By, Divided, By). This field accepts a minimum value of -99,999,999, a maximum value of 99,999,999, and up to 10 decimal places.

New Calculated Column

Title

Calculation Type: ☒ Number ☐ Date

Column 1 Type

Fixed Value

Fixed Value 1

15.000

Calculation

Plus

Column 2 Type

Column

Column 2

Done

Cancel

For more information visit our [Add Calculated Columns Help Article](#).

New Follow Up Management Payment Columns

In this release, we added two optional columns to the follow-up management table, allowing users to view the total amount of applied payments. The new "Insurance Payment" and "Patient Payment" columns will be hidden by default and can be added using the "Select Columns" option or by right-clicking and selecting "Select Columns."

Select Columns

Available Columns

Last Note User +

First Billed Date +

Last Claim Status Check +

Insurance Payments +

Patient Payments +

Visible Columns

Checkbox

Alerts × ↓

Claim #

Balance

Patient Name

DOS

Done

Payment Automations: Customize Denial Status

In some cases, by the time users receive a denial, they have already addressed and resolved the issue. Therefore, it is not always helpful for the claims to automatically be marked as "Denied at Insurance." They may prefer to set their own custom status for these claims, for example, all issues with prior authorization could go to a specific status for review.

In this release, when the Processing Mode for a payment automation is set to either "Process as a Partial Denial" or "Process as a Total Denial," users will be able to select their own claim status, and when the automation runs for this Processing Mode, it will apply the selected status to the charges.

The screenshot shows the 'Customer Setup' interface with a sidebar on the left containing navigation links: Home, Reports, Appointments, Patient, Claim, Payment, Documents, Interface, Customer Setup (expanded), Practices, Providers, Facilities, Referring Providers, Payers, Payer Agreements, Collection Agencies, Codes..., Alert Control, Statements, Superbills, Labels, Customization..., Settings, and Account Administration. The main content area is titled 'Criteria' and includes several dropdown menus: Remittance Codes (119 X), Group Codes (CO - Contractual Obligation), Payers (Payer Types selected), Payer Action (All), Payer Types (All), Next Payer (All), Payment Amount (Any), and Charge Amount (Any). Below this is the 'Adjustment' section with an Adjustment Method dropdown set to 'Apply as an unpaid amount but exclude from the allowed amount'. The 'Processing' section includes a Processing Method dropdown set to 'Process the payment as a total denial' and a 'Charge Status' dropdown, which is highlighted with a red box and set to 'Denied At Remittance Payer'. A warning message below the 'Charge Status' dropdown states: 'No payment or adjustment will be posted for this charge. The entire billed amount will be set as Unpaid and all other adjustment reasons will be unpaid reasons. Payments & Adjustments on other charges are not affected.' The 'Additional Action' section is at the bottom.

Please note that all existing automations with a "denied" status will be updated to set the claim status to "Denied at Remittance Payer," but the users are able to update the status as needed. For more information, visit our [Add a Payment Automation Help Article](#).

Incremental Snapshots Now Include Claim Status

One of the biggest tables for data snapshots is the Claim Status. In this release, we updated how we store the date when a claim status entry is marked as fixed or marked as not fixed to now support claim status on incremental snapshots. Incremental Data Snapshots minimize the time required for the snapshot process by including only changed items, rather than capturing a complete snapshot of the entire database daily. The incremental Snapshot option exports smaller (incremental) files containing only data that has changed for the Patient, Claim, Charge, Credit, and Activity tables. All other datasets will receive the full data, ensuring your snapshot is prioritized and available sooner than full snapshots. So save time and money by switching to Incremental Snapshots today!

For more information on setting up your Incremental Snapshots, visit our [Manage Recurring Data Snapshots Help Article](#).

Resolutions

AR Report Performance Improvements

We added an internal enhancement that allows AR reports (or any reports that look at charges with a balance) to run faster. This addresses performance issues with a long-running AR reports, enabling it to run within an acceptable timeframe.

Payment Automations: "All" Group Codes Now Includes Scenarios Where Group Code Isn't Listed

We corrected a Payment Automations issue where, if an automation was configured for all group codes (by electing the "All" checkbox), the automation did not match when the code lacked a group code (e.g., a 197 remittance code without a group code like "CO"). This has been resolved, and the automation will now match even if no group code is present.

Therefore, if the automation is configured for all group codes, it will now match regardless of whether a group code exists.

Criteria

Remittance Codes

197 X

Group Codes

All

☒ Select All

☒ CO - Contractual Obligation

☒ OA - Other Adjustment

☒ PI - Payer Initiated Reduction

☒ PR - Patient Responsibility

Any

As part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.